

ELLENS COURT SERVICE IMPROVEMENT PLAN

RESPONSE TO CSCI UNANNOUNCED INSPECTION 11th MARCH 2008.

No.	Standard	Regulation	Requirement	Timescale for action
1.	YA2	14(2)(a) 14(2)(b)	<i>The registered person must ensure that the assessment of residents needs are kept under review and advised at any time when it is necessary to do so having regard to any change of circumstance.</i>	30.04.08

RESIDENT CARE PLANS AND RISK ASSESSMENT

Resident Care Plans and Risk Assessments for all residents are already in place. A review system is now in place which will result in each residents care plan, health care plan and risk assessment being reviewed three times per year- twice on an individual resident basis, and once when all risk assessments and all care plans are looked at together. This is set out in the table below which shows the resident or review activity which occurs each month. Recording sheets for each review are kept in resident files and a photocopy of those recording sheets is kept in newly created CSCI evidence boxes.

Month	Who reviewed	What reviewed
Jan	All residents	Health Care Plans
Feb	All residents	Care Plans
Mar	All residents	Risk Assessments
Apr	JH TB	Care Plans, Health Care Plans and Risk Assessments
May	JT MP	Care Plans
Jun	SB RT	Care Plans
Jul	JT MP	Care Plans
Aug	JH TB	Care Plans
Sep	SC WC	Care Plans
Oct	SB RT	Care Plans
Nov	SC WC	Care Plans
Dec		No reviews

In addition to improving the regular review process, the incident reporting threshold has been reduced so that more incident forms are completed by staff, and a signing-off system introduced to highlight incidents requiring Care Plan, Health Care Plan or Risk Assessment Review. The incident forms require staff to sign when completed and to indicate whether the incident has

been brought to the attention of the manager or deputy manager. Each incident form in turn is required to be signed by the deputy manager or manager. This new system will be implemented from 21st April 2008. A new policy has also been introduced to provide guidance and a framework for the new system.

OTHER MATTERS MENTIONED IN THE REPORT UNDER CHOICE OF HOME

- The statement of purpose has been revised as per guidance and is available for inspection. (Attach 1).
- The Service User Guide is still in the process of being completed and will be finalised by the end of May.
- Most resident contracts were signed with the exception of the latest admission to Ellens Court. This has now been rectified.

No.	Standard	Regulation	Requirement	Timescale for action
2.	YA6	15(1)	<p>The registered person must ensure that residents assessed and changing needs are affected in their care plan.</p> <p>The registered person must ensure that care plans provide clear information on how the staff team support resident's assessed needs.</p>	30.04.08

CHANGING NEEDS REFLECTED IN CARE PLANS

This requirement is largely addressed through the review system and the incident reporting procedures described above. The regular reviews will ensure that Care Plans, Health Care Plans and Risk Assessments are reviewed on a regular basis and brought up to date approximately every four months in response to gradually changing needs. The incident reporting system will ensure that by having a sufficiently low threshold for incidents, any incident which may indicate a change to Care Plans, Health Care Plans or Risk Assessment is highlighted and identified by the manager as requiring an adjustment or change to care plan or risk assessment. The recording sheets identified above will record what changes are made.

CARE PLANS PROVIDING CLEAR INFORMATION

A programme of preparing a clear summary for each care plan has been started (**two completed so far**). Six care plan summaries will be completed by 30 April, and all eight resident care plan summaries will be completed by 15 May.

INDIVIDUAL NEEDS AND CHOICES

- One residents risk assessment for epilepsy did not have procedures in place for status epilepticus. This was put in place on the 18 March 2008.
- Resident body weights were incomplete at the time of inspection. This has been discussed with staff at a handover on 19 March. Staff has been instructed to weigh key-worked residents by 23 April, and this will be verified and signed by the manager on 30 April. Revised individual record forms for weights have been introduced with signatures of staff and annual signature space for deputy manager or manager.

No.	Standard	Regulation	Requirement	Timescale for action
3.	YA9	13(4)(c)	<i>The registered person must ensure that risk assessments provide clear information regarding how to support individual residents in minimising risks.</i>	30.04.08

Concerns raised by the inspector about the risk assessments in use at Ellens Court have been brought to the attention of our Consultant Clinical Psychologist, Neil Sinclair, who has some expertise in this matter. He has agreed to write a letter outlining the strength and weaknesses of the current system, and the difficulties he sees of producing a simpler summary form of the risk assessment. Ellenscourt will of course follow any specific guidance by the Inspector or CSCI on this matter, but is advised by Neil Sinclair that the current system in place at Ellenscourt is consistent with current best practice in learning disability settings, and that the RAMP system Ellens Court uses is in widespread use by West Kent Learning Disability services and was in widespread use until recently by Care Principles Ltd. His letter regarding this matter is attached (Attach 2).

