

## 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>	1-527027054
<b>Our reference</b>	INS2-12950950821
<b>Location name</b>	Royal Mencap Society - Domiciliary Care Services - North London

Regulated activity	Regulation
Personal care	<b>Regulation 12 Safe care and treatment</b>
	<b>How the regulation was not being met:</b>
	<i>Risks to people's safety were not always fully assessed and action was not consistently taken to mitigate known risks.</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 served in relation to:

#### **Assessing risk, safety monitoring and management:**

- Staff were not clear about how to evacuate people safely if there was a fire at night and whether one staff member could manage a fire evacuation safely.
- There was a lack of written guidance on what support two people required at night.
- Staff were not always following people's SALT guidelines. There were discrepancies between people's records and practice.

#### **Using medicines safely:**

- There were contradictions within people's support records in relation to their medicines.
- There was no protocol in place for someone's PRN medication.

Since the inspection, people's PEEPs have been printed and stored accessibly for staff team to use in an emergency. We have also reviewed the PEEPs for all people we support across all services.

At Supported Living Service A, we commissioned FireSkills, who are Fire Safety Training & Fire Safety Consultants, to support the review of the fire risk assessments and help address any staff knowledge gaps about how to safely

evacuate the service if there was a fire at night using one staff member. The team have also practiced the evacuation to ensure they know how to use relevant evacuation equipment and feel confident with the evacuation.

All service fire risk assessments have been reviewed to ensure they are still relevant. Any actions identified are being implemented by the Service Managers and overseen by the Area Operations Manager.

A fire evacuation has been completed for all services, with the last being completed on Friday 12<sup>th</sup> August 2022. We will ensure that fire drills are regularly completed going forward, and any areas for improvement are implemented quickly by the Service Managers and overseen by the Area Operations Manager.

We are re-completing the team's eating and drinking observations at Supported Living Service B and Supported Living Service C. This action is to ensure the teams feel confident when supporting people with their SALT needs, and that their practice reflects the individual's SALT guidelines.

We are reviewing the SALT guidance for all people we support at every service to ensure their support plans and risk assessments reflect this information. Moreover, we are also reviewing people's food logs to ensure we are preparing meals in accordance with people's SALT requirements.

To date, our reviews have indicated that people's food logs have been in line with SALT guidance, however, we have identified that the team at Supported Living Service B require more support with improving the level of detail contained in the logs, and we are facilitating this support through their team meetings. Moreover, the Regional Operations Manager is visiting this service on the 15<sup>th</sup> August 2022 to review the service logs to ensure the standard of recording has improved.

Following your inspection findings, we have reviewed people's night support needs and the service's night guidelines at Supported Living Service C. As part of this activity, we have reviewed people's support plans and risk assessments to ensure they clearly reflect the support they require. We are also reviewing people's personal care logs across all services to make sure our practice meets people's documented needs. Where there are any discrepancies, we are feeding back to the Service Managers who are supporting the team to make any required changes. For example, the team at Supported Living Service C have updated two people's personal care support plans with their night support needs. We will continue to complete reviews as people's needs change.

Furthermore, the Service Manager at Supported Living Service C is reviewing people's medication support plans and risk assessments, and all Service Managers are undertaking detailed medication audits of their services. The implementation of any identified actions will be added to the Service Improvement Plan, which is overseen by the Area and Regional Operations Managers. In the future, all services will be recording medication digitally on our What Matters Most digital recording application.

The PRN protocol for the person we support at Supported Living Service A has been submitted and we are awaiting the authorisation from the GP surgery. The Service Manager is following this up regularly, and we have kept records of this.

**Who is responsible for the action?**

Area Operations Manager and Registered 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?**

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

The Area Operations Manager will also be undertaking regular quality monitoring visits. These will be monitored by the Regional Operations Manager through our internal accountability process. These meetings will also review the implementation and effectiveness of the actions described above.

