

ACTION PLAN Following Trust Concerns Meeting 10th February 2020

ISSUE	RAG Rating	ACTION PLAN	PERSON RESPONSIBLE	DATE TO BE ACHIEVED	COMMENTS
Concerns expressed around the Management Structure for Clifton, but specifically Benn Unit.	Yellow	<p>[Redacted]</p> <p>Out Of Hours there will be a rota system displayed in the Nurse in charge file detailing the person in charge in the absence of the [Redacted].</p>	[Redacted]	One week.	<p>Clear Management arrangements given to staff. A senior cover file is in place detailing the management cover for the home. Telephone numbers are also available for the [Redacted] [Redacted] [Redacted] [Redacted] and the [Redacted] of the company. The nurse in charge will be displayed in each unit and the Nurse in charge of the building will be displayed in the foyer. It is hoped [Redacted] will take up post around or before 1st March 2020</p>
Security of the building.	Red	Two magnetic locks to be fitted to the external doors for extra security of the building	[Redacted]	3 weeks to allow delivery	Magnetic locks have been ordered awaiting delivery and fitting by engineer and electrician
Safeguarding concerns, and concerns around referrals and the	Red	<p>Home will work with the safeguarding team who will offer training and support to the [Redacted] and the [Redacted] around the positioning report and the correct way of reporting and completion of forms.</p> <p>File has been set up containing the APP1 forms, Trust incident forms, blank reg 30 forms, a step by step</p>	[Redacted]	4 weeks to complete training	Training has been requested awaiting dates. Supervisions with staff have commenced. Files set up and in the nurses' stations for point of reference. A step by step laminated guide is now in place in all nurses' stations on actions that

completion of the required documentation		<p>guide on what to complete and a bullet point guidance on what is reportable. The guidance also contains information such as the out of hours telephone number for every trust safeguarding team, and advice on which forms to complete and to whom they should be submitted and by when. This file also contains guidance when it is necessary to contact PSNI and gives examples to assist the staff.</p> <p>A date for face to face safeguarding training has been requested and we await confirmation of this. Supervision sessions held with all staff on duty today the 11th Feb around safeguarding and safeguarding reporting supervision form issued along with a copy of the Northern Ireland Company safeguarding policy. A matrix has been devised so it can be evidenced that all staff have received.</p> <p>A meeting held with nurses on shift on the 11th Feb to discuss importance of accurate and timely reporting, meetings FLASH to be held daily, any issues to be discussed at these meetings with the daily communication book and handover report used to cover any issues during the 24 hr shift.</p> <p>Concerns around the quantity and quality of information contained in accident and incident forms. For the next three months it has been decided that any reportable App1 MUST COME TO THE [REDACTED] [REDACTED] for review before submission to ensure that all details and content are correct.</p> <p>During reg 29 visits the internal compliance inspector</p>			must be taken when a safeguarding is suspected along with contact number so the staff to reference to should the necessity occur.
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		will check incidents and accidents against the reg 30 reporting and safeguarding reporting forms. Incident forms will also be checked to confirm that the information contained is detailed and correct.			
Documentation, concerns		Care plans are not always reflecting any changes specifically in relation the changes directed by Speech and Language therapy. All staff nurses tasked with reviewing all care plans and risk assessments of the residents within Benn unit. This is to check they are all current and that any advice for any member of the MDT team has been incorporated into the care plan and is reflective of the resident's current needs. A matrix has been drawn up so progress can be monitored. This will be reviewed and validated by the [REDACTED] and the [REDACTED] and Internal Compliance for accuracy.	[REDACTED]	4 weeks from the 11 th Feb 2020	All care plans and risk assessments will be reviewed and updated, taking into account any input from any of the MDT team to reflect the resident's current needs. Matrix in place for monitoring completion
Concerns expressed re few referrals to the Tissue Viability Services		Full audit undertaken of all residents within the service to ascertain if any residents are currently requiring input from TVN. On Donegal we currently have a resident who has skin dermatology who is being treated by [REDACTED] Also, one with grade 2 which is now healed. No further pressure damage currently within the home. Staff are fully aware of who to contact when the need advice re pressure damage and demonstrated knowledge of the need to report to RQIA for grade 2 and above. Tissue Viability Tracker in place and to be completed by each Unit on a Monday and submitted to the Service	[REDACTED]		This will continue to be monitored weekly by the [REDACTED] [REDACTED] This will again be tracked by the Internal Compliance Team during reg 29 reports and visits.

<p>Concerns expressed around how incidents accidents are reflected upon</p>		<p>A Lessons learned reflective account form is now available, this form is to be used when the team come together to reflect on any accident or incident occurs that has impact on the service or service users. [REDACTED] or [REDACTED] to hold reflective meeting with the team using this form to document the discussion giving everyone the opportunity to have input as to how why and what could have been done differently to minimise re occurrence.</p>		<p>Immediate Action</p>	<p>Form is now available to the [REDACTED] to record the reflective account and the lessons learned from the event.</p>
<p>Staff Moral low, staff have stated to Crest Team that they feel low due to not knowing Management structure</p>		<p>HR have been contacted re holding a staff clinic for staff engagement. Staff can also complete a staff survey online of which very few have participated. The Internal Compliance inspectors during their visits speak to staff individually and confidentially and any issues raised are reported if necessary. Staff have also available to them contact number Hr if they wish to contact, they also have access to the whistleblowing policy.</p>		<p>4 WEEEEKS</p>	<p>Awaiting dates for HR clinic. Phone numbers available for HR for staff whistleblowing policy available to all staff.</p>
<p>Company governance procedures in relation to monitoring of the reg 29 action plans.</p>		<p>Once a reg 29 is completed it is then within 7 days sent to the [REDACTED] for the actions to be completed. The actions are reviewed where they are red within 10days, to monitor progress. If actions continue the next three occasions the [REDACTED] is invited to a meeting with the [REDACTED] and the [REDACTED] and the [REDACTED]. To discuss why progress has not been made and the way forward. These actions could include performance management action for the [REDACTED] depending on the actions that have not been addressed on the reg 29 action plan.</p>		<p>This is an Ongoing Item</p>	<p>Reg 29 reports sent to the [REDACTED] the [REDACTED] and the [REDACTED] for checking of compliance. The return report from the Internal Compliance team, will be matched to the original to ensure actions have been achieved.</p>

