

## Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

<b>Account number</b>	1-128592554
<b>Our reference</b>	INS2-6626200121
<b>Location name</b>	Green Lane

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 12 Safe care and treatment</b>
	<b>How the regulation was not being met:</b>
	<i>The provider failed to ensure all risks to people were assessed, managed and minimised.</i>

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

- As soon as the inspection had taken place, we asked another Registered Manager to support the manager at Green Lane with the needs improvement plan. They started working together in November.
- Together has reviewed & clarified admission procedures at Green Lane. The aim of this is to implement a system in which the referral process is more inclusive of the staff team and better follows the organisational protocols. That process will aim to give all parties the most relevant information possible to make the placement successful.
- All support plans and Risk Management Plans (RMPs) have been revisited and reviewed and where necessary, updated.
- We have a well-established risk management procedure across the organisation that works well and has been based upon good practice guidance and government publications. In order to strengthen this we refreshed our risk monitoring system in October 2019 across the organisation; to ensure issues are more effectively monitored. The make-up of that process is that senior, as well as local, management ensure that there are the most appropriate responses in holding risk. These Risk Panels happen monthly and involve Managers, Regional Managers and Heads of Operations looking at better ways of supporting people to manage, mitigate and remove risks that are presented. The data and learning is reviewed quarterly by our senior leadership team and themes shared with trustees.
- Each service must review their risks and referrals as a team and risk and actions from any audit must be agenda items on team meetings.

- Together's Quality Team has worked to facilitate a smoother transfer of information across services via the LUMIS data system when service users transfer between services by updating our guidance on the transfer of care information between services. LUMIS was introduced in 2017/18 and staff were trained in it by service when it was implemented. Refresher courses are offered bi-monthly at our national office. Unfortunately the average length of stay for the support staff at the service is 9 months so this has meant that some staff will need to be supported differently in embedding the system in the service. The staff team have a date already set with their Operational Manager in early February to look at evidencing, standards of recording and expectations of the organisation on our electronic recording systems LUMIS and Effective Software (incident recording) and how people can be assured that staff understand and will work with them according to their wishes and needs. Holding risk and positive risk taking will be revisited at this meeting.
- Our systems are ways of recording what we do but we need to ensure that staff are confident and assured in the support agreements as well as the system itself. We will of course refer to this report and the learning needed.

**Who is responsible for the action?**

**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?**

- We have been auditing electronically as the risk panels have changed since November 2019; and this will continue. A physical audit will take place before April 2020.
- The Regional Manager visits monthly and the Risk Panels also review all RMPs
- Project Managers are tasked to check their service's RMPs monthly and review support plans and recent changes in care and support needs alongside this

**Who is responsible?**

Manager, Regional Manager and Head of Operations

**What resources (if any) are needed to implement the change(s) and are these resources available?**

- The new systems were in place already so we have already committed to this work however as soon as the inspection took place we reallocated another local manager to support the manager in creating an action plan. This included reviewing the quantity and quality of information and support documentation available, reviewing the staffing establishment, supporting the manager to recruit and to ask for a stock condition survey on the building.
- We have approached local agencies for fixed term staff for the roles we have been unable to recruit to previously and used different agencies when we were previously unable to get reliable staff.
- We have advertised again on different platforms hopefully to get a better response

**Date actions will be completed:**

End of February 2020 re. the training session with staff- all other actions will be completed by end of January 2020

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

Much of the work is happening now or happened over Christmas and December so we hope the impact is positive

<b>Completed by:</b> (please print name(s) in full)	Sarah Thompson Turvey
<b>Position(s):</b>	Head of Operations (Nominated Individual)
<b>Date:</b>	24/01/2020

Regulated activity	Regulation
<b>Accommodation for persons who require nursing or personal care</b>	<b>Regulation 17 Good governance</b>
	<b>How the regulation was not being met:</b>
	<i>The providers systems and processes did not identify or improve the issues we found on inspection.</i>