No.	Standard	Regulation	Requirement	Timescale for action
4.	Y16	16(2)(h)	<i>The registered person must ensure that the daily routines and house rules promote independence and individual choice.</i> <i>Residents' independence and choice must not be limited because staff did not wish to provide what has been requested.</i>	30.04.08

PROMOTION OF INDEPENDENCE AND INDIVIDUAL CHOICE

The importance of residents being kept active and being able to go out on weekends for a range of activities has been emphasised to staff at a handover on ****, and the staffing issues around ancillary duties on the weekend is addressed later under staffing.

RESIDENTS INDEPENDENCE AND CHOICE NOT LIMITED DUE TO STAFF PREFERENCE

The Inspector noted a refusal to provide a cup of tea at 3am in the daily records. The staff member concerned has been spoken to, an entry made in their HR file, and this has been signed by the staff members concerned. At least one other resident regularly has drinks during the night, and there are no formal or informal house rules stipulating drink-free periods over night or at any time. All staff have again been made aware that resident preferences should be adhered to wherever possible at all times of the day.

No.	Standard	Regulation	Requirement	Timescale for action
5.	YA19	12(1)(a) 12(1)(b)	<i>The registered person must ensure that the health care needs of service users are assessed and recognised, and that procedures are in place to address them.</i> <i>Health Care Plans and any accompanying risk assessments must be up to date.</i>	30.04.08

PROCEDURES IN PLACE FOR ASSESSING AND RECOGNISING HEALTH CARE NEEDS

- Documentation regarding health care needs is now included within the resident files in their rooms, as of ****.
- Procedures for staff to double sign medication out and on return for administration have been put in place on 25 March. These procedures and DOCIT boxes are in use guided by a new policy to be implemented on 23 April 2008. Consultation on this matter has been provided by Sue Tilling, from Boots local pharmacy, who provide our MDS.

HEALTH CARE PLANS AND RISK ASSESSMENTS MUST BE UP TO DATE

- All residents' health care plans will be reviewed under the relevant resident reviews in the table outlined above under Requirement

number 1. In addition to reviewing Health Care Plans along with Care Plans and Risk Assessments twice per year as part of the individual client reviews, there will be a review of all Health Care Plans for all residents in January of each year.

- Recording of body weights has been addressed above under Individual Needs and Choices in Requirement 2.
- Challenging behaviour training for staff is being undertaken on 29 April.
- Residents' mental health needs are addressed through the regular monthly visits of our Consultant Clinical Psychologist, Neil Sinclair, from Sinclair and Strong Clinical Psychologists. In addition, until very recently (March 2008) there have been regular two-monthly visits on average from a Consultant Psychiatrist stretching back over ten to twelve years. Neil Sinclair will be requested to progressively address documentation to guide staff in their support of residents around mental health needs from his next visit in May.

No.	Standard	Regulation	Requirement	Timescale for action
6.	YA23	12	The registered person ensures that service users are safeguarded from physical, financial or material psychological or sexual abuse, neglect, discriminatory abuse or self-harm, or inhuman or degrading treatment through deliberate intent, negligence or ignorance, in accordance with written policy.	30.04.08

- The evidence discussed under this area related to the refusal to provide a cup of tea which has been addressed above under Residents Independence and Choice not Limited due to Staff Preference in Requirement 4
- As noted in the evidence, staff are attending a POVA Training Day on 10 April.

No.	Standard	Regulation	Requirement	Timescale for action
7.	YA33	18	<i>The home has an effective staff team with sufficient numbers and complementary skills to support service users assessed needs at all times.</i> <i>Review the staffing levels.</i>	30.04.08

The issue of additional domestic, laundry and cooking duties which staff currently undertake on weekends is being addressed by:

- 1. Provision of an extra part-time worker on Sunday which will allow allocation of a staff member to attend to these ancillary duties. Selection has occurred pending receipt of references. Criminal Records Bureau application to be made once references are received.*
- 2. Staff have been offered additional hours on Saturday.*
- 3. A position has been advertised for part-time work on Saturday (copy attached).*

No.	Standard	Regulation	Requirement	Timescale for action
8.	YA39	24(1)(a) 24(a)(b)	<i>The registered person that appropriate and effective quality monitoring systems are established and maintained.</i>	30.06.08

A quality assurance system is being developed which will consist of consolidating CSCI, Regulation 26, Investors in People, resident surveys, staff surveys and family surveys into a single document. The Manager will collate all action points from CSCI, Regulation 26 and investors in people reports, and will produce summary reports for resident, staff and family surveys, and add these to an overall quality assurance document which summarises all of this information. There will be an annual Continual Service Improvement meeting each year at which the Manager, Deputy Manager, Administration Officer, two Senior Carers, the Consultant Clinical Psychologist and Regulation 26 Assessor meet to set an action plan for service improvement over the ensuing twelve months. This action plan will be based on this consolidated report prepared by the Manager. This will set a framework for quality improvement of the service over the next twelve months. The Manager and Deputy Manager will be responsible for monitoring this improvement plan and reporting on progress to CSCI Inspectors, Regulations 26 Assessor and the next annual Continual Service Improvement meeting. The meeting for 2008 has been set for the 9 July.