



## Assurance Plan Aderyn Locked Rehabilitation – Partnerships in Care

Assurance Plan Following HIW Visit to Aderyn in March 2014										
Ref	Issue	Comments	Action	Progress/ Assurance	Evidence	Lead	Time Line	Outcome	Monitoring Progress	RAG Action
1.	The bed in room 17 was not compatible with the air flow mattress.	Following the inspection HIW were informed that this area had been addressed	Action immediately addressed no further action required	New bed in situ	New bed in situ	Registered Manager	Bed replacement Completed within 7 days	Completed New bed compatible to the air flow mattress	Completed	
2.	The blue room had significant paint flaking and possible damp by the window.	The water damage was due to a leak in the roof not helped by the recent heavy rainfall, at the time of the visit, scaffolding was erected at the front of the building allowing the contractors the ability to repair the roof damage, and this external work is fully completed	A programme of repair is required to address the water damage/damp in the blue room	The internal decorative work/repair commenced on the 27 <sup>th</sup> of March and has been completed as of the 8 <sup>th</sup> of April.	Blue fully decorated and damp area treated accordingly. Roof repaired.	Registered Manager	Completed 08/04/2014	Complete. Room decorated and repair to water damaged areas.	Will continue to monitor environment on weekend check lists.	
3(a)	The drugs disposal bin was full and had been awaiting collection for some time.	The disposal bin status has been added to our weekend check. This will alert the charge nurse to contact PHS if the bins are ¾ full	PHS has collected the disposal bins and has apologised for the delay.	Bin has been emptied and PHS has been alerted of previous issues.	Bin has been emptied. Check added to weekend checklist.	Charge Nurse	Completed week commencing 03/03/14	Bin emptied and new bin provided.	Will monitor bin capacity on weekend checklist.	

Assurance Plan Following HIW Visit to Aderyn in March 2014										
Ref	Issue	Comments	Action	Progress/ Assurance	Evidence	Lead	Time Line	Outcome	Monitoring Progress	RAG Action
3b	Drugs relating to patient <b>A</b> dated 8 January 2014 had not been appropriately disposed of.	Not disposed of due to point (a), however immediately actioned when PHS came to remove the bins.	Medication disposed of when new empty bin in situ.	Medication disposed of according to policy.	Medication disposed of according to policy.	Charge Nurse	Completed	Completed. Medication disposed of according to policy	Will monitor bin capacity on weekend checklist.	
3c	The label on some Propranolol tablets had been removed, with remnants left on the box.	After investigation it was found that this was a patient's medication who now received it in a dossett box. However label still should not have been removed.	All qualified staff have been reminded of medication policy and that any prescription stickers should not be removed. Medication disposed of.	All stock medication is checked as per weekend clinic check list.	Said medication disposed of. Email sent to all staff reminding them of policy on named patient medication.	Charge Nurse	Completed	Medication disposed of. Management checks now in place.	All stock medication is checked as per weekend clinic check list. Monthly management checks now in place.	
3d	Prescription sheet for patient <b>B</b> stated 'Etodoial' when it should have read 'Eccoxolac'.	RC hand writing difficult to read.	The patient's RC immediately rectified this mistake.	Prescription rectified.	Prescription rectified.	Charge Nurse	Completed	Prescription rectified.	Pharmacy audits on a monthly basis. Nurse led audit in place on a monthly basis checking prescription charts.	



3e	A range of medications, including Movicol and Laxido were on the bottom of the trolley	These items were put away when highlighted during the visit.	All qualified staff were immediately made aware of their responsibilities to store medication appropriately. A new drug trolley was ordered as current trolley is getting over stocked with medication and lotions.	New larger trolley now in situ.	New larger trolley now in situ.	Charge Nurse	Completed	Completed. New larger trolley now in situ.	Medication storage is checked as per policy and is part of the weekend clinic check list. Monthly management checks now in place.	
3f	Medication for patient C had not been given on 2 occasions and no reason for non-administration was recorded.	On investigation it was discovered that the patient had received their medication but it had not been signed for.	This was immediately raised with the qualified staff member concerned and documented in their supervision records.	Ongoing supervision.	Staff nurse signed prescription chart in retrospect.	Registered Manager	Completed	Complete	Night check list audits prescription charts for any missing signatures. Pharmacist monthly audit.	
3g	There was no cover on the oxygen mask.	This was resolved when highlighted during the visit.	This was immediately rectified along with an amendment to the weekend clinic check to ensure that this complies; all staff have been made aware of this too.	Complete	New covered oxygen mask in situ and check added to weekend clinic checklist.	Deputy Charge Nurse	Completed	Completed	Weekend clinic checklist.	



