

**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>	1-115286035
<b>Our reference</b>	INS2-5728085497
<b>Location name</b>	Chaseley

<b>Regulated activities</b>	<b>Regulation</b>
<b>Accommodation for persons who require nursing or personal care</b> <b>Diagnostic and screening procedures</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 18</b> <b>Notifications of other incidents</b>
	<b>How the regulation was not being met:</b>
	<i>The provider had failed to ensure statutory notifications were submitted in a timely manner.</i>  18(2)(e)
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<b>Completed Actions</b> Widened CQC Portal Access membership to other members of Senior Staff to also be able to raise notifications. Established an informal enquiry line with CQC Inspector to seek informal advice if clarity for reporting certainty should this be required. Weekly Meetings at SMT always review matters of Safety within the Home. Daily Safety Huddle Meetings held as an MDT Meeting by Nurses and Therapy Teams to review any matters of Safety within the Home. Completed additional Staff Workshop Training on Safeguarding.	
<b>To be completed</b> We will schedule for Senior Team to attend East Sussex Training workshops for added inputs.	
<b>Who is responsible for the action?</b>	Registered Manager and Nominated Individual
<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>	
Reference to the documentation completed at Safety Huddles for Residents in the Home Systems and practices are regularly reviewed for oversight by Clinical & Quality Nurse Manager with Registered Manager/Nominated Individual.	

<b>Who is responsible?</b>	Registered Manager and Nominated Individual
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
Staff time to attend the daily Safety Huddles, already in place.	
<b>Date actions will be completed:</b>	Majority of actions are already in place and are now established practice. Extra training to be scheduled when dates are available.

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
N/A as already in place.

<b>Completed by:</b> (please print name(s) in full)	Katherine Scott
<b>Position(s):</b>	Registered Manager
<b>Date:</b>	18.11.19

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Diagnostic and screening procedures</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 9</b> <b>Person-centred care</b>
	<b>How the regulation was not being met:</b>
	<i>There was no proper system to ensure a person-centred approach was used to provide care.</i>  9(1)(3)(a)(b)(d)
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p><b>Completed Actions</b></p> <p>Undertaken a comprehensive audit review of all care plans, involving Residents/Relatives where applicable to ensure all aspects of life history, likes and dislikes, wishes and preferences are fully captured within care plans.</p> <p>Invited support and involvement of Market Support Team at Local Authority to help guide and shape our care plan content reviews.</p> <p>Sensitively conduct a sexuality survey with Residents and incorporate this information within their care plans to identify and capture this need.</p> <p>Review Care Plans from a Mental Capacity perspective and reference this is appropriately referenced within all care domains.</p> <p>Nurses and Key Workers to review care plans using first-hand knowledge of delivery of person centred care to Residents, updating care plans by the end of November 2019.</p> <p><b>To be completed</b></p> <p>Conduct feedback surveys on views of person centred care delivery from groups incorporating Residents/Relatives/Healthcare Professionals.</p> <p>Continue to expand the role of Champions across the Home.</p> <p>Instigate from December 2019 a monthly Key Worker review of care needs with Residents to update care plans from December 2019 onwards and also use Resident Review meeting cycles to add and update information as part of a wider review meeting structure.</p>	
<b>Who is responsible for the action?</b>	All Nurses, Registered Manager and Nominated Individual
<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>Re-audit newly completed care plans in December 2019.</p> <p>Monitor Key Worker monthly audit completions through a new form for Key Workers added into our electronic Care planning system.</p> <p>Continue to survey the views of Residents/Relatives/Healthcare Professionals.</p>	
<b>Who is responsible?</b>	Registered Manager and Nominated Individual
<b>What resources (if any) are needed to implement the change(s) and are these resources</b>	

**available?**

N/A

**Date actions will be completed:**

December 2019 Care Plans

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

Current care needs are being met. Systematic review of enhancements to care plans is underway through these audits and inputs.

**Completed by:**

(please print name(s) in full)

