

Action Plan

Service Name:	Ardgowan Hospice
Service number:	00043
Service Provider:	Ardgowan Hospice Limited
Address:	12 Nelson Street, Greenock, PA15 1TS
Date Inspection Concluded:	16 May 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure there is an active risk assessment addressing all clinical and non-clinical sinks in the inpatient unit. As the clinical sink does not comply with national guidance about sanitary fittings in healthcare premises, this should be replaced at the next refurbishment (see page 17).</p> <p>Timescale – immediate</p>	<ol style="list-style-type: none"> 1. Risk Assessments of all sinks are being made and will form part of the Ward Risk Register. 2. It is noted regarding the compliance of sinks. This will be addressed at the point of any future refurbishment. 	<p>Immediate</p> <p>At Refurbishment</p>	<p>Head of Income Generation</p> <p>CEO</p>
<p>Requirement 2: The provider must ensure that a copy of the power of attorney document is filed in the patient care records (see page 20).</p>	<p>We have investigated this issue and realised that the delay in copies being filed on patient care records is due to our current reliance on patients being responsible for giving them to us. On the day of</p>	<p>The new procedure will be implemented</p>	<p>Acting Director of Patient & Family Services</p>

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
Produced by: IHC Team	Page:1 of 6	Review Date:
Circulation type (internal/external): Internal/External		

<p>Timescale – immediate</p>	<p>inspection, two patients had been admitted very recently and hadn't yet brought in the forms. We have audited since the inspection and found them all to be there.</p> <p>We have decided to review our process and not rely on the family but instead confirm the Power of Attorney by contacting the Office of the Public Guardian on the day of admission. We will also ask for a copy of the document from the family. This will ensure that we have confirmed POA status for each patient. The procedure is being reviewed and will be actioned within the next month.</p> <p>Checking that this procedure is followed will become part of the quarterly ward audit.</p>	<p>d in July 2023</p>	
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should ensure relevant staff are trained in the principles of duty of candour (see page 10).</p>	<p>SMT decided on 22nd June that the principles of Duty of Candour e-learning module will become part of the mandatory suite for all staff.</p>	<p>All staff completed the module by August 23.</p>	<p>Acting Director of Patient & Family Services</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:2 of 6</p>	<p>Review Date:</p>
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<p>Recommendation b: The service should ensure staff are trained in the management of complaints (see page 10).</p>	<p>It has become clear that our Complaints process is not robust to deal with complex medical complaints; therefore, we are reviewing the policy & procedure.</p> <p>We will include a workshop on the culture of dealing with complaints at the all-staff conference in September, to emphasise our positive approach to having negative feedback. This session will then be included in the induction sessions all new staff attend within their first three months.</p> <p>A training session will be held for all managers on How to deal with complaints.</p>	<p>Complaints process will be revised by the end of August</p> <p>Culture of complaints Session at the Staff conference in September</p> <p>Manager's training session in October.</p>	<p>CEO</p>
<p>Recommendation c: The service should ensure relevant staff are trained in the process of obtaining informed consent (see page 10).</p>	<p>SMT decided on 22nd June that the Principles of Consent e-learning module will become part of the mandatory suite for all staff.</p>	<p>All staff will be expected to have completed the module by September 23</p>	<p>Acting Director of Patient & Family Support Services</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:3 of 6</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p>Recommendation d: The service should carry out regular staff and volunteer surveys and share the results. Staff and volunteers should then be involved in developing any resulting action plans (see page 13).</p>	<p>The People & Culture team will design a process of Survey and Response in order for regular staff & volunteer surveys to be undertaken.</p>	<p>The Programme of Surveys will commence in September</p>	<p>Head of People & Culture</p>
<p>Recommendation e: The service should review storage facilities throughout the hospice and ensure treatment and storage rooms are being used for the correct purpose (see page 18).</p>	<p>A decluttering process has been undertaken already. As a result, SMT has decided that a remodeling of the storage facilities is necessary and agreed to implement this.</p>	<p>By December</p>	<p>Head of Income Generation</p>
<p>Recommendation f: The service should develop a more formal document to record checks on expiry dates of emergency medicine and equipment (see page 18).</p>	<p>The Acting Director of Patient & Family Support will speak to the Pharmacist to ensure this is actioned. This is to be included in the Quarterly Ward Audit</p>	<p>By July</p>	<p>Acting Director of Patient & Family Support</p>
<p>Recommendation g: The service should ensure a recognised assessment tool is used when assessing patient capacity (see page 20).</p>	<p>The Acting Director of Patient & Family Support and lead Consultant will ensure a recognised assessment tool will be utilised when assessing patient's ability to understand information and make decisions.</p>	<p>By September</p>	<p>Acting Director of Patient & Family Support</p>

<p>File Name: IHC Inspection Post Inspection - Action Plan template AP</p>	<p>Version: 1.1</p>	<p>Date: 8 March 2023</p>
<p>Produced by: IHC Team</p>	<p>Page:4 of 6</p>	<p>Review Date:</p>
<p>Circulation type (internal/external): Internal/External</p>		

<p>Recommendation h: The service should introduce a system of routinely rechecking the Protecting Vulnerable Groups (PVG) status of staff appointed to work in the service (see page 23).</p>	<p>The Head of People and Culture department within Ardgowan Hospice will continue to follow and comply with all policy, procedure and guidance produce by Disclosure Scotland around the management of the PVG scheme to ensure we continue comply with the Disclosure (Scotland) Act 2020</p>	<p>Ongoing</p>	<p>Head of People & Culture</p>
<p>Recommendation i: The service should develop a formal training programme and monitor staff compliance with the completion of mandatory training (see page 23).</p>	<p>The Head of People and Culture is currently recruiting a Learning and Development officer this process will be completed by September 2024. Within the scope of the Learning and Development officers role they will be responsible for the delivery of formal training and monitor staff compliance.</p>	<p>March 2024</p>	<p>Head of People & Culture</p>

Name Graham Gardiner

Designation CEO

Signature



Date 26th June 2023

Gr GGraham Gardiner

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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<p>Produced by: IHC Team</p>	<p>Page:5 of 6</p>	<p>Review Date:</p>
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Guidance on completing the action plan.

- **Action Planned:** This must be 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:** 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.

File Name: IHC Inspection Post Inspection - Action Plan template AP	Version: 1.1	Date: 8 March 2023
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