



Summary Action Plan for Hollybank Intermediate Care Unit					
Overall Action identified within the QAIT	Specific action/s outcomes to be met	Success Measured by	Agreed & who accountable for action	Realistic timescales for completion and Trackable	Action satisfied Y/N
<p><b>Training (CQC Outcome 14)</b></p>	<p><b>Moderate Impact</b> The training matrix is showing a healthy compliance level with both mandatory and specialist agreed areas of training. Workforce Development working closely to meet units needs. Training matrix consolidated to clearly show mandatory training with frequency where priority will be given. Staff competencies developed to meet the services needs are supported with ongoing evaluation in both working practice and knowledge.</p> <p><u>WD up date</u> Work has continued in terms of developing the training matrix which now defines clear priorities in relation to mandatory, non mandatory, clinical and continued CPD. There is a healthy spread of development activity formulating across the service. Requirements in relation to refresher period has been applied to mandatory H&amp;S</p>	<p>People Moving People Training in place for all staff to remain in date on 3yr cycle. First Aid training in date for specific staff to ensure 24/7 cover, Food Safety in Catering awareness, Health &amp; Safety awareness, Report Writing and Mental Capacity Act awareness built into training plan.</p> <p><u>WD up-date</u></p> <p>Consultation underway to implement a strategy for measuring the impact on learning, how learning can be shared across the service, opportunities that arise to share learning and identifying appropriate mentors to contribute to quality measurers.</p> <p>Recently rolled out Person Centred Approach to Risk Assessment, co facilitated by Andrew Cattell also allocated as</p>	<p>Home Manager and Service Manager</p>	<p>Review progress monthly with all areas agreed by April 2014</p>	<p>On going</p>



	<p>training. Future work planned involves a plan to maintain development needs going forward, ensuring a phased approach is implemented and monitored. Filters will be applied to closely monitor staff activity by subject area and frequency.</p>	<p>mentor to support and monitor embedding outcome of training.</p> <p>A proportion of staff have been identified and booked onto and or have attended Safeguarding Awareness and Refresher training.</p>			
<p><b>Supervisions/Appraisals (CQC Outcome 14)</b></p>	<p><b>Moderate Impact</b> Appraisals commenced with a 6 month plan of dates communicated to staff noted. Supplementary supervision documentation shows that this is being managed by the appropriate officer with any areas raised as requiring further input supported by the service. Supervision record matrix to include welfare visits to evidence continued staff support where identified.</p> <p><u>WD up-date</u> Monthly reporting to WD team on frequency of supervision and appraisal. Team development session comprising of SRO and Deputy Manager went ahead 26<sup>th</sup> February.</p>	<p>Supervisions policy adhered to.</p> <p>Appraisals within a schedule of management shared with staff to be arranged Matrix cross matched with evidence noted in staff files.</p> <p><u>WD up-date</u> Monthly reporting and audits taking place, quantitative and qualitative measures will continue until April 2014.</p>	<p>4 x Senior Officers, Deputy Manager &amp; Home Manager</p>	<p>Supervision compliant for all staff 24<sup>th</sup> Feb 2014.</p> <p>Review progress monthly to ensure progression and support.</p>	<p>On going</p>
<p><b>Report writing (CQC Outcome 4)</b></p>	<p><b>Moderate Impact</b></p> <ul style="list-style-type: none"> <li>10% of the care profiles are randomly audited by</li> </ul>	<ul style="list-style-type: none"> <li>Care and treatment plans will be reviewed and training given to staff to ensure they</li> </ul>	<p>Home Manager &amp; Deputy Manager plus seniors</p>	<ul style="list-style-type: none"> <li>Review progress monthly with all areas of</li> </ul>	



Hollybanks manager using an agreed audit form. Feedback is given via supervision so they can be comprehensively completed in that all information is included to inform the pathway of reablement and care plans are written in a person centered way.

- Additionally the service users have not always received intervention from a relevant health care professional where this has been a demonstrated need identified in the risk assessments and care plan have been referred appropriately.

WD up-date  
Person Centred Approaches workshop under development. Focus group formed comprising of managers from across PS. Estimated roll out May 2014 aimed specifically at Bed Based and Community Integrated services. Emphasis placed upon person centred care, tools, culture and behaviours. Outcomes focused goals including aspirations, families, signposting, exit and ensuring consistent approaches.

involvement from families/carers, respect religious and cultural needs and ensure easy read versions are available. Care and support plans will be given to each client and explained in full. All care profiles will include all relevant information and the care plans will be written in a person centered manner following training. Ad-Hoc audit by the home and deputy manager using an agreed audit form will be managed on a regular basis. All will score in excess of 95%.

- For all clients to have documented evidence that the staff have requested intervention should their care plan or risk assessments identify a need for this. (i.e. if the MUST score demonstrates the need for a dietician then a referral should be made and the time/date and person to whom this referral is made should be clearly documented.) This will be identified on audit and by daily handover.

responsibility agreed by March 2014

- Review training progress for all staff monthly over a 12 month transition period
- As soon as a concern is identified and this will be checked during the audit process Any weight loss is subject to an action plan and this is included in the QA for that month.
- Quality outcomes will feed into MDT meeting



<p><b>Policies and Procedures (CQC Outcome 14)</b></p>	<p><b>Minor Impact</b> New folders have been put in place for all staff to read, review and evidenced via their signature plus date that they are working to them. The work is progressing well with discussion in staff supervision and unit monthly meetings</p>	<p>Signature sheet, staff meeting and supervision notes evidence that ownership of Hollybanks local policies are being managed and for each unit staff group are in progress</p>	<p>Home Manager Deputy Manager Team Leaders plus all staff</p>	<p>Transition over a 12 month period 2014</p>	
<p>Signature of Service Manager:</p>			<p>Signature of Registered Manager:</p>		
<p>Date 16<sup>th</sup> January 2014</p>			<p>Date 16<sup>th</sup> January 2014</p>		
<p>Implementation date: All 4 Actions Currently Active</p>			<p>Review date 31<sup>st</sup> January 14 (On-going review in line with the plans timescales)</p>		