Katherine Scott

**Position(s):**

Registered Manager

**Date:**

18.11.19

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Diagnostic and screening procedures</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 13</b> <b>Safeguarding service users from abuse and improper treatment</b>
	<b>How the regulation was not being met:</b>
	<i>There were no proper systems to ensure people had been protected from abuse and improper treatment.</i>  13(1)(2)(3)
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p><b>Completed Actions</b></p> <p>Additional Staff Training Workshops using a Specialist Trainer have provided further training and support to Staff on recognising the signs and signals as examples of improper treatment for Safeguarding triggers. This is in addition to the Mandatory E-Learning Training Staff undertake annually.</p> <p>Mid shift clinical handovers take place with a daily Safety Huddle MDT Meeting held by Nurses and Therapy Teams to review matters of Safety within the Home.</p> <p>Immediate notification to Safeguarding and CQC when appropriate.</p> <p>Weekly Meetings at SMT to review matters of Safety within the Home.</p> <p>Monthly Review of Accident/Incident Forms undertaken as part of robust Clinical Auditing cycle to look for trends or process adjustments.</p> <p>Informal enquiries with the Safeguarding Team (HSCC) are made to seek informal advice if clarity for reporting certainty for any Safeguarding matter, should this be required.</p> <p>We have embedded the use of a Higher Learning Report form for reflections and lessons learnt to identify improvements to systems and practices and prevent re-occurrence.</p> <p>We have obtained Easy Read Information for Residents on Making Safeguarding Personal to assist their understanding and promote reporting of any concerns held.</p>	
<b>Who is responsible for the action?</b>	Registered Manager and Nominated Individual
<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>Ongoing monitoring of Safeguarding within the home as part of robust clinical audit management.</p> <p>Taking appropriate pro-active and responsive actions as required to address themes and causes.</p> <p>Sharing reported information at weekly Senior Management Team meetings, Heads of Department.</p> <p>Ongoing Higher Learning report reviews completed as learning opportunities.</p> <p>Board Meetings will continue to analyse incidents/cause and actions taken to prevent re-occurrences.</p>	
<b>Who is responsible?</b>	Registered Manager and Nominated Individual

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Financial Training Investment has been made to support Training Delivery.  
Process changes and new format documentation has been created to support process change.

**Date actions will be completed:**

Immediately as all actions are already in place and have been sustained as embedded practice.

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

N/A as already in place.

<b>Completed by:</b> (please print name(s) in full)	Katherine Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	18.11.19

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Diagnostic and screening procedures</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 16</b> <b>Receiving and acting on complaints</b>
	<b>How the regulation was not being met:</b>
	<p><i>The provider failed to ensure all complaints were fully investigated and acted upon.</i></p> <p>16(2)</p>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p><b>Completed Actions</b></p> <p>Revisited Complaints policy as part of new Policy System change, now in place.</p> <p>Updated Notice Boards to advise Residents &amp; Relatives on how to make a Complaint and the processes involved internally and externally. Used Accessible information to help Residents identify and understand the process and shared this at Resident meetings</p> <p>Standard template forms now log Complaints and template letters for responding to complaints have been reviewed to ensure all aspects of complaints are fully responded to.</p> <p>Complaints process continues to incorporate a right of appeal should the complainant consider their complaint has not been satisfactorily resolved.</p> <p>Established a positive working relationship with Healthwatch who have been invited back to speak to our Residents and seek their views and opinions outside the Resident survey recently completed.</p> <p>Nominated two Resident representatives so far to join Healthwatch to complete surveys within other institution to assist their understanding of the role of Healthwatch and become Champions using this knowledge within the Home.</p>	
<b>Who is responsible for the action?</b>	Registered Manager and Nominated Individual
<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>System has already been adapted and is in place.</p> <p>Ongoing monitoring of complaints being raised.</p> <p>Audit of Complaints will be undertaken to review and improve practice outcomes as necessary.</p>	
<b>Who is responsible?</b>	Registered Manager and Nominated Individual
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
None, a planned system change has supported this process improvement and revision.	

**Date actions will be completed:**

Immediately as all actions are already in place and have been sustained.

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

N/A as already in place.

<b>Completed by:</b> (please print name(s) in full)	Katherine Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	18.11.19



Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Diagnostic and screening procedures</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 17</b> <b>Good governance</b>
	<b>How the regulation was not being met:</b>
	<p><i>The provider failed to ensure that accurate record keeping was in place and to ensure actions were taken to mitigate risks.</i></p> <p>17(2)(a)(b)(c)(e)</p>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p><b>Completed Actions</b></p> <p>Staff training to maintain accurate records. Improving the format of forms and charts to improve understanding and completion of documentation.</p> <p>Joint meetings between management, nursing staff and therapy staff to improve risk assessments, reviews and minimising risks.</p> <p>Enhanced the clinical auditing process, cycle and frequency to identify the quality and safety of the service.</p> <p>Monthly review of all clinical audits continues with Higher Learning templates utilised where identified a process or practice improvement is required.</p> <p>Home wide Action Plan continues to identify departmental actions taken to create improvements that are regularly reviewed by Heads of Department. This enables ongoing monitoring of the service and continual improvements.</p> <p>Introduced an additional in shift care team handover and a daily Safety Huddle to monitor the safety of practices across the Home. This practice is also continued with the Night Nurses where any overnight concerns can be identified.</p> <p>Continue to complete monthly analysis of Accidents &amp; Incidents to promote the health, safety and welfare of people who use the service as part of robust auditing practices.</p> <p>Continue to use a Higher Learning form to reflect on lessons learnt and identify process amendments where applicable. This system will continue.</p> <p>Purchased a new Policy system incorporating an advice helpline to assist us to improve areas of compliance with Health &amp; Safety.</p> <p>Introduced a Suggestion Box to support informal “Speak out” feedback along with a dedicated Staff email.</p> <p>Continue with Monthly Resident Meetings and also at their request a six monthly Resident Relative Meeting.</p> <p>Additional support guidance and inputs sought from the East Sussex Local Authority Market Support Team.</p> <p>Ongoing reviews by Healthwatch will take place as part of a close working relationship we have established.</p>	

Continue to issue an E-Bulletin to stakeholder groups to promote developments and update within the service and use future editions to seek feedback from external Stakeholders.

