



Action plan for MHA Rushden Park

April 2023

This action plan is being monitored on a regular basis and overseen by the Chief Operating Officer Dan Ryan, who is the CQC 'nominated individual' for MHA Rushden Park care home.

Since we received initial feedback from CQC, we have:

- put in place alternative management arrangements and supported the home with clinical and specialist roles such as our dementia lead, clinical support nurse and lifestyle and engagement lead
- reviewed the dependency levels of residents, resulting in additional staff being recruited
- reviewed all care plans to make sure appropriate clinical support for residents is in place
- made sure training is completed and ongoing to make sure all staff members are up to date. This also includes an invitation to dementia training for relatives.

The CQC splits its inspection reports into five sections: safe, effective, caring, responsive and well led and what we have done and will be doing following the report is detailed below.

What CQC said	What we are doing
<p>Safe</p> <p>Rating – inadequate</p>	<p>Safe</p> <p>Make sure all staff are reminded of their duty to report any safeguarding incidents and to record them effectively. Build up the relationship with the local authority safeguarding team. Review all historic safeguarding incidents to make sure they have been reported.</p> <p>Work to make sure there is a culture of openness and transparency in the home where all can speak with management through an 'open door' policy. Set up regular meetings with the management team for relatives and staff.</p> <p>Make sure whistleblowing information is clearly highlighted and available and staff to sign to say they have read the policy.</p>

	<p>Identify the training needs of nursing and care staff and make sure this is carried out. Following training, assess and record competency levels.</p> <p>Review care and support plans relating to continence care, wound care and management (including pressure injury prevention), and nutrition and hydration and link to requirement for on-going monitoring.</p> <p>Review air mattress settings to make sure they are correct for each resident. Replace mattresses where necessary. Make sure all residents needing regular weight monitoring are recorded.</p> <p>Agree an MHA-wide policy for the management of 1:1 support for residents.</p> <p>Carry out full personnel file review to make sure recruitment processes of MHA staff have been in line with policy and include DBS and right to work checks.</p> <p>Twice-weekly spot checks of records of PEG regimes to make sure they are followed correctly and on insulin administration records to make sure two nurses are checking and signing.</p>
<p>Effective Rating - inadequate</p>	<p>Set up regular 1:1 meetings for all staff and to use the first to identify training needs. Map out training needs based on themes from these meetings.</p> <p>Develop skills of staff in supporting people living with dementia and understanding and managing distressed behaviour.</p> <p>Review risk assessments and support plans to make sure there is monitoring of food and fluid charts where a risk is identified. Make sure a system is in place to review diet and fluid charts at the end of each day to make sure people have reached their targets.</p> <p>Within the refurbishment work, take advice from MHA's dementia lead to make sure signage and adaptations are appropriate for people living with dementia.</p> <p>Make sure capacity and communication assessments have been carried out. Where issues have been identified, make sure best interest process has been appropriately used. Make sure all Deprivation of Liberty Safeguards (DoLS) applications are recorded and approved notified to CQC. Check team's understanding in relation to the Mental Capacity Act (MCA) and DoLS and deliver training where skills gap identified.</p>

<p>Caring Rating – requires improvement</p>	<p>Monitor response to call system and investigate and record action where not meeting MHA standard response time. Manager walk rounds and spot checks each day, including noting response times and conversations with residents and their family and friends.</p> <p>Encourage residents through meeting with them to report any situations they feel have not been responded to in a timely or appropriate way.</p> <p>Review findings from recent MHA care home survey and take action, reporting through a ‘you said, we did’ process.</p>
<p>Responsive Rating - inadequate</p>	<p>Create a plan to review residents’ life histories and establish what is important to them. Take advice from dementia lead on how to involve family/representatives for people who lack capacity. Review care plans to make sure they reflect an individual’s preferences, prioritising those not seen to be person-centred.</p> <p>Review dependency profile for all residents known to have communication difficulties to make sure support plan comprehensively details how to meet these needs.</p> <p>Source and make available advocacy support information.</p> <p>MHA lifestyle and engagement lead to advise on development of a plan to make sure staff make each part of the day meaningful to avoid social isolation. Plan will include taking a person-centred approach to engagement and activity. Will also include setting up activities which can be supported when the activity coordinator is not on site.</p> <p>Brief team on responding to complaints and make sure complaints policy has been read and understood by all members. Make sure complaints/compliments leaflets are displayed in reception area.</p> <p>Arrange for Final Wishes end-of-life care training to be delivered. Liaise with local specialist palliative care services in any good practice external training available. Set up best practice example of end-of-life care support plan.</p>
<p>Well led Rating - inadequate</p>	<p>Regular team meetings with encouragement for staff to vocalise any concerns. Demonstration of actions taken through minutes of team meetings. Reminder of the MHA and NMC codes of practice.</p>

Review the statement of purpose for the home against the service being delivered with any adjustments made in consultation with CQC and service commissioners.

MHA Quality Assurance team to carry out quality assessment (nurse audit). Ensure oversight of quality audits in line with MHA's care home audit programme at the home.

Ensure managerial oversight of compliance with MHA policy and regulatory/statutory notification requirement. Refresh Duty of Candour for key post holders.

Develop new ways of engaging with residents, relatives and representatives, especially those not able to attend in person, including sharing minutes of meetings via email and inviting agenda items for meetings.

Set up a regular 'manager's surgery'.

Managerial oversight by acting area manager and regional director.