

Service Experience Evaluation Action plan

Issues raised	Action required	Target date	Progress status
No signs for Meadowview from main reception	Signpost to be visible for Meadowview	Immediately	There is main board signpost by the entrance which shows Meadowview location and other services. There is signposts on the lifts on ground floor and in the lifts
CQC rating and patient survey displayed only on one of the two corridors	Patients and carers to be able to see	Immediately	A new board has been put up on the other corridor which displays the CQC ratings and patient surveys
Understaffed	Recruitment of staff Current vacancies: 1.0 Physiotherapist, Occupational therapist 2.0 Staff nurses ,	Physiotherapist job out to advert, Occupational therapist out to agency commissioned by Bexley Council Staff nurses on going (consider band 6 option)	On-going
Wait time to answer call button	All staff to support with answering buzzers	Immediately	Have discussed in team meeting and indeed in staff 1-1's. Also linked this in with MVU away day regarding MDT, team ethos and what happens on MVU is everybody's business. This will also be communicated with patients, carers/families (leaflets family meetings) On-going
Miscommunication between other staff and patients	Information regarding activities and groups to be available to patients visitors and staff	Immediately	Posters for activities and groups are now available on the boards and accessible to everyone. In welcome pack and leaflets. Also discussed during family meetings

<p>Vague information given to patients, more information on care to patients</p>	<p>To have more available options for discussions and meetings with patients and families after admission</p>	<p>Immediately</p>	<p>We are introducing/trial 3 point patient/family meeting (on admission up to 72hours, mid point progress review and pre discharge meeting) as well as continued patient and family engagement and discussion. Currently every patient/family is offered meeting on admission but not necessarily pre discharge. Also looking at potential for doctor to attend these meetings as standard</p>
<p>1-1 physiotherapy</p>	<p>Individualised personal goals</p>	<p>Immediately</p>	<p>Physiotherapists agree the therapy goals upon admission with the patients, on care plan. Intermediate Care unit. Rehabilitation undertaken by all the team. This will/does form part of patient and family meeting, leaflets, welcome pack and poster information promoting ADL's being undertaken by all team as part of your rehab plan</p>
<p>Long wait for doctor</p>			<p>The doctor is available Monday to Friday 9-5pm. Consultant available Mondays and Thursdays on ward round. Scoping doctor attending all patient/family meetings. We have family booking system in place-look to highlight this more. But this is a nurse led unit, very much promoting this to</p>

			patients/families. Majority of medical updates can be given by nurses, but specific occasions due to complexity of patients.
Personalised treatment	Individualised treatment	Immediately	Patients have personal exercise sheets for their bedside exercises. Everyone gets copy of care plan. Build this into 3 point stay meetings. Challenge for all staff to be able to communicate the care plan with patients and families, that it's not just a physiotherapist who undertakes rehab. In-service training particularly with HCA's re understanding and effectively communicating rehabilitation care plans, particularly in conjunction with what they do with patients eg ADL's and how this is vital to person rehab.
Late medication	Patients to be assessed for self-administration of their own medication	Immediately	On-going
10-15 minute wait for bathroom	All staff to support with answering buzzers	Immediately	Following care plans- separate Day and night mobility and ADL plans On-going
Long wait to be moved around the ward	All staff to support with moving patients to and from the dining room and from group activities	Immediately	This is in place. Built this into away day, team meetings. PJ paralysis helped with TEAM approach On-going
Proactive in giving information to carers and families	To have discussions/meeting with families (3 point stay meetings/reviews)	1/11/2019	Reviewed all leaflets, info on walls, welcome pack Issue with expectation

	after admission		when patients arrive from what they have been to prior to coming-ACUTE On-going
More choice for special requirements (diabetes)	To discuss with ISS catering provider New diabetic Menu and option to order specific away from menu	immediately	Initiated meetings with estates and ISS. Weekly now montly reviews. Myself and Sandra have spoken with patients and continue. ISS manager came to the unit to discuss to discuss with patients and carers On-going
Additional activities	To arrange for extra activities	immediately	The unit has breakfast club on Tuesday morning, Music therapy on Tuesday morning. Wednesday group exercise, Thursday morning group baking, Friday games and exercise group. We have now introduced a pamper session on Mondays, sit to get fit exercise on Mondays-I feel we do offer wide variety, remember the cohort can be elderly frail.
More groups	More activities and groups to be introduced on the unit	Immediately	Puzzles set up in the day room, Bingo, afternoon tea, concert in December, Remembrance day in December, Christmas party
Guest and staff chairs uncomfortable	To discuss with service manager regarding purchasing new comfortable chairs for visitors	March 2020	Looking to purchase new chairs. New Chairs in by March 2020
Radio or background music	To purchase more radios	30/12/19	Radios have been purchased, awaiting delivery

Weekend doctor	Discussion with senior managers and consultant		On-going
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