

## 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.**

<b>Account number</b>	1-120221452
<b>Our reference</b>	INS2-3275531042
<b>Location name</b>	Old Hastings House

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 11 Need for consent</b>
	<b>How the regulation was not being met:</b>
	<i>The correct legal process had not always been followed where people were unable to consent to care.</i>

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

1. We will immediately apply for a DoLS authorisation when the criteria are met.
2. We will ensure that all existing mental capacity assessments are reviewed on a monthly basis and, where necessary, updated when specific decision-making abilities change.
3. Care-plans will consistently set out where someone can, or cannot, give informed consent for specific decisions.
4. Formal mental capacity assessments will not be carried out unless there is a reasonable belief that someone lacks capacity, even where this is about establishing a baseline on admittance to the service.
5. We will continue to endeavour to ensure that decisions affecting residents are both correct and lawful.
6. The primary aim will continue to be the delivery of an outstanding service to our stakeholders, specifically in terms of safety, personalised care, and our values, with the secondary aim of having this recognised by the regulator (CQC).

### Who is responsible for the action?

Registered Manager: Jason Denny

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

This was an area of continuous improvement prior to the inspection, given the fluid nature of a service where needs can change daily. The action plan currently in effect will continue as follows:

1. All mental capacity assessments will be reviewed at least monthly, or earlier in the event of significant changes.
2. Additional training and 1:1 support will be given to all keyworkers to ensure they are competent to carry out such reviews.
3. The senior leadership team will review higher need residents at least weekly in this respect.
4. This area will be a standing agenda item at all care team meetings.
5. Additional guidance will be circulated where required, to complement annual training by an external trainer.
6. Monthly Quality assurance visits by our external assessor will place more focus on this area.
7. The manager will review this area at least weekly.

**Who is responsible?**

Registered Manager: Jason Denny

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

The action plan is entirely realistic without additional resources, although additional resources could be available if required.

**Date actions will be completed:**

Immediate

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

**Not applicable.**

This action was carried out with immediate effect, as was confirmed to the Inspector prior to the published report. Whilst there was no negative impact on any person using the service at the time of the inspection, we are very mindful of the need for removing any unnecessary risk.

It is regrettable that it was deemed necessary to judge that there had been breach of regulation without linking to this to specific outcomes or taking sufficient account of the positive outcomes for people using the service. A recommendation and, therefore, a different and higher rating might have been more proportionate.

However, we welcome all feedback as part of our commitment to continuous improvement, and look forward to demonstrating this improvement at the time of the next inspection.

**Completed by:**

(please print name(s) in full)

Jason Denny

<b>Position(s):</b>	Registered manager
<b>Date:</b>	09-10-19

Regulated activity	Regulation
<b>Accommodation for persons who require nursing or personal care</b>	<b>Regulation 12 Safe care and treatment</b>
	<b>How the regulation was not being met:</b>
	<i>Responses to risks were not always robust and some areas of medicines records and storage did not reflect best practice.</i>

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

The process of improvement has been intensified as a result of the inspection by bringing forward our plans for the next 12 months which were published in July and stated in the PIR.

1. The new wide-ranging audit inspection tool for medication administration has commenced and will be reviewed monthly in the light of action points.
2. Monthly medication audits will be carried out by a qualified nurse as part of their external quality assurance visits which span several days per month.
3. The rate of care staff going through the new and more robust in-house medication competency assessment by an independent qualified nurse has been accelerated.
4. Additional weekly and monthly checks by senior staff regarding medicines practice.
5. The new recommended PRN protocols are now fully in place and subject to regular review.
6. Additional measures in place to ensure that risk assessments linked to falls are updated on the same shift or within 24 hours.
7. Continuation of the excellent practice regarding falls prevention (shown in trends report) which evidences a reduction in falls, and falls leading to injury or hospitalisation, and which is supported by regular training and falls 'champions'.
8. The primary aim will continue to be the delivery of an outstanding service to our stakeholders, specifically in terms of safety, personalised care, and our values, with the secondary aim of having this recognised by the regulator (CQC).

