

## CQC ACTION PLAN

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**Date:** Monday, 17 October 2022

## Pelham House CQC Action Plan

### SECTION 1

#### Background

This is an action plan in view of the most recent CQC inspection on Pelham House, 11 August 2022.

The service was inspected at a time of transition with the previous management team not supporting a meaningful handover process. The reasons for this are unknown as there were no grievances or concerns at the time and it left the service in a vulnerable position, diminishing the good work that had been achieved at the turn of the year. It is reasonable to say that the good work was not sustained as tasks such as supervisions, updates to fire documentation and medication ordering were either not up to date or in disarray by July 2022. These had started to be recorded, suggesting some oversights of the service, and weekly management meetings were beginning to expose a lower sense of drive and commitment. By the start of August 2022, the Team Leader, Deputy Manager and Manager had left the service for different reasons and Pelham House started receiving a high volume of whistle blowing concerns from the CQC such as staffing difficulties and fire safety.

The above points could have been some mitigation for the organisation during the inspection and it is unfortunate this was not the case. Pelham House is also an organisation that experienced tremendous loss and trauma during the covid outbreak of 2020 and the recovery from that period is still ongoing considering the widespread and profound business impact.

A key learning point is ensuring that systems and processes are not dependent on individuals and the organisation keeps a tight grip of its intellectual property. Allowing Managers to save information in a manner they can only access is no longer acceptable and data governance is being reviewed and strengthened. The recruitment of high caliber staff, people who are solely committed to the care of the elderly and share the values of the organisation i.e. respect, team work and honest communication will be a priority and international recruitment has begun as a new and positive initiative.

All of the points of concern raised below have been clearly considered. They represent issues that have never been raised in the past considering the general environment and client base have not changed. Hence, some of the issues were unexpected

## Pelham House CQC Action Plan

Table 1 – Response to concerns

Item	Concern	Steps Taken (Associated evidence will be sent via email)	Lead	Deadline Date	Completion Date	Comment
1	<b>A lack of systems in place to manage ordering of medicines and medicines stock.</b>	<ol style="list-style-type: none"> <li>Written procedure to be shared with Managers and Senior Carers</li> <li>Weekly medication stock audit</li> </ol>	<ol style="list-style-type: none"> <li>Karen White</li> <li>Karen White</li> </ol>	<ul style="list-style-type: none"> <li>30<sup>th</sup> Aug 22</li> <li>15<sup>th</sup> Sept 22</li> </ul>	<ul style="list-style-type: none"> <li>25<sup>th</sup> Aug 22</li> <li>22<sup>nd</sup> Sept 22</li> </ul>	Completed
2	<b>There was no PRN protocol in place for people</b>	<ol style="list-style-type: none"> <li>Ensure PRN protocols in place where necessary</li> </ol>	<ol style="list-style-type: none"> <li>Karen White</li> </ol>	<ul style="list-style-type: none"> <li>30<sup>th</sup> Aug 22</li> </ul>	<ul style="list-style-type: none"> <li>25<sup>th</sup> Aug 22</li> </ul>	Completed
3	<b>Medicines not stored safely – medicine stored at 26 degrees</b>	<ol style="list-style-type: none"> <li>Devise medication temperature form</li> <li>Ensure completed by Manager each day</li> </ol>	<ol style="list-style-type: none"> <li>Charlie Lowe</li> <li>Duty Manager</li> </ol>	<ul style="list-style-type: none"> <li>30<sup>th</sup> Aug 22</li> <li>30<sup>th</sup> Aug 22</li> </ul>	<ul style="list-style-type: none"> <li>25<sup>th</sup> Aug 22</li> <li>25<sup>th</sup> Aug 22</li> </ul>	Completed
4	<b>There were gaps in the MAR chart – could not be assured that people got medicine</b>	<ol style="list-style-type: none"> <li>Staff to complete incident forms when identifying gaps</li> <li>Daily MAR chart audit supported by rota to cover weekends</li> <li>Action to be taken against human error</li> <li>Medication stock audit will be used to confirm administration</li> </ol>	<ol style="list-style-type: none"> <li>All staff</li> <li>Karen White</li> <li>Karen White</li> <li>Karen White</li> </ol>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>15<sup>th</sup> Sept 22</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>15<sup>th</sup> Sept 22</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	Completed
5	<b>Medicines competency assessments – not signed by qualified person</b>	<ol style="list-style-type: none"> <li>Medication trainer the trainer completed for three members of staff who will oversee competency assessments with support from Managers, Team Leaders, Head of Care and these people are able to sign off</li> </ol>	<ol style="list-style-type: none"> <li>Karen White, Matt Hopkins, Roger Waluube, Jayne Chadwick, Kim Robertson</li> </ol>	<ul style="list-style-type: none"> <li>20<sup>th</sup> July 22</li> </ul>	<ul style="list-style-type: none"> <li>20<sup>th</sup> July 22</li> </ul>	Completed