The Regional Operations Manager and a National Quality Coordinator are introducing a Health Check audit for Supported Living Service B, which will be completed in approximately a month's time. This Health Check will focus on the improvements identified during the inspection and ensure the improvements we have put in place are embedded and sustained within the service.

An Area Operations Manager, who is independent to the area, will be undertaking a peer review of the registration in 6-12 months' time. This review will focus on the regulatory breaches and the improvements identified in this action plan in addition to other concerns identified in the CQC inspection report. The review will determine whether our improvements have been effective and sustained.

<b>Who is responsible?</b>	Regional Operations Manager
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**What resources (if any) are needed to implement the change(s) and are these resources available?**

To implement the actions described above, the team will require support from our internal Quality team and our Learning and Development team, should additional training be needed.

<b>Date actions will be completed:</b>	30 <sup>th</sup> September 2022
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**How will people who use the service(s) be affected by you not meeting this regulation until this date?**

Not completing this regulation by the date above may mean that people's health and safety is negatively affected due to staff not understanding procedures fully or having the confidence to implement them effectively. However, we believe that this is not the case, and that our action plan addresses and mitigates this potential risk. The regular reviews being completed by the Quality team, Area Operations Manager and Regional Operations Manager also help to identify whether any changes are needed to the action plan and ensure that our actions sufficiently meet the current areas of risk. Moreover, we have also already completed a number of the actions described above. For example, we have completed fire evacuation drills across the services and reviewed the services' fire risk assessments. The date of 30<sup>th</sup> September 2022 ensures the changes to practices are sustained and embedded effectively.

<b>Completed by:</b> (please print name(s) in full)	Compliance Manager
<b>Position(s):</b>	Compliance Manager
<b>Date:</b>	12 August 2022

Regulated activity	Regulation
Personal care	<b>Regulation 13</b> <b>Safeguarding service users from abuse and improper treatment</b>
	<b>How the regulation was not being met:</b>
	<i>The systems and processes in place to protect people from risk of abuse were not always effective.</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 13 was served in relation to:

***Systems and processes to safeguard people from the risk of abuse:***

- There had been incidents where the service had not protected a person from the risk of abuse by another person in the service where they lived in a timely or most appropriate manner.
- Records showed that one person was at risk of being physically assaulted by a person they lived with and no risk assessment had been undertaken to minimise the risk.
- A person raised a concern about possible psychological abuse. This was being investigated at the time of the inspection.

Following the inspection findings, we are undertaking a review of people's risk assessments and support plans that are specifically based around their safety. The Regional Operations Manager has also held discussions with two Service Managers about the importance of ensuring that information about a person whose behaviours pose a risk to themselves and others, is contained in their individual PBS plan as well as support plans for the people the person lives with. This is to ensure we have adequately reviewed how everyone is impacted by the person's behaviours.

In addition, the Regional Operations Manager has been sampling Service Manager referral assessments to review how we consider people's risks and compatibility, and whether specialist support is needed before we accept a referral.

Mencap's Director of Quality and Practice has contacted all managers across our Personal Support Services to emphasise the importance of requesting information about people's histories when completing their assessment or review to determine whether there is anything that would lead to an increased risk to other people being supported. If the assessment or review does lead to a concern about our capacity to manage a risk, colleagues have been reminded that they must immediately raise this concern, and seek organisational support from their line managers and the Quality and Practice team so that we can determine whether we are the right organisation to offer support to the person.

Furthermore, we are holding a team reflection with colleagues at Supported Living Service C on how they could have raised concerns if they did not feel that the Service Manager was addressing the risks. This activity will ensure that concerns are escalated quickly within the organisation going forward.

