

Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

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|-----------------------|-------------------|
| Account number | 1-3005696350 |
| Our reference | INS2-3867173012 |
| Location name | Branksome Heights |

| Regulated activity | Regulation |
|---|--|
| Accommodation for persons who require nursing or personal care | Regulation 11 Need for consent |
| | How the regulation was not being met: |
| | <p><i>People's care and treatment was not always provided within the framework of the MCA.</i></p> <p><i>Regulation 11 (1) (3) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</i></p> |
| Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve | |
| <p>Since the inspection there has been an ongoing review of all Mental Capacity Act Assessments and Best Interest Decisions ensuring that these are in place for all specific care decisions and that the least restrictive way to provide care and support has been explored.</p> <p>POA's will be consulted on the best interest decisions for the residents concerned.</p> | |
| Who is responsible for the action? | Manager and Deputy Manager |
| How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this? | |
| <p>Through monthly care plan reviews, audits and Operational Visits.</p> <p>A care plan review checklist is in place which prompts to ensure MCA/BID's are in place.</p> <p>6/12 monthly care plan reviews with next of kin.</p> | |
| Who is responsible? | Manager, Deputy Manager, Senior Carers and Operations Manager |

What resources (if any) are needed to implement the change(s) and are these resources available?

N/A

Date actions will be completed:

31/05/18

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Minimal impact to residents as any specific care decision has been reviewed to ensure that this is carried out in the person's best interest and in the least restrictive way.

Completed by:

(please print name(s) in full)

Debbie Preston

Position(s):

Operation Manager

Date:

16/04/2018

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

**Regulation 12
Safe care and treatment**

How the regulation was not being met:

People did not always receive their medicines as prescribed and people were at risk of not receiving safe care and treatment because staff did not record and communicate their needs.

There was a breach of Regulation 12 (1) (2) (b) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

- Daily stock balance checks are being undertaken for all PRN medication, warfarin and CD medication until manager is satisfied that there are no more ongoing issues.
- Abbey Pain Scale has been implemented and will be used in conjunction with the Wong Baker faces pain rating scale and PRN protocols.
- PRN protocols are in place.
- Attention to detail regarding changes in medication administration/dosage are handed over to senior staff.
- Weekly stock checks for all medication including resident self-administration are being undertaken.
- Mar sheets will be checked daily by a senior staff member for any gaps.
- All staff have received training in the safe administration of medication.
- Competency assessments for staff who administer medication will be ongoing.
- 11mins at 11am meetings are taking place to improve communication between senior staff.
- The new manager has met with the local District Nursing Team Sister. Discussed historical concerns regarding communication between the Home and DN Team. Also discussed her views on the failures in communication between the Senior Support Workers in the Home. Discussed actions already taken to improve communication and positive signs of improvement already. Additional actions agreed and implemented with immediate effect.

Who is responsible for the action?

Manager, Deputy and Senior Carers

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Weekly and Monthly medication audits to monitor the above actions for effectiveness.

Monthly Operations visits also review medication practice.

Who is responsible?

Manager, Deputy and Operations Manager

What resources (if any) are needed to implement the change(s) and are these resources available?

None

Date actions will be completed:

30/04/2018

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Robust checks in place to avoid/minimise risk.

Minimal impact to resident as all staff have had training.

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| Completed by: (please print name(s) in full) | Debbie Preston |
| Position(s): | Operations Manager |
| Date: | 16/04/2018 |

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|---|---|
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 13 Safeguarding service users from abuse and improper treatment |

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| | How the regulation was not being met: |
| | <i>Deprivation of Liberty Safeguards (DoLS) had not been applied for appropriately and the conditions of a DoLS had not been met.</i> |
| | <i>Regulation 13 (1) (5) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</i> |

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

Where applicable, all Deprivation of Liberty Safeguard (DoLS) applications have been applied for.

Any conditions are being met and detailed within the individuals care plan.

All care staff have received face to face MCA and DoLS training. Further training has been booked.

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| Who is responsible for the action? | Manager and Deputy Manager |
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How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Care plan tool prompts to ensure DoLS have been completed.

Monthly Operations visit to check that improvements have been sustained.

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| Who is responsible? | Manager, Deputy Manager, Senior Care Staff and Operations Manager |
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What resources (if any) are needed to implement the change(s) and are these resources available?

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| MCA and DoLS training booked. | |
| Date actions will be completed: | 30/05/2018 |

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| How will people who use the service(s) be affected by you not meeting this regulation until this date? |
| Minimal Impact. |
| All staff have completed the MCA/DoLS e-learning. |

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|--|--------------------|
| Completed by: (please print name(s) in full) | Debbie Preston |
| Position(s): | Operations Manager |
| Date: | 16/04/2018 |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 Good governance |
| | How the regulation was not being met: |
| | <i>Quality assurance systems had not been effective in identifying the failure to ensure safe care and treatment to people.</i> |
| | <i>Regulation 17 (1) (2) (b)</i> |

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| Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve | |
| Daily notes are audited for the use of any inappropriate language and dealt with immediately. | |
| Audits are now more robust and the new auditing system (C360) is being used. Audits will be carried out by competent trained staff. | |
| Who is responsible for the action? | Manager and Deputy Manager |

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

Weekly meetings between Manager and Deputy
11mins at 11am meetings with senior staff
Monthly Operational Visits to review audits
Any actions needed following audits are recorded on the new electronic audit system.

Who is responsible?

Manager, Deputy and Operations Manager

What resources (if any) are needed to implement the change(s) and are these resources available?

N/A

Date actions will be completed:

30/05/18

How will people who use the service(s) be affected by you not meeting this regulation until this date?

N/A

Completed by:

(please print name(s) in full)

Debbie Preston

Position(s):

Operations Manager

Date:

16/04/2018