## Pelham House CQC Action Plan

Item	Concern	Steps Taken (Associated evidence will be sent via email)	Lead	Deadline Date	Completion Date	Comment
		assessments on revised template				
6	<b>Family member said 'I don't think our loved one is safe here'.</b>	11. All family members will be contacted at least once a month 12. Family members will be encouraged to raise their concerns with any of the Managers so steps can be taken to support their expectations 13. Friends and family meetings will take place monthly 14. Friends and family survey to be completed	11. Jayne Chadwick 12. Jayne Chadwick, Karen White 13. Jayne Chadwick 14. Charlie Lowe	<ul style="list-style-type: none"> <li>7<sup>th</sup> Oct 22</li> <li>Ongoing</li> <li>14<sup>th</sup> Oct 22</li> <li>30<sup>th</sup> Oct 22</li> </ul>	<ul style="list-style-type: none"> <li>4<sup>th</sup> Oct 22</li> <li>Ongoing</li> <li>14<sup>th</sup> Oct 22</li> <li>TBC</li> </ul>	Survey is due to be sent out. No complaints have been raised with the service, particularly around safety. This will be monitored and responded to should it arise.
7	<b>Risks had not been consistently assessed, monitored and reviewed.</b>	15. Risks to be logged on risk register 16. Risks to be reviewed by Compliance Officer / Manager on a regular basis	15. Charlie Lowe 16. Charlie Lowe, Jayne Chadwick	<ul style="list-style-type: none"> <li>30<sup>th</sup> Aug 22</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>26<sup>th</sup> Aug 222</li> <li>Ongoing</li> </ul>	Completed
8	<b>Falls – not considered seeking medical advice or moving.</b>	17. Falls will be recorded on accident form 18. Falls will be analysed on a regular basis to establish trends 19. Residents will be risk assessed for falls 20. Falls policy will be reviewed, shared and followed in light of analysis	17. All staff 18. Charlie Lowe 19. Jayne Chadwick, Karen White 20. All staff	<ul style="list-style-type: none"> <li>30<sup>th</sup> Aug 22</li> <li>Ongoing</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>30<sup>th</sup> Aug 22</li> <li>Ongoing</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	Completed.
9	<b>People with Dementia not always protected from risk -</b>	21. Risk assessment will be completed	21. Jayne Chadwick 22. Jayne Chadwick	<ul style="list-style-type: none"> <li>15<sup>th</sup> Aug 22</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>15<sup>th</sup> Aug 22</li> <li>Ongoing</li> </ul>	Completed.

