

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.**

Account number	1-119188008
Our reference	INS2-10251071981
Location name	Shining Star

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 Safe care and treatment
	How the regulation was not being met:
	<i>Medicines were not being managed safely. Infection control measures required improvement. Systems in place to monitor food stuff required improvement.</i>

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

The breach of regulation 12 was issued in relation to:

Medication:

- *one person's medicine file contained documentation that had not been reviewed and was out of date including one policy dating back to 2011 and one document providing instruction how to support the person with their medicine overdue for review dating back to February 2019*
- *A record of medicine being administered had been written in hand on the back of a MAR (Medicine Administration Record) sheet when the team had run out of space on the front of the sheet*

Since the inspection, all medication files have been reviewed in full and out of date information has been removed.

The interim Manager, and the Registered Manager on her return, has reinstated the monthly organisationally agreed medication audits. The completion of these will be reviewed at monthly accountability sessions with the Area Operations Manager.

A member of Mencap's quality team held an additional recording and reporting session on 8 March 2021 with the support team to support their understanding of the use of medication administration records (MAR). This is recorded in the team meeting file. We will ensure that all the team have attended this session. We will also continue with our annual medication training updates for the team.

The area manager will ensure that the MAR sheets are checked monthly as part of her monitoring visits.

Infection prevention and control:

- *There were no signs in any bathrooms with regard to infection control, other than small wash your hands signs that predated the current pandemic. There were no signs in bathrooms how to don or doff (put on or take off) Requires Improvement 8 Shining Star Inspection report 29 March 2021 Personal Protective Equipment (PPE) nor where to dispose of it.*

There is now infection control signage in the bathrooms to advise our colleagues how to safely don, doff, and dispose of PPE before and after supporting people with personal care.

The signage and the practice of the team will be monitored by the Area Operations Manager during monitoring visits to the service.

Food

- *Not all food stuff in the fridge was labelled. Some food in the fridge appeared to be out of date but could have been recently defrosted.*

Since the inspection, we have worked with the team to ensure food is not unlabelled in the fridge.

We have confirmed with the team the need to regularly check the fridge and freezer for out of date or unlabelled food. Fridge checks have been added to both shifts plans and the waking night shift plan.

The interim Manager and Area Operation Manager will spot check the fridge and freezer when they visit the service. The manager's spot checks are recorded on the shift plan. Once there is evidence that good food hygiene practices have been sustained, the team will take over the responsibility of ensuring items are labelled in the fridge and freezer.

We have also ensured that there is an adequate supply of food labels within the service.

We have a training session on food hygiene booked for the next team meeting on Monday 26 April 2021, which is compulsory for all colleagues; this will have a specific focus on the importance of labelling food items. Following this, the registered manager will complete an observation of each of the team to ensure competency.

Who is responsible for the action?

Area Operations Manager

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?

Improvements in this area will be sustained by an improvement in the governance of the service.

We have re-established organisationally agreed monthly audits for the Service Manager. The completion of these audits and the results will be sampled and discussed at monthly accountability meetings with the Area Operations Manager.

In turn, the Regional Operations Manager will use our internal accountability process to complete quarterly reviews of all monitoring that has been conducted at Shining Star by the Area Operations Manager.

Who is responsible?

Regional Operations Manager

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

To embed the actions and processes above, the team will require support from our internal Quality team and our Learning and Development team.

Date actions will be completed:

24 July 2021

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

We have put into place immediate actions to remedy the breaches of regulation 12. The date of 24 July 2021 ensures our improved governance arrangements will be embedded within the monitoring of the service.

Completed by:

(please print name(s) in full)

[Redacted]

Position(s):

Compliance manager

Date:

23 April 2021

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 Safeguarding service users from abuse and improper treatment
	How the regulation was not being met:
	<i>People's DOLS had not been applied for and therefore people were being deprived of their liberty without lawful authority.</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p><i>The breach of regulation 13 was issued because people at the service were required to have DoLS in place to keep them safe but DoLS documentation was out of date. This included no applications being made for people who required them and therefore no authorisations having been made nor CQC being notified.</i></p> <p>Since the inspection, the interim Manager has submitted DoLS applications for everyone who requires them at Shining Star. We are depriving three people of their liberty at Shining Star and applications to the relevant supervisory bodies were made on 08/02/21 and 11/02/21. The Manager will notify CQC of any outcomes, once received.</p> <p>To ensure applications are tracked and completed appropriately, the registered manager will implement a DoLS tracking process. This has enabled us to monitor the:</p> <ul style="list-style-type: none"> • Date of when the application was made • Date of the outcome • Date when the outcome is notified to CQC • Conditions attached to the authorisation <p>This tracking process also ensures that people's support plans are updated to reflect any conditions made from their most recent authorisation.</p> <p>Since the inspection, Shining Star has transitioned to using our online system for record keeping. This online system alerts all team members to changes in support plans.</p> <p>A workshop on DoLS will be held with the area operations manager, service manager and the support team tailored specifically around the support plans of the people we support in the service.</p>	
Who is responsible for the action?	Area Operations Manager
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?	
<p>During the Area Operation Manager's visits to the service, they will ensure the DoLS tracking process is updated regularly. The Area Operations Manager will continue to sample people's support plans to ensure they contain the most updated information. This will be recorded on our Manager's Assurance Tool and reported to the Regional Operations Manager.</p> <p>The Regional Operations Manager will include the tracking process in the quarterly review of quality monitoring at Shining Star. DoLS are also reported within the Regional Operation Manager's</p>	