3h & i	Patient D had a 4 day gap when medication had not been administered because the medication was not available.	Our medication is delivered monthly however for non-stock items staff to collect medication from Pharmacy	Staff to ensure that medication is collected on the day that it was prescribed. Said medication was collected from pharmacy that day. Staff to record in patients clinical notes and hand over if medication has not been administered and why. Action plan should be done to rectify this.	Staff made aware that they need to collect prescriptions from Lloyds if a delivery is not due that day.	Email sent to staff requesting that they highlight any issues with medication orders with DCN, CN and RM so these issues can be addressed.	Registered Manager	Completed	Completed. Medication collected. Staff made aware.	Monthly pharmacy audit.	
4	There was no internal programme of specific educational activities at the hospital.	Education tutor no longer able to provide their service to Aderyn in December 2013., The occupational therapist will provide educational support as a temporary measure	Aderyn to have educational services at Aderyn The position to be advertised	OT is providing IT education sessions until education post has been filled.	This is evidenced on the therapeutic timetable for the next 12 weeks.	Registered Manager  OT	OT education sessions immediate. Educational tutor post July 2014.	OT is providing IT education sessions until education post has been filled.  Education Tutor post filled, staff member commenced her position on the 03/09/2014	Monitor via patient timetable outcomes.	
5	Mandatory training for a number of staff had lapsed. Areas that need attention include; fire safety (11 staff); health and safety (10 staff); infection control (12 staff) and managing	The figures for all training has been checked against the PiC database and since HiW visit we have outstanding staff for: Fire 2 Health and safety 2 Infection control	Identify staff that are out of date and source training to ensure that they immediately attend.  From the date of the last visit there has been some training in the areas identified.	Staffs have been allocated training.	Training matrix.	Registered Manger Training co-ordinator.	July 2014	For staff to be up to date with training by July 2014.	Training matrix.	



	violence and aggression (MVA) (2 staff). All staff must receive relevant	6 MVA 0								
6	Two bank staff (F and G) had not received a documented induction/orientation to Aderyn.	All staff receive an induction at Llanarth however not one specific to Aderyn staff new to the ward receive an orientation visit however previously no documentation of this	Aderyn to produce its own induction booklet and to be used on all staff that is new to this establishment.	Induction booklet is currently under review.	Copy will be sent to HIW on completion.	Registered Manager	July 2014	Copy will be sent to HIW on completion.  May 2014 Induction book completed.	New Induction books will be completed and filed at Aderyn in conjunction with Llanarth Court Hospital.	
(files) 7 a	Patient H was on prescribed analgesia, however, there was no evidence of a pain risk assessment and review of medication on file.	Raised with the practice nurse and GP who don't feel that a pain assessment is necessary in this establishment	Aderyn has sourced a pain assessment tool and have started to use this for patients prescribed long term analgesia.	Pain assessment is in situ. (Issues raised by practice nurses are being discussed within PiC and the appropriateness of this tool within a mental health setting)	Pain assessment scale is in situ and copy has been sent to the physical health group for review.	Registered Manager Deputy Charge Nurse.	Completed	Completed	Physical health group within PiC to review.	
7b	The care plan for patient H on heart failure did not contain information on what to do in an emergency, such as administering Oxygen.	From the immediate life support training which all qualified nurses have attended, we have been informed that for all medical emergencies we administer oxygen at full flow, hence care	The patients care plan was immediately updated to include more detailed oxygen process as set out in policy.  Main points from policy is: all medical emergencies we administer oxygen at full flow.	Care plan has been amended.	Care plan has been amended.	Registered Manager Deputy Charge Nurse.	Completed	Completed	Care plans reviewed and evaluated by MDT on a monthly basis.	