**Who is responsible for the action?** Registered Manager: Jason Denny

**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?**

1. More regular and specific checks by designated senior staff on both a monthly and weekly basis.

2. Monthly Quality assurance visits by our external assessor will focus more strongly on this area and report on progress via the specific medication audits.
3. Respond to the outcomes of staff competency assessments, and tailor support and training accordingly.
4. Keep up-to-date with NICE and other guidance.
5. The manager will review this area at least weekly with the Head of Care who oversees medication in the Main House and the SCTL for the Magdalen Suite.

**Who is responsible?**

Registered Manager: Jason Denny

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

The action plan is entirely realistic and without additional resources other than additional funded visits by the quality assurance specialist to speed up the process of completing the new staff medication competency assessment.

**Date actions will be completed:**

Immediate

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

**Not applicable.**

This action was carried out with immediate effect, as was confirmed to the Inspector prior to the published report. Whilst there was no negative impact on any person using the service at the time of the inspection, we are very mindful of the need for removing any unnecessary risk.

It is regrettable that it was deemed necessary to judge that there had been breach of regulation without linking to this to specific outcomes or taking sufficient account of the positive outcomes for people using the service. A recommendation and, therefore, a different and higher rating might have been more proportionate.

However, we welcome all feedback as part of our commitment to continuous improvement, and look forward to demonstrating this improvement at the time of the next inspection.

**Completed by:**

(please print name(s) in full)

Jason Ronald Denny

**Position(s):**

Registered Manager

<b>Date:</b>	09-10-19

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 17</b> <b>Good governance</b>
	<b>How the regulation was not being met:</b>
	<i>The provider's governance systems had not identified and addressed the issues we found. There were gaps and inconsistencies in records.</i>

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

CQC have conflated this regulation with the two previous regulations (11 and 12) dealt with in the two previous sections, other than gaps in fire safety records.

1. The manager, or administrator in his absence, will personally ensure that the maintenance team both carry out and record all routine fire safety checks.
2. The manager will check these records at least monthly.
3. The effectiveness of all existing quality assurance measures will continue to be reviewed as part of good governance.
4. The prime aim will continue to be the delivery of an outstanding service to our stakeholders, specifically in terms of safety, personalised care, and our values, with the secondary aim of having this recognised by the regulator (CQC).

**Who is responsible for the action?** Registered Manager: Jason Denny

**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?**

1. All safety-related records, including fire checks, will be the focus of the external quality assurance monthly checks by the relevant specialist.
2. Any risks to residents, such as falls, will continue to be responded to robustly and will be assessed daily and evidenced within monthly quality assurance audits, with any gaps responded to robustly as mentioned elsewhere.
3. The manager will review the effectiveness of current governance (existing quality assurance measures) at least monthly to identify if and where further improvement is necessary.
4. The current annual quality assurance development plan will continue to be reviewed, with any outstanding matters and CQC inspection feedback informing future plans.
5. The three-day monthly visits by the external quality assurance person will continue and will intensify where necessary if quality-related matters require immediate attention.
6. Staff supervision and team meetings will continue their focus on internal governance such as the findings of the CQC report and current improvement plans.

<b>Who is responsible?</b>	Registered Manager: Jason Denny
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
The action plan is entirely realistic and without additional resources, although additional resources could be available if required.	
<b>Date actions will be completed:</b>	Immediate

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
<b>Not applicable.</b>
<p>This action was carried out with immediate effect, as was confirmed to the Inspector prior to the published report. Whilst there was no negative impact on any person using the service at the time of the inspection, we are very mindful of the need for removing any unnecessary risk.</p> <p>It is regrettable that it was deemed necessary to judge that there had been breach of regulation without linking to this to specific outcomes or taking sufficient account of the positive outcomes for people using the service. A recommendation and, therefore, a different and higher rating might have been more proportionate.</p> <p>However, we welcome all feedback as part of our commitment to continuous improvement, and look forward to demonstrating this improvement at the time of the next inspection.</p>

<b>Completed by:</b> (please print name(s) in full)	Jason Ronald Denny
<b>Position(s):</b>	Registered Manager
<b>Date:</b>	09-10-19