

**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>	1-262725997
<b>Our reference</b>	INS2-3042570442
<b>Location name</b>	Prestbury Care Home

<b>Regulated activities</b>	<b>Regulation</b>
<b>Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury</b>	<b>Regulation 18 Notifications of other incidents</b>
	<b>How the regulation was not being met:</b>
	<i>We found the provider had not always notified the Safeguarding Authority of Safeguarding concerns and of other incidents within the care home.</i>

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

We have conducted a review of our Safeguarding reporting process. Any event that causes harm to a Resident will be reported to Cheshire East Safeguarding Department. Irrespective of any underlying medical condition. A Safeguarding tracker is currently in place and is reviewed on a weekly basis by the Home Manager and the Regional Manager to make sure that incident forms and reporting match. Each month the Home will have a Clinical Governance agenda item added to the monthly meeting where accidents/incident will be discussed. The minutes of these meetings will be copied to the Director of Nursing.

We had reviewed our accident/incident forms so that there is more detail and they can be used for educating our staff. Accident/incident forms will be copied to the Director of Nursing to review for any lessons learned.

From 2018 these the Accident/incident forms will be electronic which will streamline the process.

With the above in place we will be able to more effectively monitor individual Residents and make sure any additional care requirements are in place. We will be able to learn from events and educate staff appropriately. This will make sure our Residents continue to be safe in the Home.

<b>Who is responsible for the action?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy
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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?**

The Safeguarding tracker is reviewed on a weekly basis by the Home Manager and the Regional Manager to make sure that incident forms and reporting match.

Each month the Home will have a Clinical Governance agenda item added to the monthly meeting where accidents/incident will be discussed. The minutes of these meetings will be copied to the Home Manager, the Regional Manager and the Director of Nursing

Accident/incident forms are reviewed by the Home Manager and the Regional Manager and will be copied to the Director of Nursing to review for any lessons learned.

<b>Who is responsible?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy.
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

We will also be introducing electronic Care Plans in January 2018 which will assist in the management of accident /incident forms. The revised Accident/incident forms are already in place. The Safeguarding tracker is already in place

<b>Date actions will be completed:</b>	November 2017 and January 2018
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**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

The Safeguarding Tracker is in place. The revised accident/incident forms are on place. The Operations Director will view the tracker until the Regional Manager is in post which will be the end of October 2017. The Director of Nursing will review the Clinical Governance meeting minutes.

<b>Completed by:</b> (please print name(s) in full)	Tracey Scott
<b>Position(s):</b>	Home Manager

<b>Date:</b>	

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 9</b> <b>Person-centred care</b>
	<b>How the regulation was not being met:</b>
	<i>Care plans were not written with enough detailed information about the person's preferences, likes or dislikes. Some risk assessments/care plans required to deliver person centred care were absent.</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>Resident of the Day will be more closely monitored to effectively manage risk assessments and Care Plans. The Home Manager will review these on a daily basis to make sure they are Person centred and that all the required documentation to care for the Resident is in place. We will review the training provided in Care planning and provide additional training as appropriate. The Regional Manager will spot check the Care Plans on a weekly basis and the Director of Nursing twice a month.</p> <p>We will be introducing electronic Care Plans in January 2018 which will assist in this and part of that implementation includes training in the writing of Risk Assessments and Care Plans.</p> <p>With the above in place we will be able to more effectively monitor individual Residents and make sure any additional care requirements are in place.</p>	
<b>Who is responsible for the action?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy
<b>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?</b>	
<p>The Home Manager will review these on a daily basis. The Regional Manager will spot check the Care Plans on a weekly basis and the Director of Nursing twice a month.</p>	
<b>Who is responsible?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
<p>The additional Care Plan training for the electronic Care Plans. The resource is available to do this.</p>	
<b>Date actions will be completed:</b>	December 2017 January 2018

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

The Resident of the Day and the monitoring is in place now.