## Pelham House CQC Action Plan

Item	Concern	Steps Taken (Associated evidence will be sent via email)	Lead	Deadline Date	Completion Date	Comment
	<b>laundry, kitchen and sluice room not always locked.</b>	22. Residents' behaviour and conduct around these areas will be audited and individual risk assessment completed 23. Laundry, Kitchen, and Sluice will be locked when not in use 24. Cleaning products will be locked away and risk assessed	23. All staff 24. Cleaning staff	<ul style="list-style-type: none"> <li>● Ongoing</li> <li>● Ongoing</li> <li>● 11<sup>th</sup> Aug 22</li> </ul>	<ul style="list-style-type: none"> <li>● Ongoing</li> <li>● Ongoing</li> <li>● 11<sup>th</sup> Aug 22</li> </ul>	In 44 years, there has never been an incident of this nature and in view of current clients, it is considered unlikely. This has not been an issue in previous inspections and is considered a low risk.
<b>10</b>	<b>People with Dementia not always protected from risk - laundry, kitchen and sluice room hot water not temperature controlled</b>	25. Risk assessment will be completed 26. Residents' behaviour and conduct around these areas will be audited and individual risk assessment completed 27. Advice will be taken on suitability of temperature controls in these areas 28. Laundry, Kitchen, and Sluice will be locked when not in use	25. Jayne Chadwick 26. Jayne Chadwick 27. Matt Hopkins 28. All Staff	<ul style="list-style-type: none"> <li>● 15th Aug 22</li> <li>● Ongoing</li> <li>● 30th Sept 22</li> <li>● Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>● 15th Aug 22</li> <li>● Ongoing</li> <li>● 20th Sept 22</li> <li>● Ongoing</li> </ul>	Completed. In 44 years, there has never been an incident of this nature and in view of current clients, it is considered unlikely. This has not been an issue in previous inspections and is considered a low risk.
<b>11</b>	<b>Not wearing face masks in line with Government guidance – no risk assessment</b>	29. Government guidance will be reviewed alongside our professionally commissioned policy and procedures from Croner-i 30. Risk assessment will be completed	29. Karen White 30. Karen White	<ul style="list-style-type: none"> <li>● 12<sup>th</sup> Aug 22</li> <li>● 12<sup>th</sup> Aug 22</li> </ul>	<ul style="list-style-type: none"> <li>● 12th Aug 22</li> <li>● 12th Aug 22</li> </ul>	Completed. Lateral flow tests were conducted daily prior this inspection as a means of sound protection. Masks are currently worn, unlike

## Pelham House CQC Action Plan

Item	Concern	Steps Taken (Associated evidence will be sent via email)	Lead	Deadline Date	Completion Date	Comment
						other care homes, GPs and Hospitals.
12	Staff did not dispose of PPE in clinical waste bags.	31. Staff will be reminded of the correct method of PPE disposal 32. Managers will monitor disposal of PPE and supply necessary additional bins	31. Jayne Chadwick 32. Jayne Chadwick, Karen White, Kim Robertson	<ul style="list-style-type: none"> <li>15<sup>th</sup> Aug 22</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>15<sup>th</sup> Aug 22</li> <li>Ongoing</li> </ul>	Completed.
13	The service was not clean – walls scuffed and stains on surfaces and carpets.	33. Recruitment of cook to allow cleaners to return to domestic work 34. Cleaners will be reminded of cleaning schedule and deep cleaner 35. Environmental risk assessment will identify areas for decoration each month 36. Maintenance will plan for decorations	33. Jayne Chadwick 34. Jayne Chadwick 35. Matt Hopkins 36. Matt Hopkins	<ul style="list-style-type: none"> <li>27<sup>th</sup> Aug 22</li> <li>15<sup>th</sup> Aug 22</li> <li>Monthly</li> <li>15<sup>th</sup> Oct 22</li> </ul>	<ul style="list-style-type: none"> <li>27<sup>th</sup> Aug 22</li> <li>15<sup>th</sup> Aug 22</li> <li>Monthly</li> <li>15<sup>th</sup> Oct 22</li> </ul>	Completed. Head Cook needed time off and previous management did not successfully recruit additional person. The service now has two cooks.
14	The service was not clean – Inspectors did not observe touch point cleaning	37. Additional cleaners will be employed 38. Cleaning schedule will be redeployed 39. Cleaning schedule will be audited 40. Daily walk arounds will be conducted 41. Touch point cleaning will be taken off cleaning schedule and a new form developed	37. Jayne Chadwick 38. Jayne Chadwick 39. Chris Lowe 40. Jayne Chadwick, Karen White 41. Charlie Lowe	<ul style="list-style-type: none"> <li>27<sup>th</sup> Sept 22</li> <li>15<sup>th</sup> Aug 22</li> <li>Monthly</li> <li>Ongoing</li> <li>5<sup>th</sup> Oct 22</li> </ul>	<ul style="list-style-type: none"> <li>27<sup>th</sup> Sept 22</li> <li>15<sup>th</sup> Aug 22</li> <li>Ongoing</li> <li>Ongoing</li> <li>5<sup>th</sup> Oct 22</li> </ul>	Completed. Cleaners have been recruited and redeployed to their core duties, which includes cleaning of touch points.

