

Action plan following CQC visit			
	ACTIONS TO TAKE	BY WHOM?	BY WHEN?
IS THE SERVICE SAFE?			
Do all window restrictors used in the Home meet health and safety standards?	All upstairs windows now meet health and safety standards. Downstairs will also be completed.	Maintenance	8/30/19
Are the trolleys attended while switched on?	Safety Guard to be purchased while kitchen assistants and carers to be reminded to not leave trolleys unattended.	Provider, Manager	9/19/19
Are all thickeners stored appropriately?	Thickeners are put away in a draw in residents rooms out of sight, labeled as prescribed. Care staff thicken all drinks for residents identified as needing thickener from their room and own thickener. A carer has now been introduced to go around with the mid morning drinks trolley to ensure drinks are thickened to the right consistency and assistance is given to residents when required. Policy for thickening fluids has now been introduced and circulated among staff.	Care staff	Implemented.
Is the suction machine immediately ready to use in event of emergency?	Suction machine is ready for use in the event of an emergency stored in the clinical room. We have always had a book to sign when the suction machine is checked weekly to ensure it is working.	Nurses	Implemented.
Are all incidents and accidents recorded?	All accidents within the home are recorded on an accident report form completed by the staff member discovering the accident, the accident is then reported to the nurse on duty who will check for injuries to the resident. The manager will then review the form and document the outcome. The forms currently in place do not allow the manager to date, review and document on the form. Manager will find more detailed forms. All accidents will be documented and information gathered on a report list and analysed for each accident. They will be reviewed monthly to identify any patterns and how the risk of recurrence could be reduced. Incidents are documented on incident forms, the same procedure is implemented as above. Staff are to be trained in identifying what is an incident is, unsocial behaviour towards others.	Manager	8/30/19
Is there an overall analysis of accidents and incidents to identify any trends or patterns?	See above	See above	See above
Is it marked clearly in staff member's file on what checks had been made to ensure the authenticity of their references?	New form to be designed for references to include how the referee knows the person - employee/ friend. The company they were employed by, name and address. If a personal reference their home address and contact details.	Admin	8/30/10
IS THE SERVICE EFFECTIVE?			
Are staff members checking on whether people are happy with the meal choice during lunchtime?	Staff have been reminded to check whether residents are happy with their meal choice and the chef is able to prepare alternatives if required.	All staff	Implemented.
Is there enough signage to support people living with dementia to orientate around the home?	Not yet. The manager and provider are to identify signage required around the home. It will be prioritised and completed over a period of 6 months.	Provider and manager	2/29/20
IS THE SERVICE CARING?			
Do all interactions between staff and residents promote a caring approach?	Staff have been reminded to ensure residents are able to exercise choice and live as independent a life as safely possible. This includes being asked where they would like to sit (e.g. for lunch or in the living room), whether they would like to take part in activities and whether they are happy with their meal choice. The Provider will aim to eat lunch with the residents in the dining room at least once a month to help confirm the interactions between staff and residents are as caring as possible.	All provider	Implemented
Is everyone treated in a dignified way? Are people being assisted in a timely way?	Staff are aware that when providing care this will be done in a dignified way. Staff communicated they felt they had enough staff unless there was sickness on the day.	All staff	Implemented.
Are people's personal information dealt with confidentially?	Staff are aware of confidentiality and they should not be discussing personal/intimate care information in front of other residents or visitors. This was reinforced and will continue to be reinforced and a document has already been circulated to care staff on this.	The management team	Implemented.
IS THE SERVICE RESPONSIVE?			
Do care plans reflect people's individual preferences for how they wished their care and support to be delivered?	Each resident has an individual care plan using the Henderson Wheel model. We feel this is a model of care that covers the basic needs of our residents. We will now investigate other models of care which will assist the home to develop a more individualised detailed approach. We have already discussed with the Trustee/Assessors from Warwick Hospital the possibility of the This is Me being completed in the hospital. We have also started the process of reviewing and interviewing digital care plan providers to help ascertain if introducing digital plans would enable us to provide even more person-centric care.	Nurses, manager	Jun-20
Is there any information about the person's preferred routines or how they would like to be supported with bathing or showering?	Residents are asked if they prefer a bath or shower, the day and time is arranged. It is documented in the daily progress report if they have had a bath/shower or declined. If the resident has declined a bath/shower will be offered on another day. A hairdresser visits weekly on a Thursday and residents are given the opportunity to have their hair done.	All relevant staff	Implemented.
Is there a dedicated staff member who was responsible for planning and supporting people with activities?	Staff have a plan of activities to do daily and this is maintained in an activities folder. Interviews have taken place for an activities coordinator.	Manager, activity co-ordinator	Underway
Are there enough activities offered so that people get much stimulation?	Activities will be increased when an activities coordinator is in position. Furthermore, the Provider has sanctioned bringing in an external entertainer or similar (for example, toddlers groups, art therapy) to help ensure there is enough stimulation for residents.	Manager, activity co-ordinator	Underway
Does the Home facilitate trips out?	We have arranged trips out but very few residents have taken up the opportunity, we will continue to offer trips.	Manager, activity co-ordinator	Implemented.
Do the staff members communicate regularly to better assist people with making choices?	We have key workers and named nurses for all residents in place. Staff feel they have enough time to communicate with residents. There is one resident whose English is not her first language, we have staff members who can speak her language and we use a word communication chart to assist all staff to communicate. If there is a problem with communication we phone the family and they communicate with her and inform us of the problem.	All staff	Implemented.
Is there enough information about who or what people would like around them in their final days?	End of Life care plans are to be written with more detail of residents wishes for their final days.	Manager, nurses.	10/31/19
Are there more ways for people to file a complaint? Are informal concerns captured?	The families frequently communicate with the care staff and may raise concerns. There is now a "concerns book" in place for staff to write down any concerns raised with them from residents, families and friends. The manager will then acknowledge and respond to the concerns.	All staff	Implemented.
IS THE SERVICE WELL LED?			
Are the accidents and incidents analysed for trends and patterns?	See above	See above	See above
Are all DoLS confirmed and recorded appropriately?	DoLS is now in place and regularly updated. The Provider will review this next month.	All staff	Implemented.
Are all improvements identified and implemented in a timely way?	The Provider, Manager and Deputy Manager have a weekly management meeting or call. The agenda for these meetings includes responding to CQC reports and how the action plan has been implemented as well as other opportunities to improve the service provided to residents.	Provider, Manager.	On-going
Has the registered manager notified the CQC when there are updates on DoLS?	CQC is currently been notified of DoLS that are agreed.	Manager	Implemented.
Are the meetings detailed enough to demonstrate what actions had been taken in response to any suggestions made?	Minutes of meetings are to be documented in more detail and actions developed from any suggestions. A central list of actions arising from management, staff and residents meetings will be maintained. Actions that have been completed will be marked as such and will be retained on the actions list to demonstrate the actions the Home has completed over a period of time.	Manager, Admin, Provider.	Implemented.