Action Plan

Service Name:	Cygnet Wallace Hospital
Service number:	00136
Service Provider:	Cygnet (OE) Limited
Address:	119 Americanmuir Road, Dundee, DD3 9AG
Date Inspection Concluded:	04-05 December 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Requirement 1: The provider must ensure that timeframes for commencement and completion of all building work are included in the building risk assessment and risk register (see page 28). Timescale – by 4 July 2024	This has been discussed and as an action we are now holding monthly planning meetings, where progress has been discussed and estimated completion date is July/August. The commissioning team have stated we are on track	The building work/ Risk assessment will be updated monthly to reflect the information given during the meeting.	Hospital Manager/ Maintenance Team/ Estates Team/ property Team.

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Requirement 2: The provider must ensure formal leave plans are in place and signed by the registered medical officer for patients spending time outside of the hospital grounds (see page 32). Timescale – by 4 July 2024	This has been actioned and met on the 6th December 2023 and confirmation sent to His Inspector.	Completed	Medical director/ Hospital Manager
Requirement 3: The provider must ensure adequate staffing resources are in place to provide housekeeping cover for weekends and absences (see page 32). Timescale – by 4 July 2024	This is currently in Progress in addition to the 40hr role which is recruited to we have now split the other 40hr domestic role into 2x 20hrs roles to include 7 days a week cover.	April/May 2024	Hospital manager/ Deputy Manager.

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Requirement 4: The provider must ensure that external clinical waste bins are kept locked at all times (see page 32). Timescale – immediate	This has been met.	Completed	All Staff/ Hospital Manager

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
Recommendation a: The service should ensure that the front page of the controlled drug book is kept up to date (see page 26).	This has been met clinical lead/Deputy manager checks the controlled drug book weekly.	Completed	Nursing staff/ Clinical lead

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Recommendation b: The service should offer staff the opportunity to attend debriefs following incidents (see page 26).	All staff are offered the opportunity to attend de-brief session with peers and Clinical staff.	May 2024	All nursing staff/ Clinical lead, Deputy Manager
Recommendation c: The service should ensure patient care records clearly indicate how frequently a patient requires physical health monitoring and the reasons for this (see page 32).	This has been met and actioned on 6th December and sent to His Inspector.	Completed	Medical director/ Deputy Manager / Hospital Manager

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Recommendation d: The service should complete and record observations in full, including end-of-shift sign off from the nurse in charge in line with the service's observation policy (see page 32).	This has been actioned and met and regularly checked by Clinical lead and Nursing staff along with the quality assurance manger	Completed	Clinical lead / All nursing staff.
Recommendation e: The service should review and re-establish its programme of decoration and refurbishment to ensure that the environment is well maintained (see page 32).	Painting planner has been reinstated and redecoration will commence week commencing 18th March and be completed by April 2024. Ongoing redecoration will be required to maintain the environment.	June 2024	Maintenance team/ Hospital Manager

Name   Kerry-Anne Johnstone

Designation   Hospital Manager

Signature   Date

K. Johnstone

19 / 03 /2024

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

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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