accountability process.

On the Registered Manager's return, the Compliance Team will support the Area Operations Manager to review the manager's knowledge and awareness of DoLS and her regulatory responsibilities. A DoLS workshop will be held with the area operations manager, registered manager, and support team, tailored specifically around the support plans of the people we support in the service.

The Registered Manager and Area Operations Manager are also responsible for ensuring people have decision specific mental capacity assessments and best interest decisions in place.

Who is responsible?

Area Operations Manager

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

To embed the actions and processes above, the team will require support from our internal Quality team, compliance team and our Learning and Development team.

Date actions will be completed:

24 July 2021

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

As we have noted, we have submitted DoLS applications for people who require them at Shining Star. The date of 24th July allows time for our improved governance arrangement to be embedded within the monitoring of the service.

Completed by:

(please print name(s) in full)

[Redacted]

Position(s):

Compliance Manager

Date:

23 April 2021

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 Good governance
	How the regulation was not being met:
	<i>Documentation and files at the service were out of date or overdue for review. Audits had not picked up on concerns we found with infection control or medicines. The provider had failed to maintain accurate records in relation to the management of regulated activity.</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>Since the inspection, we have reviewed our governance arrangements at Shining Star.</p> <p>We have reinstated monthly audits for the interim Manager which include:</p> <ul style="list-style-type: none"> • Medication • Deprivation of Liberty records and practice • Fridge and Freezer checks <p>These audits will be sampled and discussed at monthly accountability meetings with the Area Operations Manager, who will check the completion of:</p> <ul style="list-style-type: none"> • Medication administration records monthly • Deprivation of Liberty records and sample practice monthly • Fridge and Freezer checks <p>The Managers of the service will make full use of our existing quality monitoring tools, including the manager's assurance tool and the continuous improvement plan. This will be reviewed monthly as agreed by the Area Operations Manager.</p> <p>The Registered Manager has returned to Shining Star on a permanent basis April 19th 2021. The Registered Manager will complete a 2-week transition with the interim manager and will be supported by fortnightly meetings with the Area Operations Manager until at least July 2021.</p> <p>In turn, the Regional Operations Manager will conduct a quarterly review of all monitoring that has been conducted at Shining Star by the Area Operations Manager.</p> <p>The Regional Operations Manager has commissioned an annual peer review of Shining Star. This is a full review of the service undertaken by an Area Operations Manager independent to the service's regular reporting structure and will be completed by the end of August 2021.</p>	
Who is responsible for the action?	Regional Operations Manager
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?	

The interim and Registered Manager will complete monthly audit checks, including:

- Medication
- Deprivation of Liberty records and practice
- Fridge and Freezer checks

Any feedback and actions will be recorded onto the Managers Assurance Tool and the service's Continuous Improvement Plan.

The Area Operations Manager will continue to make unannounced visits to Shining Star and will work through a programme of sampling and auditing agreed with the Regional Operations Manager quarterly. Any areas that are required to improve will be added onto the Managers Assurance Tool and discussed during the monthly accountability meetings with the Registered Manager.

The Area Operations Manager will report and evidence the effectiveness of the implemented measures in their quarterly accountability meetings with the Regional Operations Manager.

We have an internal peer review process which assesses the effectiveness and quality of the implemented measures and systems in the service. This is completed by an Area Operations Manager who is independent to the service. Any actions identified through this process are added on to the continuous improvement plan within our Managers Assurance Tool and are monitored through the accountability meetings. We will ensure that a peer review is completed for Shining Star by the end of August 2021.

Who is responsible?

Regional Operations Manager

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

No extra resources are needed to implement these changes.

Date actions will be completed:

24 September 2021

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

We have put into place immediate actions to remedy the breaches of regulation 17. The date of 24 September allows time for our improved governance arrangement to be embedded within the monitoring of the service.

Completed by:

(please print name(s) in full)

[Redacted]

Position(s):

Compliance Manager

Date:

23 April 2021