

Action Plan for Hethersett Hall

The following is our response to the Care Quality Commission's latest inspection, published in August 2019, which rated the home as "Requires Improvement". The home was rated as "Good" in one the five areas - Caring.

The Commission identified the following areas of strengths;

- Medicines were stored safely.
- People had a range of activities which they engaged in and enjoyed.
- Residents also commented on positive relationships they had with staff.
- Staff communicated with people in a way they understood.
- Staff worked well as a team, and were supported with training and supervision by a good leadership team.
- People had access to their appropriate healthcare, and were supported with a healthy, balanced diet and enough to drink.

In response to the issues raised in the inspection report we are taking the following actions to improve the service;

There was one breach of Regulation 12 HSCA 2008 RA Regulations 2014 – Safe Care and Treatment. This related to a lack of robust care planning and recording around PRN "as required" medicines, including anti-psychotic medication.

Since this has been identified:

- The service is now providing additional guidance to staff for the administration of PRN medication, and care plans will include this information, with detail on how to assess each individual.
- Any resident requiring PRN anti-psychotic medication will have a fully detailed PRN protocol record in place, including de-stressing techniques to calm individuals together with a care plan that gives additional guidance, and the impact of not having the medication administered.

Records of mental capacity assessments and Deprivation of Liberty Safeguards (DoLS) were not evident in all relevant files or sufficiently detailed.

Since this has been identified:

- Best interest decisions will be completed immediately after the admission of a new resident at a meeting with the family and/or Power of Attorney and signed by all parties. This includes a mental capacity assessment.
- Following any best interest decision, any application for DoLS will then be completed and signed by all parties.

Care plans did not always have full detail about how people preferred their care.

Care plans were not always effectively reviewed and contained some inconsistent information or lacked detail.

Contemporaneous records pertaining to people's care were not always kept detailed, accurate and up to date.

- All care plans will include the resident's preferences in how they would like to be cared for, including oral care, communication requirements, washing and dressing.
- We will use the Resident of the Day process to ensure care plans are reviewed fully on a monthly basis. This will include family and/or resident involvement, and the visiting GP.
- At daily stand-up meetings with the General Manager and Deputy Manager, the previous Resident of the Day will be reviewed to ensure systems and processes are fully followed.

Weekly and monthly medicine audits had not identified some issues.

Since this has been identified:

- A monthly clinical governance meeting will be held with the Heads of Unit and Deputy Manager to identify all people at risk, and implement any further actions needed to reduce risks.
- Monthly medication and documentation audits will be completed by the Deputy Manager and overseen by the General Manager to ensure any actions identified will be completed.
- The Regional Director will make monthly visits to the home to review action plans with the General Manager.
- Three times a year a Quality Improvement Review will be completed by Barchester's Regulation and Quality Improvement teams to identify the actions that are required. The General Manager is responsible for ensuring all actions are completed within the agreed timescales.
- The Clinical Development Nurse will also assist in making improvements to the medicine records.

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