

ACTION PLAN FOLLOWING JULY 2021 INSPECTION

Report on actions to be taken to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Account number	1-2455215798
Our reference	INS2-11094088321
Location name	At Home Support Services Limited
Action Plan implementation date	01.08.2021

Regulated activity	Regulation
Personal care	Regulation 17 Good governance
	How the regulation was not being met:
	<i>The provider failed to ensure adequate oversight of the service including, medicines management and ensuring people's known risks were adequately documented and stored.</i>

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

Aim

To ensure good governance (Regulation 17) is maintained to ensure service users known risks are captured in the risks assessments and are documented and are available in the office for inspection and at the service users' home to allow staff to be guided accordingly.

To ensure the service has a Comprehensive Record keeping audit process that demonstrate identification of areas of improvement and methods of learning to inform change of practice and increase adequate safety for those that uses the service.

To ensure that all medicines prescribed as required medication has clear guidance documented, that indicates when they need to be given.

Who is responsible for the action?	Registered Manager
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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?

To ensure that improvements have been made and are sustainable the following actions will be completed:

- (i) **Person Centred - Risk Assessments** - All service users will be risk assessed according to their health conditions and physical health needs to formulate the appropriate individualised / or person-centred risk assessments, and any possible signs and

symptoms that would trigger health deterioration will be identified as red flags that care staff would look out for to support service users appropriately. This action will increase staff confidence in decision making and reduce missed opportunities.

(ii) Outside Blister pack Medicines –Medication forms to indicated where medication is to be given regularly or as required. Where medication is given as required carers will have access to the risk assessments to know when to use the medication and a PRN profile documentation will be available to documents the frequency of use of the medication which may prompt reporting to GP for review of the symptoms.

(iii) Monthly audit of medication records - The service will collect records from homes on monthly basis and audit the records. From the audit areas of improvement will be identified in line with record keeping principles. The identified areas of improvement will be embedded for learning and improvement in the following methods:

- (a)** individuals in supervisions and the rest of the service will be informed in 2 forums
- (b)** direct observations for those needing additional support
- (c)** in the carers forum which happens every 2nd month.
- (d)** quarterly learning news.

Who is responsible?	Care Coordinator and Registered Manager
What resources (if any) are needed to implement the change(s) and are these resources available?	
The resources required are available: (a) Medication forms with the required indications (b) Risk assessments to be in the home folders, and in the office (c) Staff	
Date actions will be completed:	30.11.21

How will people who use the service(s) be affected by you not meeting this regulation until this date?

- (a) Risks of service user health deterioration without being prevented accordingly .
- (b) Risks of care staff not feeling empowered

Completed by: (please print name(s) in full)	Gladys Chingoka
Position(s):	Registered Manager
Date:	31.10.21