MASTER ACTION PLAN - St Johns Nursing Home

CAREPORT

Action Plan					
Action number	**Area of non-compliance**	**Specific action/s required**	**Agreed & who accountable for action**	**Realistic Timescales**	**Action completed Y/N**
1.02	No skin Integrity care plan	All service users to have a separate skin integrity care plan	RM/Compliance Manager		
1.03	EOL care plans	All service users to have an EOL care plan	RM/Compliance Manager		
1.05	Family not involved is care plan reviews	Invite family members to be in volved in care on a monthly basis	RM/Compliance Manager		
1.08	Monthly reviews not taking place	Ensure all files are reviewed thouroughly monthly	RN/CM		
1.09	Daily records not completed accurately	Complete regularly throughout the day documenting a minimum of eitght points of care	RN/CM		
1.1	No evidence of short term care plans	Complete Short term care plans for examle anti biotics for an infection	RN/CM		
1.14	No Demetia care plans	Ensure all residents who have Dementia have a care plan specific to them	RN/CM		
1.24	No dental involvement	Access a local dentist and involve in the oral care of service users	RN/CM		
1.25	No evidence othat comments are reviewed	Ensure the comments box is reviewed weekly	RN/CM		
1.28	Minutes of meetings not displayed	Ensure all members of metings have access to minutes and display	RN/CM		
3.01	Limited consent forms signed	Ensure consent forms are signed by the resident and if unable best interest meetings are documented. Consent forms are not to be signed by relatives	RN/CM		
3.05	Verbal consent not documented	Ensure when verbal consent given this is documented in the daily records	RN/CM		
4	No monthly reviews of risk assessments	All files to be reviewed monthly	RN/CM		
4.01	Not all DOLs are in place	Ensure all residents who are being deprived of their libity have a DOLs application in place	RN/CM		
4.04	Infection control policy not displayed	Display NICE guidelines and ensure staff have read	RN/CM		
4.05	Areas of malodours	Work to eliminate areas of poor aromas.	RN/CM		
4.11	waste paper bins in use	Replace bins with foot operated in all communal areas	RN/CM		
4.14	No emergency red file	Supply a red grab bag and file to contain peeps and emergency equipment	RN/CM		
4.36	Shared learning	All areas of complaints accidents /Incidents and safeguardings to be shared with staff in order to ensure learnings are to be had	RN/CM		
4.37	Care plans not updated to reflect issues	Care files are to have documentation following incidents and or issues	RN/CM		
4.42	No competency assessments	All staff especially RGN staff to have competency assessments in place	RN/CM		
7.04	Infection control of hoist equipment	Ensure all hoists etc are cleanedbetween resident use and there is evidence of such	RN/CM		
7.09	No H&S meetings	Implement monthly H&S meetings that include HOD s which are minuted	RN/CM		
7.21	No file with all contract in	Ensure a file is maintained that has a record of all contracts surveys and certificates	RN/CM		
8.1	Staff did not understand REG 20 duty of candour	Ensure policy is displayed and all staff have this discussion during their supervisions.	RN/CM		
9.01	Reg 17 good Governance	New process being developed Ensure this is evidence and full and comprehensive documentation in relation to quality audits. Questioaires, meetings, staff competencies, meetings, Data protection, action plans etc	RN/CM		
10.03	Reg 18	Ensure all staff are provided with the necessary training, supervision, and development plans to perform the jobs	RN/CM		
11.05, 11.06, 11.07	Lack of a minimum requirement of supervisions	Ensure a minimum of sixindividual supervisions undertaken in a twelve month period. Ensure staff are encouraged to discus areas of concern. It is a two way process. Supervisions are not for disciplinary reasons. Ensure all staff receive an apprraisil post probationary period.	RN/CM		
11.11, 11.12	No staff surveys or Personal development plans	Develop, and implement			