

Action Plan

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| Service Name: | Castle Craig Hospital |
| Service number: | 00051 |
| Service Provider: | Castle Craig Hospital Limited |
| Address: | Blyth Bridge, West Linton, EH46 7DH |
| Date Inspection Concluded: | 17-18 September 2024 |


| Requirements and Recommendations | Action Planned | Timescale | Responsible Person |
|---|--|-----------|----------------------------|
| Recommendation a: The service should establish clear annual objectives that are specific and measurable, ensuring they demonstrate progress in fulfilling the service's mission (see page 13). | A set of specific and time-bound objectives will be established as part of our development plan. These will then be shared with all staff to ensure a corporate approach to service delivery and achieving the objectives. | 30/11/24 | CEO/senior leadership team |

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| <p>Recommendation b: The service should document staff meetings to ensure a note of outcomes and actions is retained for record and dissemination to staff who were unable to attend (see page 16).</p> | <p>A brief note of all staff briefings will be compiled to share with staff who are unable to attend to ensure smooth and consistent communication of the items discussed.</p> | <p>27/11/24</p> | <p>Operations Manager</p> |
| <p>Recommendation c: The service should implement a structured way of seeking the views of staff and using their feedback to make improvements to the way the service is delivered (see page 19).</p> | <p>The all-staff survey will be reintroduced with a link sent to all colleagues asking key questions and seeking open feedback.</p> | <p>13/12/24</p> | <p>HR Manager</p> |

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| <p>Recommendation d: The service should develop its quality improvement plan to capture and measure the impact of service changes and demonstrate a culture of continuous improvement (see page 24).</p> | <p>A development plan with a focus on quality improvement is in the final stages of production. This will provide a plan of key changes and improvements we intend to deliver which we can then measure against to show the improvements made.</p> | <p>30/11/24</p> | <p>CEO/senior leadership team</p> |
| <p>Recommendation e: The service should ensure consent to share information with patients' next of kin is consistently documented in the patient care records (see page 27).</p> | <p>While consent was, and continues to be, sought and complete during pre-admission, we have carried out amendments to our electronic medical record (EMR) system to encourage this to be reviewed and confirmed at admission. This has led to an improvement in completion rates and an audit will be carried out to evidence this.</p> | <p>Complete</p> | <p>Operations Manager</p> |

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|-------------|--|------|---|
| Name | | | |
| Designation | | | |
| Signature |  | Date | <div style="border: 1px solid black; padding: 2px;">30 /10 / 2024</div> |

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

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Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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