<b>Completed by:</b> (please print name(s) in full)	Tracey Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 10</b> <b>Dignity and respect</b>
	<b>How the regulation was not being met:</b>
	<i>We found people's dignity was not always upheld. One person was observed with soup spilt down themselves in a communal area. The language being used by staff writing the care plans contained some inappropriate use of language.</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>Via Resident of the Day, the Home Manager will review the Care Plans on a daily basis to make sure they are Person centred with appropriate language being used and that all the required documentation to care for the Resident is in place. The Care Plan will be clear as to what the Resident preference may be e.g. not to drink from a plastic lidded beaker. We will make sure all staff receive training again related to Dignity in Care.</p> <p>The Regional Manager will spot check the Care Plans on a weekly basis and the Director of Nursing twice a month.</p> <p>We will be introducing electronic Care Plans in January 2018 which will assist in this.</p> <p>By following this process our Residents will be cared for in a dignified manner and consideration given where a Resident and/or a family preference is requested for a particular intervention.</p>	
<b>Who is responsible for the action?</b>	Tracey Scott, Maureen Ashworth, Lance Herbert
<b>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?</b>	
<p>The Home Manager will review these on a daily basis. The Regional Manager will spot check the Care Plans on a weekly basis and the Director of Nursing twice a month.</p>	
<b>Who is responsible?</b>	
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
<p>Additional training time for staff on Dignity in Care and additional training for electronic care planning. This will be provided.</p>	

<b>Date actions will be completed:</b>	December 2017.

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>	
Training has already been received by staff regarding Dignity in Care. It is not anticipated that Residents will be affected.	

<b>Completed by:</b> (please print name(s) in full)	Tracey Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 11</b> <b>Need for consent</b>
	<b>How the regulation was not being met:</b>
	<i>Mental Capacity assessments were not always updated in the care plans. We found one DOLS authorisation had expired in September 2016 which had not been renewed.</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>All Mental Capacity assessments are completed and in date. We have commenced a review of Best Interest assessments in light of recent legislation changes and we have already updated our documentation to reflect that change. There is a DoLS authorisation tracker in place and this will be reviewed weekly by the Home Manager and monthly by the Regional Manager.</p> <p>With this process in place we are able to evidence that our Residents without capacity are appropriately cared for and we are following our legal requirements in this areas of care.</p>	
<b>Who is responsible for the action?</b>	Tracey Scott, Maureen Ashworth, Lance Herbert
<b>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?</b>	
<p>The Home Manager will review these on a weekly basis. The Regional Manager review them on a monthly basis and the Director of Nursing twice a month.</p>	
<b>Who is responsible?</b>	Tracey Scott, Maureen Ashworth, Lance Herbert
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
<p>This is currently in place.</p>	
<b>Date actions will be completed:</b>	October 2017

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

It is not anticipated that Residents will be affected.

<b>Completed by:</b> (please print name(s) in full)	Tracey Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 12</b> Safe Care and Treatment
	<b>How the regulation was not being met:</b>
	<i>Care plans and risk assessments were not always reflecting the care needs and lacked enough detailed information for staff to follow. Not all people who displayed challenging behaviour had a behaviour risk assessment or care plan in place. Staff were not always following the advice from healthcare professionals with one person who was prescribed a soft diet seen with bowls of olives next to their bed within their reach placing them at risk of choking.</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
Resident of the Day will be more closely monitored to effectively manage risk assessments and Care Plans. The Home Manager will review these on a daily basis. We have provided staff with training in Advanced Dementia Care and the efficacy of this training will be reviewed through monitoring the Care Plans to make sure that the appropriate behavioural documentation is in place. If required we will provide additional focussed training in this area of care. The Regional Manager will spot check the Care Plans on a weekly basis and the Director of Nursing twice a month.	

We have an Admiral Nurse commencing employment at one of our other Homes and she will be able to provide any advice or additional training.

As part of the Resident of the Day process the advice from other Healthcare Professionals will be discussed. The Chef is part of that process. We have reviewed the dietary notification process for our kitchen staff.

By following this process our Residents will have their existing care enhanced and areas that require specific attention will be proactively managed.

<b>Who is responsible for the action?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy
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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?**

The Home Manager will review the Resident of the Day Care Plans on a daily basis. The Regional Manager will spot check on a monthly basis and the Director of Nursing twice a month

<b>Who is responsible?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

Additional training in challenging behaviour is available both externally and shortly in house.

<b>Date actions will be completed:</b>	December 2017
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**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

Most of the actions are in place. It is not anticipated that Residents will be affected.

<b>Completed by:</b> (please print name(s) in full)	Tracey Scott
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<b>Position(s):</b>	Home Manager
<b>Date:</b>	

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 13</b> <i>Safeguarding service users from abuse and improper treatment</i>
	<b>How the regulation was not being met:</b>
	<i>We found not all safeguarding concerns had been reported to the Safeguarding Authority placing people at risk of abuse. Body maps were not always completed body maps completed were not always detailed enough.</i>

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

We have conducted a review of our Safeguarding reporting process. Any event that causes harm to a Resident will be reported to Cheshire East Safeguarding Department. Irrespective of any underlying medical condition. A Safeguarding tracker is currently in place and is reviewed on a weekly basis by the Home Manager and the Regional Manager to make sure that incident forms and reporting match. Each month the Home will have a Clinical Governance agenda item added to the monthly meeting where Safeguarding will be discussed. The minutes of these meetings will be copied to the Director of Nursing.