Chaseley continue to pro-actively network with other organisations to improve practices as part of Skills for Care Registered Manager networks.

**To be completed**

In November 2019, explore potential upgrades to Care Record System which incorporates additional auditing functionality.

In December 2019, issue feedback surveys to seek the views of Staff, Residents, Visitors, Visiting Health professionals, analyse the results and respond accordingly.

<b>Who is responsible for the action?</b>	Registered Manager and Nominated Individual
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**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?**

Ensure there is a continuation of sharing of Policies and Procedures with the staff.

Ongoing review of care notes and forms.

Robust auditing of care plan contents and risk assessments.

Ensure updates are up and running in a timely manner.

Majority of systems are already adapted and in place.

Ongoing monitoring of governance including theme analysis, higher learning preventative actions already takes place by Senior Management Team.

Board Meetings will continue to review information and updates within the Home linked to Safeguarding, Complaints, and Accidents/Incident themes with any actions taken to improve or prevent future re-occurrence.

<b>Who is responsible?</b>	Registered Manager and Nominated Individual
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

Easier to understand forms. Samples of care plans and documentation. 1:1 Support regarding completion of documentation.

Financial investments may be required to review system enhancements and upgrades once any new systems are identified.

<b>Date actions will be completed:</b>	December 2019 (finalise surveys and care System upgrade potential)
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**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

Limited impact on Residents as ongoing feedback is being obtained through care plan updates with Resident and Relatives and the delays are to seek further feedback and review system upgrades to care system functionality to a system already in place.

This is an ongoing process. Risks will be reviewed according to their severity on the residents and actioned immediately. Reviewing of Accident /Incident reports and updating processes and care plans to minimise risks.

<b>Completed by:</b> (please print name(s) in full)	Katherine Scott
<b>Position(s):</b>	Registered Manager
<b>Date:</b>	18.11.19

Regulated activities	Regulation
<b>Accommodation for persons who require nursing or personal care</b> <b>Diagnostic and screening procedures</b> <b>Treatment of disease, disorder or injury</b>	<b>Regulation 18 Staffing</b>
	<b>How the regulation was not being met:</b>
	<p><i>There was no proper system to ensure there were enough suitably qualified, competent, skilled and experienced staff to meet people's needs.</i></p> <p>18 (1)</p>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p><b>Completed Actions</b></p> <p>Revised Staff Rotas to ensure Staff are Rostered to work on a designated care floor to Minimise moving staff across the home.</p> <p>Introduced a new process to record via Daily Nursing Handover sheets where staff have worked in order to track any Staff in-shift changes being made from their main Staff Rota to verify exactly where staff have been deployed to work.</p> <p>Daily visibility checks of staffing levels within the home are completed by Clinical &amp; Quality Nurse Manager first thing in her shift.</p> <p>Staffing level reviews is a topic reviewed and recorded as part of Daily Safety Huddle Meetings.</p> <p>Ongoing staff Recruitment to minimise use of Agencies.</p> <p>Introduce closer quarterly annual leave usage monitoring in 2020 as part of managing annual leave throughout the year.</p> <p>Continue to offer all permanent Staff the opportunity to undertake NVQ (Lead Adult Qualifications) as part of their employment and career development at Chaseley.</p> <p>Continue to offer a variety of specialist workshops as part of the ongoing Staff training plan</p> <p>Continue to cover any Staff unplanned absences with Agency and Staff overtime.</p> <p><b>To be completed</b></p> <p>Explore a planned new time and attendance system in December 2019 to identify any further Staff Roster process adaptations possible to remove the manual process outlined above.</p>	
<b>Who is responsible for the action?</b>	Registered Manager and Nominated Individual
<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>These process changes have been made already.</p> <p>These practices are now embedded as part of the administrative process of co-ordinating Staff rotas and rostering within the home.</p>	
<b>Who is responsible?</b>	Registered Manager and Nominated Individual

**What resources (if any) are needed to implement the change(s) and are these resources available?**

Financial Resources may be required once the new time and attendance project concludes and a decision to change systems is finalised.

Home budgets already include an element to support Staff Training.

**Date actions will be completed:**

With exception of new Time and Attendance System project (approx. middle of 2020), all other Actions are already completed and in place.

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

N/A as all actions in support of meeting the regulation have now been implemented. The new system change would continue this adherence and not distract from it.

<b>Completed by:</b> (please print name(s) in full)	Katherine Scott
<b>Position(s):</b>	Home Manager
<b>Date:</b>	18.11.19