

Community Resource Centre: Charlton House Action Plan

Area of concern	Action	Update	Lead
CQC Domain Safety			
Lack of comprehensive oversight of safeguarding in the service	Review safeguarding concerns to ensure that they are shared in a timely manner in line with Local Authority policy and procedure	All safeguarding incidents past 12 months have been reviewed, any outstanding actions have been completed, assurance is sought through regular audit checks and twice daily meetings	Assistant Director Operations
	All documentation is completed in each person's care plan	All care plans have been updated, including food, fluids, risk, skin integrity In the process of procuring an electronic care planning recording system Updated care plans have been reviewed and checked daily to ensure completion by the shift leader	Registered Manager
	Ensure the service is compliant with fire safety requirements and sensor alarms are in place and working for those residents that need them	Fire safety audit undertaken Oct 2022 and actions completed Personal Evacuation Plans for residents have been updated Sensor alarms are checked throughout the day by senior staff on duty Council Health and Safety department have a full audit and action plan for the service and continue to report progress to the Improvement Board	Head of Service
	Safe handling of medication through systems and processes being followed	Audits completed by ICB and an action plan in place Medication recording is reviewed on a daily basis by a senior manager on shift	Improvement Manager

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Workforce	<p>Temporary closure of 15 beds</p> <p>Appoint a Registered Manager Appoint an Improvement Manager Appoint a Business Manager Appoint to Registered Nursing post</p> <p>Appoint a Clinical Lead</p> <p>Regular recording of supervision and appraisal supported by regular team meetings</p> <p>Develop an organisation development plan for Charlton House staff</p>	<p>Beds closed 11th December 2022, this reduced agency staff levels by 50%</p> <p>Started in post 3rd Jan 2023 Started in post 15th Dec 2022 Start date 1st Feb 2023 Out to advert with market supplement enhancement Post re-graded and out to advert</p> <p>Staff supervision and weekly team meetings in place</p> <p>Working with HROD colleagues to develop the plan</p>	Assistant Director Operations supported by Head of Service
Infection control	To ensure robust infection control procedures are adhered to consistently	<p>New cleaning schedule in place now includes clearing clutter from shared spaces. Daily 'walk arounds' by senior staff. PPE adherence is a standard agenda item at team meetings</p>	Registered Manager
Area of concern	Action	Update	Lead
CQC Domain Responsive			
Quality of end-of-life care plans	Ensure end of life care plan support is person centred	Staff and residents are being supported by an outstanding provider (Dorothy House)	Clinical Lead
Quality of wound care plans was inconsistent	To ensure improved wound care management is in place	Care plans have been reviewed for residents and wound dressing tasks are now allocated to nurses on a daily basis	Clinical Lead
Emergency medical response	Staff to seek timely medical intervention for residents	Should staff become concerned about a resident who requires medical intervention they	Shift Leader

CQC Domains: Safety Inadequate, Effective Good, Caring Good, Well Led Inadequate and Responsive Requires Improvement

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		will report to the Nurse on duty who will call 111/999 This is recorded in daily notes and on the 2 daily handover notes	
Area of concern	Action	Update	Lead
CQC Domain Well Led			
The Registered Manager's office was located on the ground-floor	Ensure that management are visible and available to staff	Registered Managers office has been moved to the care floor	Head of Service
Residents records not always stored securely	Ensure safe and secure storage of all residents care records	All records are safely stored Residents care plans are kept in the Nurses office when not in use Daily 'walk arounds' by senior staff ensure this is being followed	Registered Manager
Governance to include file audits and quality assurance visits	To ensure a robust governance framework is in place	Governance Framework established: <ul style="list-style-type: none"> • Action plans supplied to CQC – Meeting held weekly with CQC to update on progress • Improvement Board (meets every 3 weeks) – Chaired by DASS with representation from Corporate Services and clinical input from ICS • Large Scale Safeguarding Enquiry (meets monthly) – Chaired by Head of Safeguarding to review safeguarding enquiries and outcomes, to receive and scrutinise the impact of the action plan and receive independent updates from partner agencies • Independent Audits –Rolling plan of audits of each aspect of care 	Head of Service

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<p>Demonstrating a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, working in partnership with others</p>	<p>Develop relationships with wider community and partners</p>	<p>Activity Co-ordinator is bringing additional activities into the home The service will continue to work with external organisations on specific areas of expertise. Findings from compliments and complaints are a standard agenda item at regular team meetings</p>	<p>Head of Service and Assistant Director Operations</p>
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