All Residents who present with any injury will have a body map in place and this will be reviewed as part of the Resident of the Day process and through our audit process.

By following this process we will be able to monitor any injuries to Residents and through the reporting system make sure our Residents continue to be safely cared for.

<b>Who is responsible for the action?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy
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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?**

The Home Manager will review the Resident of the Day Care Plans on a daily basis. The Regional Manager will continue to spot check on a monthly basis and the Director of Nursing twice a month

The Safeguarding tracker is reviewed on a weekly basis by the Home Manager and the Regional Manager to make sure that incident forms and reporting match.

<b>Who is responsible?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
No additional resource required.	
<b>Date actions will be completed:</b>	October 2017

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
Most of the actions are already in place. It is not anticipated that Residents will be affected.

<b>Completed by:</b> (please print name(s) in full)	Tracey Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 14</b> <b>Meeting nutritional and hydration needs</b>
	<b>How the regulation was not being met:</b>
	<i>The service had no policy for staff to follow to manage people's fluid intake. This meant staff were not given guidance how to monitor people's fluid intake effectively. We found staff were not always recording what people had drank or eaten. People's weights were not always recorded weekly when recommended for effective monitoring of food intake.</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>We have replaced our policies with those from The Royal Marsden Manual for Clinical Nursing Procedures and their chapter on Nutrition and Fluid Management is evidence based. In addition there will be a hydration statement for the Home. We have already reviewed our fluid charts so that they reflect the required ml/kg fluid intake and the Resident's age. We have food charts in place.</p> <p>Residents are weighed monthly and this is recorded in the MUST documentation. If more frequent weighing is required this will be part of the Nutrition Care Plan and documented as appropriate</p> <p>These documents will be reviewed as part of the Resident of the Day process.</p> <p>With this review in place we will be able to, using best practice, effectively monitor our Residents nutritional status and intervene as appropriate.</p>	
<b>Who is responsible for the action?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy
<b>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?</b>	
<p>The Home Manager will review the Resident of the Day Care Plans on a daily basis. The Regional Manager will spot check on a monthly basis and the Director of Nursing twice a month.</p>	
<b>Who is responsible?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy

<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
No additional resource required.	
<b>Date actions will be completed:</b>	October 2017

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
Most actions are in place. It is not anticipated that Residents will be affected.

<b>Completed by:</b> (please print name(s) in full)	Tracey Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury</b>	<b>Regulation 17</b> Governance
	<b>How the regulation was not being met:</b>
	<i>The quality assurance systems in place had not identified the concerns we found on the inspection. Training was being condensed with some staff completing up to 7 training sessions on different topics within the same day. The manager agreed this was not an effective way to deliver training but had not identified this as a concern from their own checks within the care home. We found some statutory notifications confirmed the registered manager had not always referred when appropriate to the Safeguarding Authority or the Health and Safety Executive. Other statutory notifications lacked detailed information for the Commission to review incidents.</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**

We have conducted a review of our Safeguarding and RIDDOR reporting process. Any event that causes harm to a Resident will be reported to Cheshire East Safeguarding Department. Irrespective of any underlying medical condition. A Safeguarding tracker is currently in place and will be reviewed on a weekly basis by the Home Manager and the Regional Manager to make sure that incident forms and reporting match. Each month the Home will have a Clinical Governance agenda item added to the monthly meeting where accidents/incident will be discussed. The minutes of these meetings will be copied to the Director of Nursing.

Events that require reporting to RIDDOR will be reported appropriately and these events are captured on the revised accident/incident form.

Accident/incident forms will be copied to the Director of Nursing to review for any lessons learned.

Although there is no regulatory advice regarding how many DVDs may be viewed in a day, we have reviewed our training processes and will add to the training strategy that a maximum of 3 e-learning DVDs can only be watched in one day. This takes into consideration 25 minutes to watch the DVD, 20 minutes to complete the competencies and 30 minutes for reflection. There is no statutory advice/recommendation for this practice but we have consulted our training provider and Skills for Care. We have an up to date training matrix and this will continue and will be reviewed weekly by the Home Manager. We are also updating our training software which will result in our reporting being easier to view and training easier to manage.

