

FARM LANE CARE HOME
HEALTH WATCH AUDIT 30/05/2014

ACTION PLAN

RECOMMENDATION/ ISSUES	ACTION REQUIRED	BY WHO	BY WHEN	Date of Completion
<p>5. Recommendations Environment:</p> <p>1) Investigate causes of bad smells in the home. For example, are residents with incontinence issues having their pads, clothes and bed linen changed regularly enough? Look at whether better ventilation or more regular cleaning is required.</p> <p>2) Re-paint scratched paintwork. Look at whether green walls</p>	<p>Some of the residents with severe cognitive impairment such as dementia who like to walk round the unit can take pad off few minutes of being put on and wet the carpet or floor due to level of disorientations. Staff will continue monitoring and cleaning the carpet/floor ASAP</p> <p>At the time of the painting, the resident's at that period were consulted and had</p>	<p>Care staff and Domestic team (house keeper)</p> <p>Home Manager/Clinical Lead and Maintenance team</p>	<p>ASAP</p> <p>ASAP</p>	<p>Ongoing Cleaning/ monitoring</p> <p>Ongoing Monitoring</p>

<p>could be re-painted: patients could be consulted on their preferred colour scheme.</p>	<p>been discharged. They are not permanent residents so therefore the colour scheme cannot be changed for each transitional period.</p> <p>However residents /relative were consulted after your report they actually like the colour scheme</p> <p>No action required as this is the resident's choice. We will monitor until it need repainting and we will consult residents for choice of colour.</p>			
<p>3) Ensure ceiling leak in rehab unit is repaired.</p>	<p>The leak was from the first floor balcony which has now been repaired and we are in the process of planning to refurbish all of the kitchenettes. The budget has been approved and also the repairs</p>	<p>Maintenance</p>	<p>In progress</p>	<p>On target</p>
<p>Bathrooms:</p>	<p>There is leaking from the roof top area that goes</p>	<p>Home Manager/Regional Director</p>	<p>31/10/2014</p>	<p>On going</p>

	Purchased new steam clean machine with odour free agent. carpet changed to lino flooring daily audit in place regular monitoring rounds,			
<p>Privacy/personal care:</p> <p>7) Ensure personal care is given only by appointed staff member(s) in a private space with no one else able to access the room during this time.</p> <p>8) Personal cleaning, the changing of pads and assistance with going to the toilet needs to be provided without delay. Patients should feel confident using their call bells if soiled or uncomfortable and their requests to be changed should be respected by staff.</p>	<p>As staff always knock on the door and wait for a response before they enter, the contractor will always check with staff and this will be explained to the resident's to gain consent and this has been observed and was unfound. This was checked with maintenance together and if not, they will wait till the resident is out of the room unless the resident is bed bound. They will always ask permission but not changing if there is an attendance light on in that room.</p> <p>The Home has a policy and procedure regarding hot water temperature between 39–43 degrees.</p>	Clinical Lead / all staff	Will continue to maintained privacy as explained.	<p>This was reviewed with staff on 30/06/14</p> <p>On target</p>