		plan non-specific as it would have been a medical emergency								
7c & d	The catheter care plan for patient <b>C</b> lacked detail and guidance for staff, including change of date, the appearance of urine and the volume of fluid intake. Staff questioned did not know why patient <b>C</b> had an indwelling catheter.	GP was changing and checking maintenance of catheter on a regular basis and this was documented in the clinical notes.	Care plan immediately amended to incorporate the points raised.	Care plan immediately amended to incorporate the points raised.	Care plan immediately amended to incorporate the points raised. Any treatment is recorded in the clinical notes.	Registered Manager GP	Completed	Completed	Care plans reviewed and evaluated by MDT on a monthly basis. GP continues to attend Aderyn twice a week.	
7e	Patient( <b>I</b> ) had refused medication since 28 February 2014 and there was no reference in the notes of the strategies to be used following a GP visit.	Patients are assumed to have capacity regarding their physical health (MCA2005) and there is no evidence <b>patient (I)</b> lacks capacity.	The MDT will continue to evaluate <b>patient (I's)</b> physical health care plan, when he sees the GP has a physical intervention or when he declines any treatment or his physical health deteriorates.	The MDT will continue to evaluate <b>patient (I's)</b> physical health care plan, when he sees the GP has a physical intervention or when he declines any treatment or his physical health deteriorates.	Care plan evaluations. Clinical notes.	Registered Manager GP RC MDT	Complete.	Completed	GP reviews. MDT discussions Nursing interventions. Care plan evaluations.	
7f	There was a lack of information regarding patient ( <b>I's</b> ) wound care,	Patient refuses any external professional wound care treatment.	Diabetic foot ulcer scale now in place and staff are documenting the scale of the wound.	Care plan updated to reflect this and reviewed.	Care plan updated to reflect this and reviewed. Clinical notes.	Registered Manager GP RC	Completed	Completed	Diabetic foot ulcer scale now in place and staff are documenting the	GP reviews.



	specifically for his foot ulcer.							scale of the wound.		
8	Training for staff in specific areas, including catheter care, wound care, dementia care and long term conditions such as diabetes and heart failure is required. All staff must receive training in these areas to ensure a consistency of care and understanding.	Training not currently provided internally by PiC. GP attends twice a week. Practice nurse available at Llanarth Court Hospital.	Aderyn to have an experienced RGN to work 1 day a week on the ward to advise on physical health care and provide training.	GP continues to visit twice a week.	At present GP documents in clinical notes and advises staff on physical health needs.	Registered Manager GP	July 2014	RGN to be recruited.  RGN- Physical Health Care Nurse commenced her post at Aderyn on the 4th of July.	GP reviews	
9.	The findings of audits must be acted upon. Some audits such as the clinical notes audit January – February 2014 had no evidence of the action taken following deficits identified.	Actions had been completed however unfortunately action plan format had not been completed.	Audits to be reviewed and revised to be more specific and reflect actions taken following deficits identified. Staff reminded to complete action plan.	Action plan format in place and submitted with audits.	Action plan format in place and submitted with audits.	Registered manager Charge Nurse Deputy Charge Nurse.	Completed	Completed	Monthly audits will include an action plan.	
10	There was no evidence that the findings of the ligature assessment dated 11 December 2013 had been	A further ligature audit completed by the charge nurse and the Health and Safety officer on Date 14/03/2014	Charge nurse to undertake monthly checks with the maintenance manager to check against the action plan.	New ligature audit and action plan complete. Liaising with maintenance to complete action plan. Rolling programme	New ligature audit and action plan complete.	Registered manager Charge Nurse Maintenance manager Health and	July 2014	Action plan completed. Rolling programme will be ongoing.  May 2014 Ligature audit	Charge nurse to undertake monthly checks with the maintenance manager to check against the action plan.	



	actioned.			to be commenced to complete actions.		Safety officer.		action plan completed.		
11	There was a lack of responsible clinician (RC) signatures on incident records (IR1) and the Duplicate sheets were difficult to read. (NB: RC's do Sign the records, but not the yellow duplicate sheet. This is removed before it goes to the RC. However, RC signatures must be evident as part of audit and be readable.	Aderyn will continue to keep the IRI yellow sheets however will be ensuring that the RC's sign the document	The IR1 forms will be audited on a monthly basis to ensure signature compliance and to aid in the production of the lesson learnt document.  All IR1 forms will be electronically completed in the very near future this system will ensure timely movement of documentation and allow for easier access and audit.	The IR1 forms will be audited on a monthly basis to ensure signature compliance and to aid in the production of the lesson learnt document	Signed IR1's	Registered manager Admin RC	Completed	Completed	Monthly audits of IR1.	
12	A staff files did not have references available. References must be available and kept on all staff files.	HR confirmed that they were in her pending file which is the file being created as she moves from being bank HCW to Staff Nurse full time post.	The reference were immediately transferred to her file on the 6 <sup>th</sup> March 2014	Completed	The reference were immediately transferred to her personal file on the 6 <sup>th</sup> March 2014	Registered Manager HR	Completed	Completed	HR checks.	