

Action Plan

Service Name:	Robin House
Organisation Number:	00039
Service Provider:	Children's Hospices Across Scotland
Address:	Boturich Road, Balloch, Alexandria, G83 8LX
Date Inspection Concluded:	29 - 30 October 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that all staff follow national infection prevention and control guidance for the safe management of clinical waste and ensure that all infrequently used water outlets are flushed and appropriate records kept in line with current national guidance (see page 25).</p> <p>Timescale – immediate</p> <p><i>Regulation 3(d)(i)(iii) The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011</i></p>	<ul style="list-style-type: none"> a) All Domestic Services and Maintenance Staff at Robin House undertake appropriate IPC training b) The lock on the external bin storage has been replaced by our external contractor & is in use c) Review of the documentation of flushing practices has been undertaken and is consistently in place and documented. d) Continued improvement on recording paperwork underway and will be completed by 31/12/24 	<p>31/12/24</p> <p>Complete</p> <p>Complete</p> <p>Ongoing 31/12/24</p>	<p>Operations Manager (soft FM)</p> <p>&</p> <p>Operations Manager (hard FM)</p>


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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should develop a formal process of keeping children, families and staff informed of the impact their feedback has on the service and how this may lead to improvements in how the service is delivered (see page 17).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.8</p>	<p>a) CHAS have been using a Compliments, Suggestions, Concerns and Complaints spreadsheet which holds all information received from families and children and young people in our care. This is being transferred to a Vantage module to manage the information and actions.</p> <ul style="list-style-type: none"> • We will reintroduce the You Said, We Did tree. • The family involvement lead will work with families on the best way to share changes resulting from feedback. • We will introduce the Care Experience Improvement Methodology to support these changes. <p>b) Feedback loops and resulting change will be discussed and planned through SCN meetings with collective ownership of change.</p>	<p>Complete</p> <p>July 2025</p> <p>July 2025</p> <p>Complete</p>	<p>Head of Quality and Care Assurance</p> <p>Head of Strategy and Involvement</p>
<p>Recommendation b: The service should ensure that all audits are fully documented and entered onto the electronic reporting system (see page 21).</p>	<p>a) Infection Prevention and Control audits are currently entered onto the electronic reporting system.</p> <p>b) Additional audits have now been added to the electronic reporting system (equipment checks, mattress checks).</p>	<p>Complete</p> <p>Complete</p>	<p>Chair of the Operational Governance Group</p>

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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<ul style="list-style-type: none"> c) Medication safety audits are collated and available on an electronic system managed by the pharmacist and available via the CHAS intranet. d) The Care Services Operational Governance Group has oversight of all clinical and care audits and an Annual Audit Activity Report will be provided in February to this group for review. e) Electronic recording of non-clinical audits is currently under development, as part of recommendation C 	<p>Complete</p> <p>February 2025</p> <p>July 2025</p>	
<p>Recommendation c: The service should ensure that regular non-clinical audits are included in the existing audit programme (see page 22).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<ul style="list-style-type: none"> a) Maintenance, catering and housekeeping are planning a programme of regular non-clinical audits for the full calendar year which mirrors the format utilised by Care Services. 	<p>February 2025.</p>	<p>Operations Manager (soft FM)</p> <p>&</p> <p>Operations Manager (hard FM)</p>
<p>Recommendation d: The service should re-introduce its quality improvement plan to formalise and direct the way it drives and measures improvement (see page 22).</p>	<ul style="list-style-type: none"> a) A new Quality Strategy is in final draft stages and the new improvement plan will be aligned to this document as well as the CHAS plan. b) This document will be overseen by the Care Services Governance Group and an Annual 	<p>August 2025</p>	<p>Head of QCAT & Associate Nurse Director (Hospice Care)</p>
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19	Improvement Report will be provided via the clinical and care governance structure.		

Name	Jennifer Rodgers		
Designation	Director of Nursing and Family Support		
Signature		Date	18.12.24

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 the timescale for completion is immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- Please do not name individuals or an easily identifiable person in this document. Use Job Titles.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector.

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