

# Action Plan for Lancaster Grange August 2019

The following is our response to the Care Quality Commission's latest inspection, published in July 2019, which rated the home as "Inadequate" overall, but rated the home as "Requires Improvement" in three of the five areas.

The Commission identified the following areas of strengths;

- Prevention and controlling infections
- Staff with good knowledge about safeguarding people
- Staff recruited correctly with suitable background checks, with sufficient induction, training, skills and experience.
- "People enjoyed the food served" and that "people's healthcare needs were monitored and supported through the involvement of a range of professionals".
- Staff were discreet with people needing assistance, sought consent before acting and promoted their dignity.
- "Very modern and provided good facilities"
- A variety of planned activities that people enjoyed.

We are taking the following actions to improve the service and respond to the issues raised in the inspection report;

*People, relatives and staff consistently told us that staffing levels were not sufficient to meet the needs of the people using the service.*

- Dependency assessments for residents are being regularly reviewed and staffing levels are matched to these needs.
- The General Manager ensures that staff with the right skills mix are appropriately deployed within the home in order that residents' needs are met.
- New permanent and bank staff continue to be recruited.

*People at high risk of skin breakdown were not repositioned at the agreed intervals*

- All high risk residents have been reviewed and progress is being tracked by a Tissue Viability Nurse, with each wound being checked weekly by the Clinical Development Nurse.
- Staff have completed refresher training with additional training in progress.
- Staff supervision has observed improvements in the correct moving and handling techniques.

*Risks associated with choking and falls were not being managed effectively.*

- A Clinical Development Nurse reviews high risk residents weekly, supports staff and ensures referrals are made to healthcare professionals when appropriate.



- All staff are receiving refresher training for dysphagia, choking and food and fluid descriptors. Refresher training for residents at risk of falls has been completed and additional specialist training is also planned.
- Meal times are now supported by all staff and a Nurse is in each dining room at mealtimes to monitor those at risk of choking.
- Analysis of falls is reviewed weekly at clinical governance meetings, with improvements to falls reports being driven by the General Manager.

*Fluid intake was not being recorded.*

- All care plans are reviewed monthly and fluid charts have been added to them, with checks being made to ensure correct and accurate completion.
- Provision and availability of fluids are reviewed during the daily Managers walk-around.

*Medicines were not managed effectively.*

- Daily stock checks are completed when medication is being administered
- The General Manager checks individual records during the daily walk-around, reporting to the Senior Management team and addressing immediate issues with staff.
- Weekly medication checks have been implemented to check stock levels.
- The Clinical Development Nurse conducts monthly medication audits to improve medication management and record keeping.

*Advice by health professionals was not always acted upon.*

- Further engagement with the Tissue Viability Nurse has seen wounds heal and a reduction in the number of wounds within the home.
- The Senior Nurse Supporting Care Homes reviews topical medication weekly and issues are discussed with the GP. She is appointed by the Clinical Commissioning Group to support care homes and provides links to GPs to support any clinical actions required.
- A dietician has discussed residents at risk of weight loss within the home.
- Referrals to the GP are made for physiotherapy treatment for those at risk of falls.

*The home was without a registered manager and a deputy manager.*

- Operations Manager Adam Moore is currently the General Manager and a new registered manager is being recruited to fill the role permanently.
- Denise Gamlin has been in post as Deputy Manager since the end of June 2019.

*Governance systems and audits did not identify risks.*

- A Quality Improvement Plan has been implemented and is reviewed weekly by Regional and Divisional Directors and provided to CQC.
- Seven day management cover has been arranged and night visits are being conducted by Senior Leaders.



- Clinical governance meetings take place weekly to review risks, residents' needs and gain support from healthcare professionals.
- Regular visits are made by Senior Management and the Regulation and Quality Improvement Teams to assess progress.

*People and relatives told us that their views and opinions were not always listened and responded to AND Relatives did not feel that the organisation listens to concerns and does not communicate effectively with them.*

- Residents have been positive about improvements to planned residents activities.
- Relatives meetings are held and a monthly newsletter will update on activities and new staff.
- The service has re-launched the "Resident of the Day" review and families are being invited to attend the meetings.

Sincerely,

Adam Moore,  
Acting General Manager  
13/08/2019