With the above in place we will be able to effectively monitor individual Residents and make sure any additional care requirements are in place. We will be able to more easily evidence any learning from events and further educate staff appropriately. This will make sure our Residents continue to be safe in the Home. Our staff will continue to be able to evidence their competence to care for our Residents.

**Who is responsible for the action?**

Tracey Scott, Maureen Ashworth, Pauline Cichy

**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?**

The Safeguarding tracker is reviewed on a weekly basis by the Home Manager and the Regional Manager to make sure that incident forms and reporting match.

Each month the Home will have a Clinical Governance agenda item added to the monthly meeting where accidents/incident will be discussed. The minutes of these meetings will be copied to the Director of Nursing.

Accident/incident forms will be copied to the Director of Nursing to review for lessons learned.

The training matrix will continue to be reviewed weekly by the Home Manager, monthly by the Regional Manager and the Director of Nursing.

<b>Who is responsible?</b>	Tracey Scott, Maureen Ashworth, Pauline Cichy
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
Additional required resources are in place.	
<b>Date actions will be completed:</b>	November 2017

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
It is not anticipated that Residents will be affected.

<b>Completed by:</b> (please print name(s) in full)	Tracey Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	<b>Regulation 18</b> Staffing
	<b>How the regulation was not being met:</b>
	<i>Training was not adequate with no basic first aid training offered to staff until December 2016. Training was being delivered by use of DVD's through the medium of the English language only. We found some staff who spoke English as a second language did not always find the DVD's beneficial. Dementia training offered was a DVD in understanding the condition and another DVD in understanding behaviours. We found no training being offered to staff in what constitutes restraint.</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**

The Home always had a qualified First Aider. Going forward, all staff will have received First Aid awareness training. We will add Nurses to that training as this is not covered in the RN curriculum. The Home Trainer will check which staff require assistance with interpretation of the training DVDs and alternatives will be provided. Staff have received training in Advanced Dementia Care and restraint was part of that training. Porthaven Care Homes do not advocate restraint unless as a last resort and after multidisciplinary consideration.

By following this process all staff will have appropriate training for their roles and Residents will receive appropriate care.

<b>Who is responsible for the action?</b>	Tracey Scott, Maureen Ashworth, Lance Herbert
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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?**

The training matrix will continue to be reviewed weekly by the Home Manager, monthly by the Regional Manager and the Director of Nursing.

In addition the Home Manager will provide a list of staff who require interpretation support for training and the Regional Manager will check monthly that this support has been provided.

<b>Who is responsible?</b>	Tracey Scott, Maureen Ashworth, Lance Herbert
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

DVDs in language other than English for those who consider it helpful and that resource is available.

<b>Date actions will be completed:</b>	December 2017
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**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

Most of the actions are in place. It is not anticipated that Residents will be affected.

<b>Completed by:</b> (please print name(s) in full)	Tracey Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 19</b> Fit and Proper Persons
	<b>How the regulation was not being met:</b>
	<i>Staff employed did not always have a background in care and were not always receiving an appropriate level of support required to provide safe and effective care.</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>Staff who are new to care will have an extended induction working with a Mentor experienced in care who will be able to provide support and supervision. The Mentorship will continue after induction until the member of staff expresses and the Line Manager agrees that they are ready to work without continuous supervision. These staff will have a learning plan that will be devised with their Mentor and signed off by their Mentor when competency is achieved. The Home Manager will also sign off the training plans. These staff (as well as all Care Staff) will follow the Care Certificate training as well as mandatory training. At appraisal and appraisal review any additional requirements related to their role will be discussed and provided as far as practicable.</p> <p>By following this practice staff new to care will feel supported and able to carry out their role with confidence. Residents will receive appropriate care.</p>	
<b>Who is responsible for the action?</b>	Tracey Scott, Maureen Ashworth, Lance Herbert

**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?**

The Home Trainer and Home Manager will review the member of staff during and at the end of Induction to discuss how the staff member feels about working in their role as Carer. If required the induction period will be extended.

Progress will also be monitored by the Home Manager at appraisal and appraisal review periods.

**Who is responsible?**

Tracey Scott

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

No additional resources required.

**Date actions will be completed:**

December 2017

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

This is mostly in place. It is not anticipated that Residents will be affected.

**Completed by:**

(please print name(s) in full)

Tracey Scott

**Position(s):**

Home Manager

**Date:**