

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.**

Account number	1-123009478
Our reference	INS2-13375969391
Location name	Aspen Place

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 Person-centred care
	How the regulation was not being met:
<i>The provider had failed to do everything reasonably practicable to ensure people received person-centred care that is appropriate to meet their needs and personal preferences. This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</i>	

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

- **Staffing**
 - A staffing review has been completed. No issues identified. Dependency tool to monitor residents' needs and appropriate staffing ratio
 - Recruitment programme remains in place. Recruitment is on hold for the last 6 months as we are fully staffed and have no use of agency staff for cover
 - Review Rota/Allocation of Staff. Rota and staff allocation has been working well. It will be continually monitored
 - Continue to ensure effective role planning and deployment to ensure right staffing and skill mix, in right place at the right time
- **Call bell waiting times**
 - We introduced a new system last year to specifically focus on call bell waiting times. Depending on occupancy, we have 1-2 dedicated staff working 12 hours a day monitoring and answering call bells. This has proven to work well and to alleviate the pressure from the rest of the care team who are busy giving personal care.
 - Continue to establish realistic expectations of residents and their representatives in regard to waiting times
- **Meaningful occupation**
 - Activity resources have been immediately made available and is kept/stored in the Blue Unit. The activity trolley remains available and is taken by the Lifestyle Team to all parts of the home. Residents are able to select which type of material they wish to use

- Continue to increase 1:1 interactions for residents wishing to remain in their room, and whilst respecting their preference to stay in their rooms, we will continue to offer opportunities access to other parts of the home such as the garden area and inform them of what activities are happening, should they change their mind and wish to take part
- Residents with preference to remain in their room to continue to have their individual social activities care plan, which is correlated to risk assessment for the likelihood of social isolation
- Families/representatives continue to receive well-being updates and access to the family portal so they can keep up to date with their loved ones' social activities

- **Meals and Personal Hygiene Preferences**

- Continue to collate information about residents' preferences in regard to their meals and personal hygiene preferences through detailed pre-admission assessments, family discussions, ongoing care needs review and seek feedback via day-to-day observations/discussions with resident/their families, surveys, and meetings
- Care plans to continue to reflect resident's wishes and any barriers to achieve resident's outcomes will be discussed and reviewed. Any barriers are to be identified and planning on how to improve will take place. Should staffing be an issue – refer to above
- To continue to acknowledge that people's preferences can change, and should any change happen, the care plan must reflect this and information is communicated to the team

Who is responsible for the action?

Registered Managers, Lifestyle and Nursing/Care Team, Catering Manager

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?

- **Staffing**
 - Continue with regular assessments and monitoring to establish that staffing is appropriate such as the use and update of the dependency tool and manpower plan. This has been proven to work well and will remain under review for any areas we can continue to improve and better the service we provide
 - To continue to gather feedback from residents, relatives, visiting professionals and staff via regular care plan reviews, meetings, surveys, informal discussions, audits (call bell response times)
 - To continue with safe recruitment process already in place
- **Call bell waiting times**
 - Setting clear expectations of residents and their representatives in regards to waiting times through detailed conversations at pre-admission assessment stage, during care plan reviews/meetings and informal discussions
 - To continue to gather feedback from residents, relatives, visiting professionals and staff via regular care plan reviews, meetings, surveys, informal discussions, audits (call bell response times)

- Meaningful occupation
 - Lifestyle team to implement improvements and ensure sustainability and availability of activity resources in the home. Any items required to be procured will be sent by the Lifestyle Manager to Procurement Manager
 - Lifestyle team to continue to gather information about residents' preferences, likes and dislikes and how we may safely include their hobbies and interests to their daily routines by talking to the residents and their loved ones, provision of choices and daily observation of resident's participation and level of interest and interaction. We acknowledge that some residents prefer their own company and does not wish to take part in group activities. A spreadsheet was created to reflect residents' preferred venues of activities, and options of what activities they enjoy the most. This spreadsheet is an addition to the current one we have, which contains information about the residents' life histories
 - Venue preference spreadsheet is uploaded to the main lounge's screen, which is accessible to all staff members for reference. This spreadsheet will be monitored and updated by the Lifestyle Manager
 - Resident's care plans and risk assessments to continue to be reviewed and updated by the nursing team, in collaboration with the lifestyle team, resident and their representatives
 - All activities offered and/or declined or the resident has taken part will be documented accurately by the lifestyle and care team, however, this does not limit social interactions only with these aforementioned departments, as other departments such as catering, housekeeping, etc are also able to spend time with residents and have meaningful conversations with them
 - Documentation is reviewed and in order to provide quality recording, the lifestyle team will complete a weekly summary of events highlighting which activities and social stimulation the resident had. Daily recording of interactions will be in form of videos and photo evidence.