<p>9) Bath water and water used for washing should be a temperature that is comfortable for the resident. Each resident should be asked about this.</p>	<p>All the floors have thermometers to check before they can wash or shower any resident and the maintenance man checks each and every room water temperature and every week and monthly thermostat valve temperatures. At the time the temperature was 39 degree and it rose to 43 degrees and care was amended.</p> <p>Regarding the call bell, this was investigated and it appears that when the call bell was introduced during the admission period, the resident <i>had</i> been shown how to use the nurse call bell. However the emergency call bell was introduced at the same time for emergency only. When the staff mentioned emergency bell, the resident's thought that this would call the police however they were</p>	<p>Care /Nursing team</p>	<p>On going</p>	<p>On Target</p>
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	<p>ensured that all call bells were checked and any resident capable of using the call bell has used it in the home. Those who are unable due to cognitive impairment is recorded in care plan so that staff can monitor them regularly. There are three different types of bells, the emergency light shows red, the regular call bell shows amber for resident's to use and the yellow one indicates that the room is engaged and to alert family so and this is always adhered to.</p>	<p>Nursing Team/ All Staff</p>	<p>On going</p>	<p>On Target</p>
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<p>Eating and Nutrition:</p> <p>10) Consider a lighter vegetable option than potatoes for the evening meal when the main course is something filling like pasta.</p> <p>11) Ask residents what their favourite meals are and aim to include these on the menu.</p> <p>12) Ensure residents have a choice over their portion sizes.</p> <p>13) Make sure water jugs are available on each table at all mealtimes so that residents can drink as much as they wish and that staff assist those who need help to refill their glasses. Make sure that refills are offered</p>	<p>The resident's have a choice of water or juice and this is a preference. There is always a lighter option available eg soup sandwiches salad etc We also have checks with residents and the feedback was that most residents said they are okay. On Tuesday only one resident said they preferred an omelette and scrambled egg home made. Requested fried eggs and this was done as requested. Head of kitchen met with the resident on a regular basis to discuss the menu and any action required was implemented. Water jugs are always available as soft drinks and all jugs of water are in the rooms New activity coordinator is in post and will ensure the activity meet the needs of</p>	All Staff	On going	On Target

<p>and residents are encouraged to drink water in their rooms and communal areas as well.</p>	<p>the residents. This was discussed in our recent relative meeting for their involvement in family history.</p> <p>The home have a link to the community services such as the local school (London oratory school) the church groups, and local library and mobility London services.</p>			
<p>Residents' wellbeing:</p> <p>14) Ensure residents are aware of the activities on offer and that the activities reflect the interests of the residents.</p> <p>15) Make sure all residents' photos and names are posted outside their rooms and none are missing.</p> <p>16) Find ways for the home to interact more with the wider</p>	<p>We had residents meeting to discuss activities. Activity care plan updated following the meeting and suggestion from the resident's. One to one activity program devised and is reviewed on a monthly basis.</p>	<p>All care staff and Activity</p>	<p>Ongoing</p>	<p>On target</p>

<p>community, for example schools, charities, places of worship, other older people's services. Display community activities and visits on a notice board.</p> <p>17) Liaise with older people's support services such as Age UK to provide residents with an advocacy service if they need support with matters such as benefits.</p>				
<p>Staff and communication:</p> <p>18) Encourage staff to interact more with residents and get to know them better as individuals. Ensure there are enough staff on each shift that there is time for them to speak to residents properly.</p> <p>19) Ensure staff speaks clearly in English when interacting with</p>	<p>Staffs are allocated and every resident has been allocated a key worker which they spend time with to make sure their needs are met. Care UK always follow equal opportunity and recruitment policy's however not all of our residents speak English and we ensure their needs are all met. All staff have done customer care training and induction programme which includes</p>	<p>Home Manager/ Clinical Lead and Unit managers</p>	<p>On going</p>	<p>On Target</p>

<p>residents. Some staff may need support in improving their English or Care UK may need to look at their employment procedure to ensure new staff have an adequate level of English to interact well with residents.</p> <p>20) All staff need to show patience towards residents at all times. Communication training should be given to staff members</p>	<p>communication. The manager will review training needs and implement changes.</p> <p>There is a suggestion box located in reception area. However we will change suggestion to comment and complaints.</p> <p>Complaint policy and procedures was re distributed to relative on 29th May 2014 and discussed the processes.</p>	<p>Home Manager/ Clinical Lead and Unit managers</p>	<p>On going</p>	<p>29/05/2014</p>
<p>Comment and complaints:</p> <p>21) Introduce a comments and complaints box so residents can give anonymous feedback.</p> <p>22) Ensure all residents understand the complaints procedure and feel reassured that they can make a</p>	<p>Managers do walk around in the home on a regular basis and talk to residents as well as the regional director to find out how their experience in the home is. Surveys are carried out and action plans are put in place. Complaints box in the reception area which is available to residents and the manager operates an open door policy.</p>	<p>Home Manager/Clinical Lead</p>	<p>On going</p>	<p>29/05/2014</p>

<p>complaint without negative consequences or fear of losing their place at the home. Managers should make them approachable and talk to residents on a regular basis about their experiences at the home.</p>				
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