

Roseacres Care Home

Action Plan following latest CQC Inspection

This action plan is to be evaluated weekly on all points outstanding until all issues are resolved. For ongoing objectives new target dates will be set. For objectives needing re-evaluating these will be clearly identified and numbered in accordance with new actions, for Audit trail purposes.

OBJECTIVES	RATIONALE	ACTION	BY WHOM	TARGET DATE	EVALUATION
1. Is the service safe?	Electric wiring certificate for the premises, dated 19 July 2013, recorded an 'unsatisfactory' outcome with explanation that included, "System in generally poor condition."	<ul style="list-style-type: none"> • Finish all electrical wiring checks • Complete all outstanding issues 	Home Manager	Immediate	Completed 30.04.2015
1a.	The check of emergency lighting that was started in December 2014 had not been completed and signed off as safe.	<ul style="list-style-type: none"> • To complete emergency lighting checks on regular intervals and make sure it is signed off 	Home Manager/Maintenance Man	Immediate	Completed 30.04.2015
1b.	Monthly checks of the slings used to hoist people had not been recorded in over two months.	<ul style="list-style-type: none"> • To complete sling checks regularly on monthly basis 	Home Manager	ASAP	Completed and ongoing
1c.	Monthly bed-rail check was over two months old, and did not record a check of the four	<ul style="list-style-type: none"> • To complete bed-rail checks regularly on monthly basis 	Maintenance Man	Immediate	Completed and ongoing

	bed-rails that we were shown to be in current use				
2. Is the service effective?	The service was not consistently effective. The agreed delegation of blood-sugar testing arrangements from a community healthcare team was not suitable to protect the health, safety and welfare of people using the service.	<ul style="list-style-type: none"> • Arrange with the district nurses new training to check blood sugar and use of the blood sugar machine 	Home Manager	30.06.2015	Training arranged for the week commencing 8 th June 2015
2a.	The staff member did not seek medical advice at the time of the incident, which the training would have prompted them to, and which was in contrast to the person's care plan.	<ul style="list-style-type: none"> • Staff to undergo additional training and discuss it in details during supervisions 	Home Manager/Deputy Manager/Senior Staff	15.06.2015	Completed and ongoing
2b.	People's care records included assessment of their capacity to consent to receiving care and support at the service. Where these	<ul style="list-style-type: none"> • All care plans to be double checked for old forms and be replaced with new assessments • If there are MCAs in place, best interest decision documentation must be put in place 	Home Manager/Deputy Manager/Senior Staff	31.05.2015	Completed

	<p>established that the person lacked this capacity to consent, the best interests decision-making section of the document was blank for the three people we checked. We also found old capacity and consent documents in some files, such as a 'desired level of medical intervention' that had been superseded by a Do Not Attempt Resuscitation (DNAR) form. These points did not assure us that the service had completed the process of working in line with the principle of the Mental Capacity Act 2005 so as to ensure people's human rights were properly promoted.</p>				
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