

## Action plan for Woodside Lodge 17.2.2012

Regulated activity	Regulation		Outcome	How the regulation is not being met
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010		Outcome 01: Respecting and involving people who use services	People are not offered a choice or treated with dignity or respect.
Plan of action	Completed by whom	Target Completion	Comments	Date completed
1. To review winter/summer menus. Send questionnaires to families.	Cooks and Manager.	December 2011	<p>To discuss options with cook and put together a questionnaire for the residents and their families to ensure all residents' likes and dislikes are taken into account and menus drawn up accordingly.</p> <p>Staff continue to support individuals to choose their meals from a choice each day and to look at alternatives if they do not wish to eat their choice at meal times.</p>	<p>Winter questionnaire sent out 8<sup>th</sup> Dec 2011.</p> <p>On target for December completion.</p> <p>Most have been returned, meeting to be arranged with Cook to plan new menu's.</p>
2. Dignity and choice statement has been given to all staff and is currently read out at all handovers.	Care Co-ordinators.	On-going.	<p>Care Co-ordinators to read statement produced and monitor staff interactions with the residents. To be discussed during staff supervisions/meetings. Management team to be aware at all times and model appropriate behaviour.</p>	<p>This will be continued at handover until end of December.</p> <p>Document to be incorporated into all agency inductions and new staff induction.</p>

3. To review the programme for the annual training from the Dementia Training Company.	The Dementia Training Company, Care Co-ordinators, Care Staff and Manager.	January 2012	To arrange a date with Tim Forester Morgan and discuss format of training, including delivery and evaluation to ensure that staff's interaction with and understanding of residents is appropriate at all times.	Planning meeting has taken place - Training booked for 11.01.12, 7/2,21/2,7/3,27/3 and 10/4
4. To review current activities and send a questionnaire to all families to see what activities their relative may like to do. Once information is received revise activities rota.	Care Co-ordinators and Manager.	December 2011  May 2012	Manager to discuss with care co-ordinator who takes the lead on activities and to produce a questionnaire for the residents and families. Once information received to then review activities programme.  Evaluation of new programme to see residents' response within six months.	In view of additional Christmas activities – questionnaire and review will take place in March.
5. All staff to be made aware of the personal care protocol and for this to be added to the agency staff induction process.	Care Co-ordinators.	On-going	Care Co-ordinators to discuss with care staff during supervisions and manager to discuss at all staff meetings. Management team to monitor.	In place.  Document to be incorporated into all agency inductions and new staff induction.
6. Nutritional Care protocols as above.	Care Co-ordinators.	November 2011	As above.	In place.

7. Ensuring all paperwork reflects outcome 1 more clearly.	Care Co-ordinators, Care Staff and Manager	November 2011 + on-going	Currently all paperwork being reviewed. Care plans will be amended by hand as and when changes occur on a daily basis to ensure that accurate information is available for all staff with a target that they are typed up within a month of any changes.	Initial review and changes in place.  On-going monitoring/training with staff.  Recent SIPS visits on the 4 <sup>th</sup> Jan and 2 <sup>nd</sup> Feb 2012 we have received very positive feedback on the improvements in this area.
8. Review Dignity Audit and work of Dignity champions.	Manager and Dignity champions	January 2012 on-going	Discuss current issues with champions and look at ways to ensure that future audits are more robust in monitoring to ensure that residents' dignity is maintained at all times.	Dignity Audit completed 12 <sup>th</sup> Dec 2011 and regular audits completed every 3mths. Results to be shared in meeting with all staff.
9. Dignity training for all staff to be refreshed.	Manager and L&D	February 2012	Previous training to be updated with current examples and refreshed for all staff to ensure that they are aware of their part in ensuring residents' dignity is maintained.	Booked (09.02.12, 16/2/12 and 22/02/12)
10. Monitoring of staff interactions and care of residents	Manager and Care Co-ordinators	November 2011 + on-going	Manager to work with care co-ordinators to ensure that they have a presence on the floor as much as possible to model appropriate behaviour and to support staff when any change in approach is needed.	Work continuing.  Recent SIPS visits on the 4 <sup>th</sup> Jan and 2 <sup>nd</sup> Feb 2012 we have received very positive feedback on the improvements in this area.

Regulated activity	Regulation		Outcome	How the regulation is not being met
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010		Outcome 04: Care and welfare of people who use services	Assessment and care plans do not identify peoples individual care needs and do not ensure people receive safe care in a dignified manner which respects their privacy.
Plan of action	Completed by whom	Target Completion	Comments	Date completed
1. To deliver refresher training around reporting and recording.	Management and L & D	December 2011	Training content to be reviewed to include examples from current paperwork.  Documentation to be monitored to ensure needs are identified and met appropriately.	Booked (04.01.12; 06.01.12 and 09.01.12)  Now completed with all staff. Coordinators to monitor daily and manager to monitor monthly.  Recent SIPS visits on the 4 <sup>th</sup> Jan and 2 <sup>nd</sup> Feb 2012 we have received very positive feedback on the improvements in this area.
2. Re-visit 'Look @ me' documents with all families.	Care Co-ordinators and Manager	November 2011	To ensure we have received all information possible to be able to reflect each residents needs effectively and hence deliver appropriate care and support.	Letter sent to families with a copy of the "Look at Me" document enclosed 8 <sup>th</sup> Dec 2011.  Most have been completed and returned. Given to Coordinators to ensure information has been incorporated into care plans.
3. See plan of action 5 in outcome 1.	See above	See above	See above.	
4. To review nursing home	Manager	December 2011	To be discussed at Providers	In place.

