



QUEENSWOOD

FINDINGS OF CQC VISIT

23 February 2016



Introduction

Each time the Care Quality Commission inspects a care home, it issues an inspection report. This gives feedback on what inspectors found and what recommendations they make to the people who manage the home. From this, the providers need to produce an action plan, which needs to be agreed with the CQC.

At MHA, we took the decision to make a summary of our action plan public for all inspection reports as we want to be open and honest with our residents and their families and friends. In this action plan, you can read what the inspectors said to us and what our response and actions to those are.

In addition, you can also see what our residents, their families and friends have said about our homes on our care home web pages at www.mha.org.uk. There you will find the latest reviews about our homes that are posted on the independent website www.carehome.co.uk



Is the service safe?

What did the CQC inspection tell us?

The service was not consistently safe

- ▶ There were not always enough staff deployed to meet the needs of people in a timely way.
- ▶ People could not be assured they would always receive their medicines as prescribed.
- ▶ People were protected from the risk of abuse because the provider had systems in place to recognise and respond to allegations or incidents.

Our plan of action

Making the service safe

- ▶ Review staffing levels in the home to meet the needs of the residents. Agency to be used if and when required.
- ▶ Dependencies to be completed for all residents to ensure there is an adequate number of staff deployed through the day and night to meet the resident's needs.
- ▶ Review staffing levels to ensure assistance is available for residents at meal times.
- ▶ Call bell audit to be arranged and completed weekly.
- ▶ Staff meeting to be arranged. Discussion on call bell systems and the importance of answering them within 4 minutes.
- ▶ In the event of staff sickness / absence the person in charge will cover the shift with MHA staff and if unable to then agency staff should be sought.
- ▶ Medication audit to be completed. Action plan to be completed for any areas of non-compliance. Actions to be reviewed and signed off. Correct scores to be added to the audit.
- ▶ Senior staff to have medication competencies completed in March. The Home will also go back to MDS system. Senior staff will complete their BOOTS refresher online training.
- ▶ During 1:1s with the senior staff discussions will take place on the importance of having uninterrupted medication rounds unless there is an emergency. This will also be on the agenda at the staff / relative and resident meetings.

Is the service effective?

What did the CQC inspection tell us?

The service was not consistently effective

- ▶ People were not fully supported to maintain their nutrition. Although referrals were, made to external professionals when people's needs changed, people were not fully supported with risks to their health.
- ▶ People made decisions in relation to their care and support. Where people lacked the capacity to make certain decisions they were not always fully protected under the Mental Capacity Act 2005.
- ▶ People were not fully supported to maintain their nutrition. Although referrals were, made to external professionals when people's needs changed, people were not fully supported with risks to their health.
- ▶ People were supported by staff who received appropriate training and supervision.

Our plan of action

Making the service effective

- ▶ All DNAR forms are to be reviewed and ensure that these are completed in full for the residents.
- ▶ All residents to be reviewed and where appropriate DOLs applications to be submitted
- ▶ Dining room observations to be completed. To ensure there are enough staff in the dining room to offer the residents support when required. Catering staff meeting to be arranged.
- ▶ Meal questionnaire to be given out to residents weekly. This will allow the home Manager and the catering team to address the areas of concern. The home is currently without a full time cook and this position is being recruited for.
- ▶ Managers walk round to be completed daily and the Manager will check the diet and fluid charts for the resident to ensure that the staff are completing these properly.
- ▶ Residents who require pressure care equipment such as pressure cushions are now on repositioning charts which detail the equipment the residents need and when they are to be moved / turned etc. This is also checked by management during the walk round.
- ▶ The staff in the home are to complete the pressure area training and to watch the video of understanding pressure area care. The senior staff are to discuss their level of understanding of this subject in the staff members 1:1.

Is the service caring?

What did the CQC inspection tell us?

The service was caring

Our plan of action

Making the service caring

- ▶ No actions necessary

Is the service responsive?

What did the CQC inspection tell us?

The service was not consistently responsive

- ▶ People were supported by staff who did not always know their needs and preferences.
- ▶ People were supported to raise issues but concerns were not always responded to appropriately when they were raised.
- ▶ People were involved in planning their care and support. People were supported to have a social life and to follow and develop their interests.

Our plan of action

Making the service responsive

- ▶ Acknowledgement of a complaint should be completed on the day of the complaint by the Deputy / Home Manager.
- ▶ Investigation in to the complaint will then take place and a comprehensive out come given to the person making the complaint. Recorded discussions with the person who made the complaint and details of the outcome should all be documented

Is the service well led?

What did the CQC inspection tell us?

The service was not well led

- ▶ People did not benefit from an open and inclusive culture. Systems in place to monitor and improve the quality of the service were not always effective in identifying and bringing about improvements.
- ▶ People were supported to give their views on the way the service was run but suggestions made were not maintained.

Our plan of action

Making the service well led

- ▶ Residents meetings and one to one conversations with residents to encourage them to discuss any concerns that they may have
- ▶ Action plan to be completed from the staff survey
- ▶ Staff to have conversations with HR and the Service Manager to discuss their concerns
- ▶ Weights are to be monitored monthly. Residents with a weight loss of more than 5kg in a 6 month period will go onto Diet and Fluid charts / weekly weights / and they are to be referred to the appropriate health care professionals for support and guidance.
- ▶ The resident in question now has a sensor cushion as it was found that the mat was a greater risk to the resident.
- ▶ Resident meeting to be conducted and actions points to be recorded and feedback given to the residents.