HAFAN WEN INSPECTION REPORT 2014: ACTION PLAN

Element 1: Regulatory requirements. Heath Inspectorate Wales. February 2014										
TASK	**Action Required**	**By Who**	**By When**	**Priority**			**Outcome/Feedback**	**Progress**		
				High	**Med**	**Low**		**N/S**	**I/P**	**Comp**
Regulation 15 (1) (a) (b) & (c) 1a. The individual patient observational charts did not meet the standard that HIW were informed was in place. The hospital standard of half hourly checks for patients for the first 6 hours after admission had not been implemented for a number of clients (A, B, C and D).	Implement Clinical audit tool. Amend observation form to include six hourly reviews.	AJ	15/01/14	✓			Observation forms have been amended to include instructions to staff in relation to the required standard. A weekly audit has been put in place to monitor same.			✓
b. Observational charts for client A were not signed or dated.	Implement clinical audit.	AJ	15/01/14	✓			Implemented clinical audit on a weekly basis. Line management supervision to address individual staff competency.			✓

c. Client E had not signed some key documents and there was no explanation for the missing signatures.	Implement clinical audit tool on a weekly basis to identify any future omissions in key documents.	AJ	15/01/14	✓			Weekly audit now in place.			✓
d. A number of risks had been identified within the risk assessments for clients B and C, however no care plans were in place.	Ensure individual client care plans are developed based on risk assessment outcomes identified in referral information.	All Nurses	15/01/14	✓			Historical practice of developing care plans post admission procedure have now been reviewed and Care plans are now implemented as part of the admission process. Care plan format is now under review and new formats to be developed and implemented by June 2014.		✓	
e. Client B had been admitted before 10:30, however the first entry in the daily progress log was at 17:10.	Ensure care plan in place upon client's admission.	All Staff	15/01/14	✓			Clinical audit in place.			✓

f. Care plans for all clients lacked detail and must be developed to become meaningful documents.	Ensure client admission information is entered into the daily progress log during the admission process.	All Staff	June 2014	✓			Immediate clinical audit implemented to include care plan information.		✓	
Regulation 15 (5) (a) & (b) 2. A number of issues were identified in relation to the treatment/clinic room. These included: a. A pharmacist from the local health board checks the clinic/treatment room but does not provide a report/audit of the findings.	Review care plan process and format. Implement clinical audit. Involve all staff in review and development process. Identify and provide appropriate training.	Ann Jones/AJ/EJ	By 1st April 2014	✓			Email sent to Ann Jones Pharmacist lead Mental Health, Maelor Hospital		✓	

b. Patient E refused medication on 7 January 2014 and no entry was recorded in the administration record.	Arrange meeting with pharmacist to discuss and develop audit and reporting process.	Ann Jones/AJ/EJ	By 1st April 2014	✓			Email sent to Ann Jones Pharmacist lead Mental Health, Maelor Hospital		✓	
c. No first signature in the controlled drugs book (F)	Implement clinical audit tool on weekly basis to identify non-compliance to medicines management policy. Address non-compliance in through management supervision process.	All nurses and AJ AJ	15/01/14 15/01/14	✓ ✓			Audit implemented Audit implemented			✓

d. A witness signature was written in the controlled drugs book but the entry had been crossed out (F). It is unacceptable for a witness to sign an entry prior to the first signature that confirms who administers the medication.	Ensure that all qualified nurses sign the controlled drugs books as per medicines management policy.	EJ/AJ	By 1st April 2014	✓			All staff required to read the Medicines Management Policy and raise any issues within management supervision and then sign annual register of understanding		✓	
e. An entry dated on 23 December 2013 had been crossed out. It was unclear what happened with this record as stock and administration of medication was included on the same entry.	Implement controlled drug audit.	AJ	15/01/14	✓			Audit implemented			✓
f. The administration of Chlordiazepoxide was recorded as a late entry (4 April 2013), however, no signature was available.	Ensure all staff adhere to Medicines Management Policy	Ann jones/EJ/ AJ	By April 1st	✓			Email sent to Ann Jones Pharmacist lead Mental Health, Maelor Hospital			✓

g. An entry dated 13 May 2013 had no time or second signature.	Implement controlled drug audit on a weekly basis.	AJ	15/01/14	✓			Audit implemented			✓
h. There were drug alerts on file but no indication of the action taken, for example a date and signature of the checker.	Review practice of recording administration of Chlordiazepoxide Arrange meeting with pharmacist to discuss and develop audit and reporting process. Implement controlled drug audit on a weekly basis. Receiver of drug alert to sign date and file. File to be kept in nursing office.	AJ/EJ	15/01/14	✓			Drug alerts signed on receipt by manager or deputy manager.			✓

Regulation 20 (1) **(a) & (2) (a) & (b)** 3. It was difficult to ascertain what training staff had undertaken and when staff were next due training. A comprehensive system for recording training must be developed.	A comprehensive training matrix to be formulated and implemented that will evidence all staff training and training due dates.	SE/RW/AJ/EJ	By 1st April	✓			. Consulted with CAIS training co-ordinator and Hafan Wen I.T. Tutor		✓	
Regulation 20 (2) (c) & Regulation 21 (a) (c) (2) (a) **(b) & (d)** 4. A number of issues were identified with staff files. These included: a. Not all employees had references on file.	Ensure that all employees have references on file.	RH	By 1st April	✓			Our former policy was to retain references until the probationary period had ended and then destroy them, as it was no longer necessary for us to have them and this was seen as best practice in line with Data Protection. However, we now retain all references for HW staff indefinitely, so any that are not on files can be accessed via the Human Resources officer.			✓

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b. There was a lack of information to indicate any follow up action when a positive Disclosure and Barring Service check (DBS) had been received.	Develop a feedback form to be completed by deciding officer (CAIS CEO) and placed in personnel file.	RH	By 1st April	✓			Human Resources team informed of actions required		✓	
c. The staff files were not clearly laid out. An index at the front of the file would help to find relevant information.	Index page to be included at the front of staff files referencing relevant information	RH	By 1st April	✓			Human Resources team informed of actions required		✓	
d. There was a lack of interview notes on files.	Human Resource team to ensure interview notes are returned by designated lead interviewer as part of the interviewing process	RH	15/01/14	✓			Interview notes are retained separately, and can be accessed via HR if required.		✓	

e. Some staff files did not have a job description and/or a medical check on file**.**	Ensure job descriptions and medical checks are kept on file	RH	15/01/14	✓			It is likely that we don't have medical checks for staff who have been in post for a number of years. All the medical checks we have got are on the personal files already Human Resources team informed of actions required		✓	
Regulation 9 (o), 13 (1) & 19 (1) (a) & (b) 5. A robust governance and clinical audit system needs to be introduced for all areas, including care plans	Implementation of Hafan Wen Clinical Governance framework and audit processes.	AJ/EJ	15/01/14	✓			Clinical governance audit process have been implemented.			✓

Regulation 15 (2) & 26 (2) (a) 6. A review of the medical/doctors room is required. The medical rooms must be regularly checked and audited to ensure they do not contain any out of date products and are appropriately stocked and clean. During our visit there was some medical products in the room that had a date on them which had expired and the medical room on the first floor required a thorough clean.	The doctors/medical rooms including medical products to be included in the monthly clinic audit.	AJ/ All staff	15/01/14	✓			Audit implemented			✓