admissions procedure			Services Management Meeting in November.	
5. To refresh in-house risk assessment training.	Manager and Care Co-ordinators	January 2012	Manager and all co-ordinators to review all moving and handling and general risk assessments to ensure these reflect individual resident's personal needs and that those needs can be met safely.	On-going as files are audited.
6. Food and fluid sheets have been amended and are now kept in dining room to ease completion.	Care Co-ordinators	On-going	Monitored regularly throughout the day but especially following meal times and drinks rounds. Staff are reminded about the importance of reporting and recording on these sheets at the start of each shift to ensure that residents receive appropriate fluid and nutritional intake.	Sheets are monitored daily by Coordinators and monthly by Manager.

Regulated activity	Regulation		Outcome	How the regulation is not being met
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010		Outcome 13: Staffing	The staffing levels do not ensure people receive safe and appropriate support and care at all times.
Plan of action	Completed by whom	Target Completion	Comments	Date completed
1. Residents needs and re-assessments.	District Nurses and Care Management.	October 2011	All residents which were identified as now requiring nursing home placements have been assessed and are currently waiting placement. Manager to continue to liaise with families and care management to ensure that these residents are supported to more appropriate placements as soon as possible in order to ensure safe and appropriate placements and to reduce the impact on staff of caring for people with inappropriately high needs.	Assessments complete and appropriate moves either have taken place or being arranged.
2. Increase in staffing levels	Care Co-ordinators	On-going	Staff levelling has increased by 2 AM and 2 PM while we wait for placements as described above and to ensure all residents needs are met appropriately across the home.	Due to low numbers of residents staffing levels have returned back to normal, although one resident who is waiting nursing home placement is currently having 1:1.
3. Review agency induction/refresher to remind them of their code of conduct which is expected of them whilst on duty.	Care Co-ordinators.	On-going	All regular agency staff to be given refresher induction training which will include the revised personal care and nutritional care protocol to	Completed and will be monitored.

			ensure appropriate care and support is delivered consistently.	
4. Ensure continuity of agency staff if needed.	Care Co-ordinators	On-going	Care co-ordinators liaise directly with agency providers to ensure where possible continuity is provided to ensure consistent care and support for residents.	In place.

Regulated activity	Regulation		Outcome	How the regulation is not being met
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010		Outcome 16: Assessing and monitoring the quality of service provision	The service has some systems in place to monitor the quality of service that people receive, but this does not include direct feedback from people using the service or their relatives. The systems are not effective as we identified that people are not receiving safe, well planned care.
Plan of action	Completed by whom	Target Completion	Comments	Date completed
1. Questionnaires to permanent residents and families.	Admin and Manager	December 2011	Questionnaires to be reviewed during the Provider Services Management Meeting in November before sending out.	In view of questionnaires previously referred to, this will be postponed to early February 2012. Due to sent out by the 24 <sup>th</sup> February 2012.
2. Questionnaires to be sent to professionals.	As above	December 2011	As above	As above.
3. To produce spreadsheet once questionnaires are returned.	As above	February 2012	Questionnaires will be reviewed on their return for any immediate issues. The spreadsheet will reflect questionnaire outcomes and any further actions required to improve the services delivered at Woodside. This will then lead to an action plan to address issues raised.	To be put together March/April 2012.

4. QA process across all 5 homes to be reviewed.	Provider Services Management Team	March 2012	The aim is to enhance the process by use of a computerised system to assist the compilation of statistics in a published form to inform all stakeholders and to facilitate any development plans.	
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General Actions				
Plan of Action	Completed by Whom	Target completion	Comments	Date completed
1. Process to be drawn up to clarify actions required to facilitate nursing needs assessments for residents when required.	Manager	November 2011	<p>Process to support all staff to be aware of reporting increased needs of residents so that appropriate actions can be taken.</p> <p>This will ensure all residents are appropriately placed and their needs met.</p>	In place.
2. Meetings to be arranged to update all staff.	Manager	November 2011	To ensure that all staff are aware of the issues that have been raised, the action plan and their part in moving forward with the changes in the care and support of the residents.	These have taken place and further updates will be through regular programmed meetings.
3. Occupancy levels at the home.	Manager	November/December 2011	When those residents currently awaiting nursing care are placed, vacancies will be held for a short period to allow staff to continue with this action plan.	In hand.
4. Concerns around residents medication running out.	Coordinators and Manager	On-going	New stock checking control measures have been put in place. All staff have received training regarding these new measures.	On-going and to be discussed in coordinator meetings and supervisions.