- Meals and Personal Hygiene Preferences
 - Catering manager to continue to be available for all residents and their loved ones to speak with and discuss their diet/meals openly
 - Care plans are updated by the nursing/care team. RMs to continue to carry out care plan audits. Improve on documentation and monitoring of information
 - To acknowledge that people's preferences can change, and should any change happen, the care plan must reflect this, and information is communicated to the team
 - Continue to increase staff awareness of people's choices and preferences. Training to continue to be given via open discussions, team huddles, report/handover, mandatory training, online courses and ongoing spot-checks

Who is responsible?	Registered Managers, Lifestyle and Nursing/Care Team, Catering Manager + all other departments
What resources (if any) are needed to implement the change(s) and are these resources available?	
All resources (staff/manpower, training, activities) are and have been made available. As above, any activity resources (for special events, etc. may be procured as needed).	
Date actions will be completed:	Immediate and ongoing
How will people who use the service(s) be affected by you not meeting this regulation until this date?	
<p>If staffing is incorrect, it will affect how quality care is delivered to the service users and will greatly impact their overall health and well-being, as we will not be able to meet their needs and requirements.</p> <p>Potential risk of delayed attendance to call bells should there be an imbalance between staff and residents ratio. This may also cause distress to residents and worry to their families if they feel they are not attended to as promptly as they prefer.</p> <p>Potential risk of social isolation should residents receive fewer opportunities of interaction and stimulation.</p> <p>If residents' wishes and preferences are not respected, the service can be seen as being institutionalised.</p>	

Completed by: (please print name(s) in full)	Eloisa Esguerra Luisa Jardim
Position(s):	Registered Managers

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 Good governance
	How the regulation was not being met:
<p><i>The provider failed to assess, monitor and improve the quality and safety of the services provided including the quality of the experience of people in receiving those services. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</i></p>	
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<ul style="list-style-type: none"> • Dementia and the environment <ul style="list-style-type: none"> - As explained during the inspection, we have residents around the home, not only in the Blue Unit upstairs. We will continue to interact and engage with all our residents, regardless of where their room is situated within the home. All residents are equally welcome to join and take part in the activities, as they prefer - The term “blue unit” is abolished as having a unique name for that part of the home can be seen as a separation - Continue to increase 1:1 interactions for residents wishing to remain in their room, and whilst respecting their preference to stay in their rooms, we will continue to offer opportunities access to other parts of the home such as the garden area and inform them of what activities are happening, should they change their mind and wish to take part - Residents with preference to remain in their room to continue to have their individual social activities care plan, which is correlated to risk assessment for the likelihood of social isolation - Families/representatives continue to receive well-being updates and access to the family portal so they can keep up to date with their loved ones’ social activities - Additional orientation prompts have been installed around the home • Staffing levels – please refer to above • Collaboration with external health professionals <ul style="list-style-type: none"> - We have always and will continue to liaise promptly with other members of the multidisciplinary team. As explained during the inspection, the length of time to seek outside professional support that brought in the concern was disproportionate and the Tissue Viability Nurses had always known about the gentleman’s skin integrity issues. We as a service tried to reach out to the TVNs and we did not receive a response from them, and instead, had to liaise with the local authority to clarify these issues - The service will continue to have an effective incident reporting procedure in place, which is monitored by the RMs and correlate these with each resident’s care plans, risk assessments and ongoing support from MDTs - Nurses to continue to assess each resident, liaise with their families/representatives and seek guidance and support from relevant MDTs. Any delay in response to the referrals will be flagged and chased up. Any delays in response from the MDTs that could potentially harm the resident will be raised with the relevant MDT, safeguarding 	

team and CQC will be notified, as well

- To continue to gather feedback from visiting professionals regarding their views of the home and find out if they have any concerns

Who is responsible for the action?

Registered Managers, + all department managers

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?

- Dementia and the environment
 - We will continue to interact and engage with all our residents, regardless of where their room is situated within the home. All residents are equally welcome to join and take part in the activities, as they prefer
 - The term “blue unit” is abolished as having a unique name for that part of the home can be seen as a separation
 - Continue to increase 1:1 interactions for residents wishing to remain in their room, and whilst respecting their preference to stay in their rooms, we will continue to offer opportunities access to other parts of the home such as the garden area and inform them of what activities are happening, should they change their mind and wish to take part. – ongoing; Documentation to reflect activities/interactions offered and any refusals to take part in groups
 - Residents with preference to remain in their room to continue to have their individual social activities care plan, which is correlated to risk assessment for the likelihood of social isolation. – ongoing; care plans are updated on a monthly basis
 - Families/representatives continue to receive well-being updates and access to the family portal so they can keep up to date with their loved ones’ social activities – ongoing; daily allocation of well-being updates to ensure all families/representatives are updated
 - Additional orientation prompts have been installed around the home – action already completed

- Staffing levels – please refer to above

- Collaboration with external health professionals
 - We have always and will continue to liaise promptly with other members of the multidisciplinary team - ongoing
 - The service will continue to have an effective incident reporting procedure in place, which is monitored by the RMs and correlate these with each resident’s care plans, risk assessments and ongoing support from MDTs - ongoing
 - Nurses to continue to assess each resident, liaise with their families/representatives and seek guidance and support from relevant MDTs. Any delay in response to the referrals will be flagged and chased up. Any delays in response from the MDTs that could potentially harm the resident will be raised with the relevant MDT, safeguarding team and CQC will be notified, as well - ongoing
 - To continue to gather feedback from visiting professionals regarding their views of the home and find out if they have any concerns. This can be in forms of informal feedback, a conversation with each visiting MDT and should the visiting MDT be in a hurry and state they will email their observations, this will be chased up and queried within 2 days

Who is responsible?	Registered Managers, + all department managers
What resources (if any) are needed to implement the change(s) and are these resources available?	
Please refer to above statements	
Date actions will be completed:	Immediate and ongoing

How will people who use the service(s) be affected by you not meeting this regulation until this date?
<p>The service will continue to run in an environment that is safe and suitable to its users. Should the service become unsafe, the people using the service will be at risk of harm.</p> <p>Potential risk of social isolation should residents receive fewer opportunities of interaction and stimulation.</p> <p>Should there be a delay in seeking support from external agencies, this can cause possible harm to the residents.</p>

Completed by: (please print name(s) in full)	Eloisa Esguerra Luisa Jardim
Position(s):	Registered Managers