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

- After receiving the final report, we have allocated an audit and review team to visit all of our CQC Regulated services to ensure that we have identified that reports from and any actions highlighted in any monthly visits by Operational Managers or quarterly visits by other Registered Managers are shared and actioned. These will now be shared consistently with our quality team alongside direct reports.
- The team is currently reviewing the audit schedule, process and templates. These will take place in the spring. All our other locations have been visited by CQC in 2018 and 2019 and have been rated as 'good' overall but it is important to us that we ensure consistency across our CQC regulated services.
- We have reviewed Team Meeting agendas to ensure that risks are covered as well as any actions arisen from audits or monthly visits from managers so that teams are aware of any issues or items.
- We have reviewed the rota and are centrally ensuring that services adhere to a roster template which indicates the difference of the cover; whether staff are agency or Together relief staff. We will also ensure that where the managers are based that week is included on the rota. We are aiming to use a central electronic system for rostering with it ready to be operational by the end of 2020/21.
- Our relief staff have targets for completion of their e-learning and classroom based learning and audits of this now can be completed on the new electronic staffing records (launched at the end of November 2019). Together have increased the external training budget held by the Registered Manager for Green Lane by 30% for the upcoming financial year.
- The Nominated Individual will meet quarterly with the Regional Managers to review actions over the past quarter in the monthly visits. These themes or trends will be added to the CQC paper sent quarterly to our Senior Leadership Team and also our Quality and Safety Trustee committee.
- Our regular CQC Managers meetings, when all our Registered Managers get together will include a review of trends and themes from their visits.
- In the monthly supervisions with the Regional Managers and the Heads of Operations, the actions from the monthly visits will be reviewed.
- A Stock Condition Survey has been completed on the Green Lane premises. The Cyclic Maintenance Programme has been adapted to ensure that redecoration is prioritised & completed in a timely manner.

<b>Who is responsible for the action?</b>	Registered Managers, Regional Managers and the Nominated Individual
<b>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?</b>	
<ul style="list-style-type: none"> <li>The Nominated Individual will write a CQC action plan for CQC regulated services based on the any audit actions we find and will share this with all Registered Managers and their teams.</li> </ul>	
<b>Who is responsible?</b>	Nominated Individual and Registered Managers
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
<ul style="list-style-type: none"> <li>None- these processes are in existence already but we will need to change the way we have oversight over them</li> </ul>	
<b>Date actions will be completed:</b>	Regional Managers and Nominated Individual

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
<ul style="list-style-type: none"> <li>We have committed our additional management resources already</li> </ul>

<b>Completed by:</b> (please print name(s) in full)	Sarah Thompson Turvey
<b>Position(s):</b>	Head of Operations (Nominated Individual)
<b>Date:</b>	24/01/2020

Regulated activity	Regulation
<b>Accommodation for persons who require nursing or personal care</b>	<b>Regulation 19</b> <b>Fit and proper persons employed</b>
	<b>How the regulation was not being met:</b>
	<i>The provider had not carried out robust systems when recruiting to ensure staff were suitable to work in the care setting.</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<ul style="list-style-type: none"> <li>• Together has invested in a new digital HR Management System to assist &amp; support the staff recruitment process. Our new electronic staffing system, iTrent, which was launched at the end of November 2019, allows us to ensure that all staffing information is up to date and stored in one central place. The recruitment module is being launched in February 2020. It will ensure that all parts of our recruitment process is completed and steps cannot progress unless core processes are completed.</li> <li>• Together are in the process of completely reviewing the mandatory training offering and will bring this into line with the latest SfC guidance for the new financial year for all our CQC regulated services.</li> <li>• Together will provide new online training in subjects such as Mental Health Awareness, Complex Needs and Self-Harm amongst others. These will act as introductory sessions &amp; will be followed up with further face to face training.</li> <li>• Diploma L3 training will be mandatory for all staff at Green Lane.</li> <li>• Together is reviewing the provision of non-mandatory training to ensure that staff have the opportunity to enhance their skills.</li> <li>• Together have increased the External training budget for the Green Lane Accommodation Service by 30% for the upcoming financial year.</li> <li>• In addition, from April Together's training calendar will be published for the whole year. This will aid staff &amp; Project Managers in planning staff attendance.</li> <li>• Together are enhancing the medication training that is provided. At Green Lane this will now be mandatory for all residential staff and completion of the NCFE/CACHE Level 2 Certificate in 'Understanding the Safe Handling of Medication in Health and Social Care' will be required.</li> </ul>	
<b>Who is responsible for the action?</b>	Registered Manager, Regional Manager and Nominated Individual
<b>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?</b>	
<ul style="list-style-type: none"> <li>• Monthly checks form now shared with quality</li> <li>• Audits in Spring 2020</li> <li>• Training on face to face compliance will be able to be viewed on iTrent from March</li> </ul>	

2020. This will allow Regional Managers to have oversight and take appropriate action	
<b>Who is responsible?</b>	Registered Managers & Regional Managers
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
<ul style="list-style-type: none"> <li>Additional business case has been presented to the Senior Leadership Team already for additional training</li> </ul>	
<b>Date actions will be completed:</b>	April 2020 (training schedule in place)

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
<ul style="list-style-type: none"> <li>We have had additional training already since the inspection on breakaway techniques, and staff are attending scheduled training in February and March on complex needs, self-harm and suicide awareness and managing challenging behaviour</li> </ul>

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<b>Position(s):</b>	Head of Operations (Nominated Individual)
<b>Date:</b>	24/01/2020