

## 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>	1-119176982
<b>Our reference</b>	INS2-15980923141
<b>Location name</b>	Penrith Drive

Regulated activity	Regulation
<b>Accommodation for persons who require nursing or personal care</b>	<b>Regulation 12 Safe care and treatment</b>
	<b>How the regulation was not being met:</b>
	<i>People's medicines were not stored, managed and administered safely. Risks to people's risks to people in relation to the environment and spreading infectious diseases were not identified and managed. This put people at risk of harm.</i>  <i>Regulation 12 (2) (a) (b) (d) (g) (h)</i>

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

#### Medicines

Following the concerns raised during the inspection, the manager took immediate action to reduce the risks, which included:

- Stickers have been put in place to record the opened date and end date for all liquid medications and creams.
- New lockable cabinets for storage of medication were purchased for people's bedrooms.
- The medication policy was discussed at a team meeting and all staff were reminded of their responsibilities regarding records and reporting any errors.
- Where errors regarding medicines were found, staff attended a medicines error meeting, recompleted the training and were then observed by the manager.
- Safeguarding were informed of the missing signatures in medication records identified during the inspection and confirmed no further action was required.
- The paper MAR sheets have been removed from the service and all medication records are on the What Matters Most app.
- The Service Manager completed an MCA and Best Interest discussion with the pharmacist and

Care Co-ordinator.

The manager is now completing weekly medicines audits to monitor storage (including temperatures, which are recorded on the What Matters Most app) and to check for any errors in medicine administration records. If any errors are found, the staff member is identified and attends a medicines error meeting, recompletes their training and is observed by the manager. If there were to be a repeated error, a case would be logged with HR and the staff member would be placed on capability.

In addition to the weekly audits, a 6-monthly audit of medicines is also completed as part of our standard governance.

We have appointed an Assistant Service Manager to support the Service Manager, which includes assisting with monitoring and audits.

The staff handover between shifts now includes checks that all medicines have been administered and recorded.

### **Environment**

Following the concerns raised during the inspection, the manager took immediate action to reduce the risks, which included:

- Completing a risk assessment for unsecured furniture.
- Varnishing the handrails in the corridors so they can now be wiped down regularly as part of the cleaning schedule.
- Replacing the threadbare mattress and removing the bed rail bumpers as these were not required.
- Reminding all staff of their responsibilities regarding daily/weekly checks and reporting any errors.

The manager continued to chase the Housing Association regarding outstanding repairs and they are scheduled to attend the service on 14/09/23 to repair the cracked tiles and replace the missing grouting and sealant.

All regular health and safety checks have been scheduled in the service diary for staff to complete and the Service Manager will complete a monthly audit of the environment and health and safety records.

**Who is responsible for the action?**

Service Manager and Registered Manager

**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 manager is completing weekly medicines audits and monthly environment audits.

The Area Operations Manager will be undertaking regular quality monitoring visits. These visits will be recorded on our Manager's Assurance Tool and any actions that are identified from these visits will be recorded on the service's Continuous Improvement Plan and monitored to ensure completion in a timely manner.

An internal quality review will be completed in the next 3-4 months, which will either be a health check audit by our Quality Team, or a peer review by an Area Operations Manager who is independent to the area.

<b>Who is responsible?</b>	Area Operations Manager
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
To implement the actions described above, the team will require support from our internal Quality team and our Learning and Development team, should additional training be needed.	
<b>Date actions will be completed:</b>	31 December 2023

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
Not completing this regulation by the date above may mean that people's health and safety is negatively affected due to staff not understanding procedures fully or having the confidence to implement them effectively. However, we believe that this is not the case, and that our action plan addresses and mitigates this potential risk. The regular reviews being completed by the Quality team, Area Operations Manager and Regional Operations Manager also help to identify whether any changes are needed to the action plan and ensure that our actions sufficiently meet the current areas of risk. Moreover, we have also already completed a number of the actions described above.

<b>Completed by:</b> (please print name(s) in full)	Compliance Officer
<b>Position(s):</b>	Compliance Officer
<b>Date:</b>	12 September 2023

Regulated activity	Regulation
<b>Accommodation for persons who require nursing or personal care</b>	<b>Regulation 17 Good governance</b>
	<b>How the regulation was not being met:</b>
	<p><i>The provider's oversight monitoring systems and processes was not effective to mitigate risks to people's safety. This placed people at risk of harm.</i></p> <p><i>Regulation 17 (2)</i></p>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>Since the inspection, we have reviewed the governance arrangements for this registration and have implemented additional monitoring, such as weekly medicines audits and monthly environment audits by the Service Manager.</p> <p>The Service Manager will ensure she fully utilises our quality monitoring tools, including the Manager's Assurance Tool and the continuous improvement plan. This will be reviewed monthly, as agreed by the Area Operations Manager.</p> <p>The Service Manager will maintain clear records of contact with the Housing Association regarding any required maintenance works and will escalate any concerns to our Contract and Legal Team for support if required.</p> <p>Furthermore, the Area Operations Manager is responsible for overseeing the service improvement plan with the support of our National Quality team and their Regional Operations Manager. Progress of the plan will be reviewed regularly to ensure the necessary improvements are made within the agreed timescales.</p>	
<b>Who is responsible for the action?</b>	Service Manager and Registered Manager Area Operations Manager
<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>Actions and improvements will be monitored by regular Improvement Plan progress calls with the Registered Manager, Area Operations Manager and a Quality team representative.</p> <p>Any feedback or actions identified through our internal audits, quality monitoring or service visits will be recorded on the Manager's Assurance Tool and the service's continuous improvement plan.</p> <p>The Area Operations Manager will complete monthly monitoring visits, and where concerns are identified, they will request further support from our Quality team, as needed.</p>	
<b>Who is responsible?</b>	Service Manager and Registered Manager Area Operations Manager
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	

To embed the actions described above, the team will require support from our internal Quality team.

**Date actions will be completed:**

31 December 2023

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

We have already implemented the actions to remedy the breach of Regulation 17, Good Governance. However, the date of 31 December 2023 allows time for our improved governance arrangements to be embedded within the monitoring of the location.

<b>Completed by:</b> (please print name(s) in full)	Compliance Officer
<b>Position(s):</b>	Compliance Officer
<b>Date:</b>	12 September 2023