

Action Plan

Service Name:	Kilbryde Hospice
Service number:	00154
Service Provider:	The Kilbryde Hospice
Address:	McGuinness Way, Hairmyres, East Kilbride G75 8GJ
Date Inspection Concluded:	21 July 2022

Requirements and Recommendations	Action Planned	Timescale	Responsible person
Recommendation a: The service should ensure that the laundry service used can demonstrate that all launderable items are thermally disinfected in line with HPS's National Infection Prevention and Control Manual.	Validation & Maintenance. <ul style="list-style-type: none"> The Laundry Equipment is of a professional standard. Installation was completed by a Miele approved supplier and is serviced / maintained on an annual basis. Records are kept of the service. The manufacturer has been contacted and provided assurance that the sensors fitted to the machines are accurate at measuring water temperature on each cycle displaying a default message where not achieved for the duration of the cycle. The Facilities team will observe a thermal wash each month for a minimum 10 mins to ensure compliance with validation requirements. The hospice will add a documented controls on the use of the sluice cycle which will be signed off on a weekly basis and tested by facilities monthly. 	Sept 2022	Corporate Services Manager

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:1 of 3	Review Date:
Circulation type (internal/external): Internal/External		

<p>Recommendation b: The service should ensure that each patient's power of attorney status is documented.</p>	<ol style="list-style-type: none"> 1. Each clinical staff member has been reminded that it is everyone's responsibility, especially the admitting nurse/doctor to ascertain if there is a Power of Attorney in place. If in place, this is documented and signed on the Shared Decision-Making Form. A copy of POA is requested, copied, and placed in the healthcare record. If not in place, this is also documented and signed. 2. The hospice has increased the hours undertaken by the Family Support Assistant to ensure there is cover over 5 days (30 hours in total) to liaise with carers and relatives. This will expedite receipt of Power of Attorney documents or if not forthcoming this person will liaise with Office of Public Guardian to check if it is in place. 3. At weekly MDT meetings, increased inspection has been placed on whether Power of Attorney (welfare and/or financial) is in place. If not documented, then the POA status is established and documented by Family Support Assistant. 4. Draft a leaflet to give to relatives explaining the role of attorneys for greater clarity. 	<p>September 2022</p>	<p>Clinical Services Director</p>
---	--	-----------------------	-----------------------------------

Name	Margaret Marv Cowan		
Designation	Clinical Services Director		
Signature	MM Cowan	Date	1/ / 9 /22

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:2 of 3	Review Date:
Circulation type (internal/external): Internal/External		

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

File Name: 20190121 Action Plan Template	Version: 1.0	Date: 21 January 2019
Produced by: IHC Team	Page:3 of 3	Review Date:
Circulation type (internal/external): Internal/External		