

## Action Plan

Service Name:	Nova Recovery
Service Number:	01819
Service Provider:	Nova Recovery Ltd
Address:	10-12 Scott Street, Largs, KA30 9NU
Date Inspection Concluded:	27 June 2023

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p><b>Requirement 1:</b> The provider must further review its policy for managing patient healthcare emergencies, including seizures in the service, ensuring it is detailed and relevant to the service. Staff must be trained to implement the policy to allow them to manage these situations safely, including the administration of emergency medication (see page 9).</p> <p>Timescale – immediate</p>	<p>Step Ones Quality Assurance Manager has reviewed this policy and is now implemented in Nova Recovery.</p> <p>On-line seizure training completed by all Nursing and Recovery staff.</p> <p>In person BLS training arranged through ALS. To commence September 5<sup>th</sup> until the 12<sup>th</sup> for all recovery and nursing staff.</p>	<p>August 23</p> <p>August 23</p> <p>September 23</p>	<p>Registered Manager &amp; Quality Assurance Manager</p>
<p><b>Requirement 2:</b> The provider must ensure that there is a suitably trained healthcare professional in the service at all times, this person must be able to:</p>	<p>BLS training to commence from the 5<sup>th</sup> September.</p> <p>a) Qualified Nurse on duty 24/7. Doctor will be at Nova Recovery 3 days per week to conduct new client admissions.</p>	<p>September 23</p>	<p>Registered Manager</p>

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<p>(a) <i>conduct a face-to-face review of new patients to ensure their suitability for admission, and</i></p> <p>(b) <i>respond to and treat patient healthcare emergencies, including seizure (see page 9).</i></p> <p>Timescale – immediate</p>	<p>b) On-line Seizure training completed by all recovery and nursing staff. BLS training to commence from 5th September for Recovery and nursing staff.</p>	<p>August 23</p>	
<p><b>Requirement 3:</b> The provider must develop effective systems that demonstrate the proactive management of risk to patients and staff. This should include:</p> <p>(a) <i>a comprehensive risk register for the service, and</i></p> <p>(b) <i>appropriate risk assessments should be carried out detailing risk and actions taken to minimise or eliminate this risk (see page 11).</i></p> <p>Timescale – by 11 December 2023</p>	<p>A) Risk Register Matrix being developed.</p> <p>B) Risk assessments are being re-done on a new electronic system One Health Place. This is a compliance tool which Step One Recovery will be using from here on in.</p> <p>All Risk Assessments are being reviewed.</p>	<p>December 23</p>	<p>Registered Manager &amp; Quality Assurance Manager</p>
<p><b>Requirement 4:</b> The provider must ensure there is a formal documented medicines reconciliation process put in place and that medicines reconciliation is recorded in the patient care record (see page 11).</p> <p>Timescale – by 11 October 2023</p>	<p>New Medication Reconciliation paper document included with admission paperwork. This registers confirmation of medications and prescriber on admission either via clients GP or their pharmacy.</p> <p>Healthcare Improvement Scotland Medication Reconciliation document has been printed out and put in folder within Treatment Room and emailed out to all nursing staff.</p>	<p>October 23</p>	<p>Registered Manager</p>


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Timescale – by 11 October 2023			
<b>Recommendation a:</b> The service should ensure that all complaints are managed in line with policy (see page 7).	Policy to be updated to coincide with current complaints practice – Step One to introduce a formal Complaints Officer to cover all Step One clinic sites.	September 23	Registered Manager & Quality Assurance Manager
<b>Recommendation b:</b> The service should consider a formal arrangement to train staff in quality and risk management (see page 11).	Training has been arranged for all staff to cover Risk Assessment Awareness and Risk Management. This is using our Citation Atlas training service.	September 23	Registered Manager
<b>Recommendation c:</b> The service should ensure relevant clinical practice policies are reviewed to ensure they reflect how the service is delivered (see page 13).	Our Quality Assurance Manager is reviewing all Nova Recovery Policies.	September 23	Registered Manager & Quality Assurance Manager
<b>Recommendation d:</b> The service should document discussion with patients about the implications and clear rationale for treatment where their previous medical records are not available (see page 13).	This will be Included and evidenced within the Nurse Admission Assessment at the point of admission. We will also be conducting weekly MDT meetings to explore risk factors whilst ensuring a clear rationale for treatment for when clients previous medical records are not available or void of any addiction information, which is often the case.	September 23	Registered Manager
<b>Recommendation e:</b> The service should provide GPs with a discharge summary of any inpatient episode (see page 14).	All staff made aware that a GP Summary and GP letter to be completed at the end of the clients stay at Nova and the letter to be given to the client before discharge.	In place	Registered Manager

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<b>Recommendation f:</b> The service should review its corporate infection prevention and control policy and auditing system to make sure they are both in line with Scottish guidance (see page 14).	Our Quality Assurance Manager is reviewing all Nova Recovery's policies to ensure they are in line with Scottish Law.	September 23	Registered Manager & Quality Assurance Manager
<b>Recommendation g:</b> The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 16).	Step Ones Quality Assurance Manager will develop a quality improvement plan for Nova Recovery.	September 23	Registered Manager & Quality Assurance Manager
<b>Recommendation h:</b> The service should review its whistleblowing policy to include a focus on developing a culture in the service where staff were supported to raise any concerns (see page 17).	<p>Whistleblowing Posters are already placed around the service – Details for Meghan, outside contact on the poster.</p> <p>Included in Staff Survey – Reporting Concerns.</p> <p>Annual Closed Culture Review to be introduced through Step Ones Quality Assurance Manager. Whistle blowing policy to reflect this, commitment assurance to whistle blowers where Senior Management Team (SMT) will attend on site once a month and making sure that staff can speak to SMT with any concerns.</p> <p>We will also review our website and demonstrate at all levels of the organisation, that employers are welcome and encourage to make disclosures.</p>	<p>In place</p> <p>5<sup>th</sup> September 23</p> <p>December 23</p>	Registered Manager & Quality Assurance Manager & Operations Manager

Name	Clare McGilligan
Designation	Registered Manager
Signature	
Date	04 / 09 /2023

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 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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