

Action Plan for Laurel Bank



We thought it might be useful to residents, potential residents, their relatives and friends to summarise our response to the Care Quality Commission's report on its latest inspection for Laurel Bank, published in March 2019, setting out the actions we are taking to improve care here.

We were grateful that the Care Quality Commission noted many improvements and good practice in important areas, rating us 'Good' for being 'Effective', 'Caring' and 'Responsive'. For example, they recorded: 'A variety of assessments were used to assess people's safety, mental and physical health. Care records were reviewed monthly or when people's needs changed. One relative praised the standard of care provided. They said, "My [relative] needed a lot of care when they came here. They have a lot of health problems. They are so much better since they came here." And: 'We spoke with the chef, who had a good knowledge of people's personal preferences and dietary needs. They told us they communicated with people, relatives and staff to ensure people's dietary needs were consistently met... The chef spoke passionately about his role within the home stating, "Nutrition is one of the most important aspects of care. I'm going to do all I can to make sure the residents have the best quality meals." And: 'We observed interactions between people and staff. People were not rushed and staff were patient. Staff spoke kindly and encouragingly when giving support and offering care. They had a good understanding of people's likes, dislikes and histories. We observed staff talking to people in an individualised manner. People who lived at the home responded positively to staff.'

The Care Quality Commission's overall rating for the home was that it 'Requires Improvement', however, for two of the five areas inspected, which means the overall rating for the home is 'Require Improvement'.

As General Manager I value the Care Quality Commission's view of how we deliver care and recognise that we need to improve services at Laurel Bank. We are already taking action to improve the services we offer and I hope that this is already clear to our residents, their relatives and other visitors but there are areas in which work is needed to address issues. I want to reassure you that we are taking appropriate actions. I believe that setting out these actions will help people interested in care at Laurel Bank to understand the inspection report and how we are improving the care we offer.

Report findings and actions

The Care Quality Commission asked us to ensure that care and treatment is always provided in a safe way and that good practice guidelines are followed with regard to medicines.

In order to address the areas identified at this inspection we have audited the medication administration records, evaluated staff practice and competencies and as a result all staff responsible for medication administration have attended medication training

We are ensuring people receive their medication safely and as prescribed by improving our documentation and guidance. Information and guidance relating to medication management is readily available to staff for their reference. We support staff to understand and become more



familiar with this through meetings and supervisions so that we can evaluate their understanding of our policies, procedures and good practice guidance.

All staff who administer medication attended further advanced medication training provided by an external provider. The training was bespoke to the home and the issues identified by the inspection report and our audits.

Results of individual training were discussed in supervision with staff as well as through group reflective practice at Clinical Governance meetings.

'As required' (PRN) documentation has been reviewed, with protocols to ensure that the timing of administration is easily identifiable.

Medication counts have been implemented for all boxed medications and are checked at each handover to ensure issues are identified quickly.

We review medications as and when there is an identified need. We request that their GP reviews all residents' medications at least every six months.

Clinical Governance meetings are held monthly. Medication remains a topic to ensure we are addressing and monitoring medication administration, with ongoing improvements.

At each handover Medication Administration Records (MAR charts) are checked by the next shift to ensure there are no discrepancies.

Discussions have been held with practice managers, GPs and Boots Pharmacy in regards to 'As directed' instructions on medications. The Clinical Lead Nurse and Deputy Manager check to ensure that any newly prescribed medication has full and clear instructions.

A medication review matrix has been set up to ensure that all residents receive regular reviews. Once reviews are completed information is cascaded to staff at handovers and the matrix is signed by the responsible person. Once a review is completed the next review is identified on the matrix and the nurse on duty on that day ensures that the review is completed and sign off.

The Care Quality Commission asked us to ensure that accurate, complete and timely records of care and treatment are in place.

To ensure that we improve in this area:

Where there has been an internal investigation the General Manager records and keeps on file the reason for the investigation, how we carried out the investigation (including a list of the documents and records we looked at), the minutes of any meetings, interviews, any other correspondence and what our outcome and actions were, ensuring staff learn from this where applicable. Records are kept in a confidential file in the manager's office.

The Deputy Manager and Clinical Lead Nurse have both been allocated separate floors to oversee and manage. They ensure that all relevant and appropriate documentation is in place for each individual, monitoring their health and wellbeing accurately.

All residents' care and support is reviewed when and if there is a change of needs (or at least every 6 months) in consultation with the resident, their family and friends in order to ensure their plan of care is up to date and person-centred, tailored to their specific needs.

A six monthly review matrix has been implemented: letters are sent to residents and their next of kin inviting them to attend a face-to-face meeting to discuss issues with their named nurse.

In accordance with safe recruitment practice and Barchester healthcare policy and procedure we



have audited all staff recruitment files to ensure a full employment history is available.

Where gaps have been identified we have spoken with the staff concerned and recorded the reason(s) for this.

The 'Resident of the Day' is discussed daily at 11.00 am at the stand-up meeting with all Heads of Department. Their file is audited by the General Manager or Deputy Manager to ensure that all documentation has been completed and any changes in care have been identified and documented in a timely manner. At weekends this is managed by the Deputy or Clinical Lead Nurse, who now work alternate weekends.

All matrixes are presented at the monthly clinical governance meetings and any issues identified and discussed.

Accountability for change

We were pleased that the Care Quality Commission noted improvements and good practice in important areas of our work, rating us 'Good' for being 'Effective', 'Caring' and 'Responsive'. I was pleased that they recorded that 'Staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of respecting each person as an individual whilst promoting autonomy, dignity and respect.' And: 'During our inspection visit we observed visitors within the building. Relatives told us they were welcomed into the home and could visit at any time.' And: 'People who lived at Laurel Bank and relatives told us staff were kind and caring. Feedback included, "The staff are just lovely to me." And, "The staff are excellent. I have good relationships with all of them." Also, "Mum has a key worker who I can talk to about my mum. She is kind and caring. I can approach her at any time."

As General Manager for Laurel Bank I am committed to making sure that we meet and exceed Care Quality Commission requirements. I believe we are making good progress. We are monitoring our work carefully, audited through regular visits from senior managers: our progress will also be monitored by the Care Quality Commission.

These actions are accountable to me. If you would like to talk about any of the issues this raises I and my team would be pleased to do so.

Sincerely,

Lyndsay Scott,

General Manager

07/05/2019