## Pelham House CQC Action Plan

Item	Concern	Steps Taken (Associated evidence will be sent via email)	Lead	Deadline Date	Completion Date	Comment
15	<b>Problem with a boiler had not been working since 22 July 2022. One ground floor communal toilet no hot water, a second ground floor toilet no hot water, no soap, no hand towels.</b>	42. Boiler will be fixed 43. Risk assessment will be completed for all boilers 44. Cleaners will check hand towels and soap in toilet areas	42. Matt Hopkins 43. Matt Hopkins 44. Jayne Chadwick, Kim Robertson	<ul style="list-style-type: none"> <li>18<sup>th</sup> Aug 22</li> <li>30<sup>th</sup> Aug 22</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>18<sup>th</sup> Aug 22</li> <li>30<sup>th</sup> Aug 22</li> <li>Ongoing</li> </ul>	Completed.
16	<b>References had not always been obtained prior to new staff working</b>	45. Risk assessment will be completed 46. 4 references will be requested from now on 47. Staff will not commence working until 2 references are received and agency staff will be used if necessary	45. Jayne Chadwick 46. Jayne Chadwick 47. Jayne Chadwick	<ul style="list-style-type: none"> <li>12<sup>th</sup> Aug 22</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>12<sup>th</sup> Aug 22</li> <li>Ongoing</li> <li>Ongoing</li> </ul>	Completed. Staff files are up to date. Acute service pressures resulted in staff working with only one reference, whilst the other was being chased. No staff work without an updated police check.
17	<b>Two application forms had employment gaps</b>	48. Application forms will be checked by Manager 49. Staff file audit will be devised and will cover employment gaps, completed by Compliance Officer	48. Jayne Chadwick 49. Charlie Lowe	<ul style="list-style-type: none"> <li>Ongoing</li> <li>20<sup>th</sup> Sept 22</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>20<sup>th</sup> Sept 22</li> </ul>	Completed.
18	<b>Staff working without an induction and training</b>	50. All staff inductions will be completed 51. Staff inductions will be completed in line with given timeframes against each area of review	50. Jayne Chadwick 51. Jayne Chadwick	20 <sup>th</sup> Aug 22 Ongoing	20 <sup>th</sup> Aug 22 Ongoing	Completed. Staff files are now up to date. Staff inductions have often been done in sections during probation period. This

## Pelham House CQC Action Plan

Item	Concern	Steps Taken (Associated evidence will be sent via email)	Lead	Deadline Date	Completion Date	Comment
						approach will be revised.
19	<b>Staff not aware of how to use electronic care system</b>	52. Training will be planned for Caredocs 53. All staff will be given manuals 54. Caredocs training will be part of staff induction audit	52. Matt Hopkins 53. Matt Hopkins 54. Jayne Chadwick	<ul style="list-style-type: none"> <li>● 23<sup>rd</sup> Aug 22</li> <li>● 23<sup>rd</sup> Aug 22</li> <li>● Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>● 23<sup>rd</sup> Aug 22</li> <li>● 23<sup>rd</sup> Aug 22</li> <li>● Ongoing</li> </ul>	Completed. External trainer came on site to update new staff.
20	<b>Staff did not consistently have regular supervisions</b>	55. Risk assessment will be completed 56. All staff discussions will be documented 57. Supervisions will be planned for every 4 – 8 weeks 58. Audits will be completed to review supervision completion 59. Appraisals will be completed for all staff	55. Jayne Chadwick 56. Managers 57. Jayne Chadwick 58. Charlie Lowe 59. Karen White	<ul style="list-style-type: none"> <li>● 12<sup>th</sup> Aug 22</li> <li>● Ongoing</li> <li>● Ongoing</li> <li>● Monthly</li> <li>● 30<sup>th</sup> Nov 22</li> </ul>	<ul style="list-style-type: none"> <li>● 12<sup>th</sup> Aug 22</li> <li>● Ongoing</li> <li>● Ongoing</li> <li>● Monthly</li> <li>● TBC</li> </ul>	Completed. All supervisions are now completed. This was a legacy task from previous management team as was documented by the Owner in Aug 2022.
21	<b>Staff had not completed basic training – mental capacity, data protection, equality and diversity and additional training such as catheter care and dementia care not completed.</b>	60. Staff mandatory training will be completed before they start work 61. Additional basic training will be planned against specific timeframes 62. Risk assessment to be completed where training concerns evolve 63. Training Matrix will be audited once a month	60. Jayne Chadwick 61. Jayne Chadwick 62. Charlie Lowe 63. Jayne Chadwick	<ul style="list-style-type: none"> <li>● Ongoing</li> <li>● Ongoing</li> <li>● Ongoing</li> <li>● Monthly</li> </ul>	<ul style="list-style-type: none"> <li>● Ongoing</li> <li>● Ongoing</li> <li>● Ongoing</li> <li>● Monthly</li> </ul>	Completed. At the time of the inspection, most of the staff had recently started and were working through their training courses. The service has a clear record of what is mandatory training and supplementary training and will work to this