With regards to the possible psychological abuse concern raised by a person we support, we have taken the following action:

- Investigated all incidents thoroughly. The hearing confirmed that there was no evidence of abuse, specifically that the person was spoken to aggressively, disrespectfully or in a hostile tone.
- We upheld that the staff member could have supported the individual differently when she asked the support worker to provide her transport. We are addressing via development with the staff member.
- Due to the breakdown in the relationship between the staff member and person we support, the colleague now works at a different service.
- We have arranged a meeting with the person we support at the end of August to discuss her expectations of staff and the support she requires going forward.

**Who is responsible for the action?**

Area Operations Manager and Registered 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 Regional Operations Manager will use our internal accountability process to complete quarterly reviews with the Area Operations Manager to monitor the implementation and effectiveness of the actions described above.

An Area Operations Manager, who is independent to the area, will be undertaking a peer review of the registration in 6-12 months' time. This review will focus on the regulatory breaches and the improvements identified in this action plan in addition to other concerns identified in the CQC inspection report. The review will determine whether our improvements have been effective and sustained.

**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 described above, the team will require support from our internal Quality team, an Area Operations Manager from outside of the area and our Learning and Development team, should the team require additional training.

**Date actions will be completed:**

30<sup>th</sup> September 2022

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

While we have already completed a number of the actions described above, the date of 30 September ensures the changes to practice are sustained and embedded.

<b>Completed by:</b> (please print name(s) in full)	Compliance Manager
<b>Position(s):</b>	Compliance Manager
<b>Date:</b>	12 August 2022

Regulated activity	Regulation
Personal care	<b>Regulation 17</b> <b>Good governance</b>
	<b>How the regulation was not being met:</b>
	<i>The governance systems and processes in place had not identified some risk and quality issues.</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>The breach of Regulation 17 was served in relation to:</p> <p><b><i>Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements</i></b></p> <ul style="list-style-type: none"> <li>Internal processes had not identified and addressed some of the safety concerns identified during the inspection, particularly those described in the safe key question section of the report.</li> </ul> <p>Since the inspection, we have reviewed the governance arrangements for this registration. For example, where gaps in management oversight or knowledge have been identified, such as the clarity over SALT guidelines, the Area Operations Manager has addressed this with the Service Managers. We have discussed the breaches of regulation and the inspection outcome with all the Service Managers during an area meeting. Where required, Service Managers who have performance or development issues have a Personal Improvement Plan in place to help and support them make improvements to their practice.</p> <p>The Service Managers will ensure they fully utilise our 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>Our National Quality team will be undertaking a safe eating and drinking audit as part of their ongoing support.</p> <p>Furthermore, the Area Operations Manager is responsible for overseeing the service improvement plan with the support of our National Quality team and their Regional Operations Manager. Progress of the plan will be reviewed regularly to ensure the necessary improvements are made within the agreed timescales.</p>	
<b>Who is responsible for the action?</b>	Area Operations Manager and Registered Manager  Regional Operations Manager
<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>	
Actions and improvements will be monitored by regular Improvement Plan progress calls with the Registered	



Manager, Regional Operations Manager and a Quality team representative.

As previously discussed, the Regional Operations Manager will be using Mencap's internal accountability process to monitor the improvements with the Area Operations Manager.

Any feedback or actions identified through our internal audits, quality monitoring or service visits will be recorded on the Manager Assurance Tool and the services' continuous improvement plans.

The Area Operations Manager and Regional Operations Manager have increased their monitoring visits, and where concerns are identified, they will request further support from our Quality team, as needed.

**Who is responsible?**

Area Operations Manager and Registered Manager  
Regional Operations Manager

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

To embed the actions described above, the team will require support from our internal Quality team.

**Date actions will be completed:**

15<sup>th</sup> November 2022

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

We have already implemented the actions to remedy the breach of Regulation 17, Good Governance. However, the date of 15<sup>th</sup> November 2022 allows time for our improved governance arrangement to be embedded within the monitoring of the location.

**Completed by:**

(please print name(s) in full)

Compliance Manager

**Position(s):**

Compliance Manager

**Date:**

12<sup>th</sup> August 2022