## Pelham House CQC Action Plan

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						schedule. Mental capacity, for example, is not considered mandatory training for all staff. All care staff are encouraged to complete the care certificate or higher-level training.
22	<b>Not all staff had up to date safeguarding training completed – neither the manager nor the nominated individual.</b>	<p>64. Staff mandatory training will be completed before they start work</p> <p>65. All other staff will complete refresher training in line with organisational policy</p> <p>66. Manager and Nominated Individual will complete safeguarding training</p>	<p>64. Jayne Chadwick</p> <p>65. Jayne Chadwick</p> <p>66. Jayne Chadwick, Roger Waluube</p>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing</li> <li>• 30<sup>th</sup> Oct 22</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Ongoing</li> <li>• 30th Oct 22</li> </ul>	Completed.
23	<b>There was a lack of oversight of the service. The nominated individual failed to sustain improvements.</b>	<p>67. Weekly management meetings</p> <p>68. Compliance Officer will be employed</p> <p>69. Risk assessment to be completed for information storage and compliance of management tasks</p> <p>70. Monthly performance review meetings with Managers</p>	<p>67. Jayne Chadwick</p> <p>68. Roger Waluube</p> <p>69. Charlie Lowe</p> <p>70. Roger Waluube</p>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• 30th Aug 22</li> <li>• 30<sup>th</sup> Aug 22</li> <li>• Monthly</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing</li> <li>• 30th Aug 22</li> <li>• 30th Aug 22</li> <li>• Monthly</li> </ul>	Completed. The service was handicapped by the inability of the previous management team to handover information and guidance before they left. All efforts were made to enable this. The service then

## Pelham House CQC Action Plan

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						suffered from a number of suspicious events i.e. files and folders going missing which were reported to the police. A new management team has come into place that will focus on improvement and development in the interest of the residents first and foremost.
24	<b>File for daily walk around check – last completed 4<sup>th</sup> July 2022.</b>	71. Staff will be encouraged to report any concerns and complete incident forms 72. Daily walk arounds to commence and incident forms completed to log concerns	71. Jayne Chadwick 72. Jayne Chadwick, Karen White, Matt Hopkins	<ul style="list-style-type: none"> <li>● Ongoing</li> <li>● Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>● Ongoing</li> <li>● Ongoing</li> </ul>	Completed.
25	<b>Medicines audits not robust</b>	73. Medication audit templates to be reviewed and strengthened 74. Medication meetings will take place monthly 75. Additional admin support will be provided	73. Karen White 74. Karen White 75. Roger Waluube	<ul style="list-style-type: none"> <li>● 30<sup>th</sup> Aug 22</li> <li>● Monthly</li> <li>● 30<sup>th</sup> Sept 22</li> </ul>	<ul style="list-style-type: none"> <li>● 30<sup>th</sup> Aug 22</li> <li>● Monthly</li> <li>● 30<sup>th</sup> Sept 22</li> </ul>	Completed. Karen White has connected with other providers to find best practice and implement this.
26	<b>Not had a registered manager since September 2021.</b>	76. Current Registered Manager will apply for registration	76. Jayne Chadwick, Roger Waluube	<ul style="list-style-type: none"> <li>● 20<sup>th</sup> Dec 22</li> </ul>	<ul style="list-style-type: none"> <li>● TBC</li> </ul>	The service has not had an officially registered manager since January 2022 when Roger Waluube stepped

## Pelham House CQC Action Plan

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						down. A Manager, Sharon Geary, was appointed in August 2021 and began an application. Since she left, an application has been made by Jayne Chadwick to take over this position.
27	<b>No evidence people were involved in the day to day running of the service.</b>	77. Resident's meetings will take place every 4 – 6 weeks 78. Evidence will be kept of activities and involvement in the service	77. Jayne Chadwick 78. Rachel West, Care Staff	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> Oct 22</li> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• 3<sup>rd</sup> Oct 22</li> <li>• Ongoing</li> </ul>	Completed. Residents regularly help in the kitchen, garden, and communal areas of the Home. Residents' meetings will be held to gauge their views and ideas. We have an outstanding Activities Coordinator who works closely with the residents and family members.
28	<b>A relative commented 'I don't feel well informed about what is goes on here ...'</b>	79. All family members will be contacted at least once a month 80. Family members will be encouraged to raise their concerns with any of the	79. Jayne Chadwick 80. Jayne Chadwick 81. Jayne Chadwick 82. Charlie Lowe 83. Jayne Chadwick 84. Jayne Chadwick	<ul style="list-style-type: none"> <li>• Monthly</li> <li>• Ongoing</li> <li>• 14<sup>th</sup> Oct 22</li> <li>• 30<sup>th</sup> Oct 22</li> <li>• Monthly</li> <li>• 6<sup>th</sup> Oct 22</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly</li> <li>• Ongoing</li> <li>• 14<sup>th</sup> Oct 22</li> <li>• 30<sup>th</sup> Oct 22</li> <li>• Monthly</li> <li>• 6<sup>th</sup> Oct 22</li> </ul>	Completed. On 14 <sup>th</sup> Oct 2022, a Friends and Family meeting was held and feedback about communication was

## Pelham House CQC Action Plan

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		<p>managers so steps can be taken to support their expectations</p> <p>81. Friends and family meetings will take place monthly</p> <p>82. Friends and family survey to be completed once a month</p> <p>83. Newsletter will continue to be developed and distributed via email</p> <p>84. Friends and family WhatsApp group will be considered</p>				positive. Staff regularly talk to friends and family about care and services and this will be encouraged to continue. More communication could have taken place around the recent management changes and this is due in a Newsletter.
29	<b>Systems and processes to obtain feedback from people, relatives and staff had not been followed.</b>	<p>85. Friends and family survey to be completed once a month with evidence of notes and actions</p> <p>86. Staff meetings will commence every 6 – 8 weeks with evidence of notes and actions</p>	<p>85. Charlie Lowe</p> <p>86. Jayne Chadwick</p>	<ul style="list-style-type: none"> <li>• 30<sup>th</sup> Oct 22</li> <li>• 30<sup>th</sup> Sept 22</li> </ul>	<ul style="list-style-type: none"> <li>• TBC</li> <li>• 20<sup>th</sup> Sept 22</li> </ul>	Completed. Friends and family meetings and staff meetings have taken place over the last few weeks.
30	<b>Staff meetings have not been regularly held.</b>	<p>87. Staff meetings will commence every 6 – 8 weeks</p>	87. Jayne Chadwick	<ul style="list-style-type: none"> <li>• 30<sup>th</sup> Sept 22</li> </ul>	<ul style="list-style-type: none"> <li>• 20<sup>th</sup> Sept 22</li> </ul>	Completed. Staff meetings have taken place over the last 6 months, but record keeping has been poor. This will be improved with a focus on key action points. The new members of staff have brought energy and drive to

## Pelham House CQC Action Plan

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						support the Home move forwards.

## Pelham House CQC Action Plan

### SECTION 4

#### Service Update

Date: 10th Oct 2022

The management team meets weekly to discuss service progress and development. A three-hour session was held on 10<sup>th</sup> and 17th October 2022 to review developments against this action plan. The management team feel confident about the tasks that need to be addressed and the above update shows good progress. The CQC report emphasised risks that may lead to 'harm' and it is worth noting that no harm has come to any of our residents because of systems and processes being un-sustained. The management team feel disappointed by the 'inadequate' rating in view of the items that need to be addressed, as many have been straight forward to resolve. The CQC's press release on 5<sup>th</sup> Oct 2022 and the subsequent news reports left both residents and staff in tears and propagated more negative imagery of a sector on its knees (see: <http://www.health.org.uk/news-and-comment/news/skills-for-care-report-shows-sector-is-on-its-knees>). It is not clear why this was necessary, and the management team will endeavor to work positively with the CQC and other stakeholders in unprecedented times.