

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	1-750158902
Our reference	INS2-15015742591
Location name	Taunton Deane Support Services

Regulated activity	Regulation
Personal care	Regulation 9 Person-centred care
	How the regulation was not being met:
	<p><i>The provider had failed to develop a clear and up to date care plan for each person.</i></p> <p><i>This was a breach of Regulation 9 (Person-centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</i></p>

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

We will review care plans for each individual to include input by key workers, service manager's and others where we have sought consent (family, social worker etc.)

We will consult with the individual, or their representatives (where there is an assessed lack of capacity) to agree these are a true reflection of their support needs and outcomes. We will use the Personal Outcomes Scale (POS) to capture important Quality of Life objectives for a number of people.

We will agree appropriate timescale for review of people's support plans, based on individual need.

All colleagues will read and sign the plans and will demonstrate competency through direct observation of support.

We will update our Manager's Assurance Tool (MAT) with dates of reviews and will use this to proactively drive reviews. We will use the MAT's to ensure reviews are completed regularly.

We will use our reflection tools to ensure support documents are updated in a timely way following any significant incident or change of support needs.

Active support workshops by L&D will be run where needed.

We will hold reflection events in services during Learning Disability week in June. They may not be wanted by everyone and will not replace individual reviews, however they do provide an opportunity to recognise good practice and achievements, and support the setting of meaningful and person centred outcomes.

Our next stakeholder survey is being planned over the summer and the results will be collated locally, with feedback being used to inform person-centred support.

Who is responsible for the action?	Area Operations Manager
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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 will follow our Service Improvement Plan process. Progress will be monitored on a regular basis via conference calls. These will be held with senior leaders including the Operational Director and Director of Services to oversee and reassure and where necessary provide additional organisational support.

Significant focus will be placed on the two locations identified as being below required standard and members of Mencap's internal quality team are providing ongoing support to these two services.

We will conduct monitoring of our Managers Assurance Tool by the Service Managers, Area Operations Manager's and the Registered Manager.

The service improvement plan will be signed off by the Operations Director.

Who is responsible?	Service Manager Area Operations Manager Registered Manager Head of Audit and Improvement
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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 the following:

- Our internal Quality Team
- Learning & Development team
- Operations Director
- Director of Services

Date actions will be completed:	25 August 2023
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How will people who use the service(s) be affected by you not meeting this regulation until this date?

Whilst we recognise that we still have work to complete, we have already completed a number of actions to support us returning to compliance against Regulation 9.

The completion date gives us enough time to ensure the changes to practices are sustained and training is embedded effectively. It also gives us enough time to complete reassessments of support.

Until we can confirm that we are meeting people's needs effectively and that this way of working is embedded, we recognise that there may be some ongoing impact on peoples quality of life.

We aim to mitigate this by having a core support team and managers in place

Completed by: (please print name(s) in full)	Registered Manager
Position(s):	Registered Manager
Date:	5 May 2023

Regulated activity	Regulation
Personal care	Regulation 12 Safe care and treatment
	How the regulation was not being met:
	<p><i>The provider had failed to provide people with safe care.</i></p> <p><i>This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</i></p>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>Following the recent inspection, we have implemented a Service Improvement Plan and support is being sought from Mencap's enabling teams where necessary (People team, Learning and Development, Recruitment etc.). Members of Mencap's internal quality team are providing ongoing support to the two services where the majority of improvements are needed.</p> <p>All mandatory training as required by the Care Act will be delivered (where lapsed) so that all staff have the skills and knowledge to support people safely and are able to report any concerns in the correct manner. This training includes:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safeguarding training <input type="checkbox"/> Medication administration <input type="checkbox"/> Health and Safety <input type="checkbox"/> People moving people <p>Observations of support will be carried out by Service Managers with all staff to ensure they are safe and competent, and we are assured that their practice is in line with agreed ways of working.</p> <p>Regular team meetings will be held to share important information about the support people require and as an opportunity for staff to feedback to the service leadership.</p> <p>Our internal Learning and Development team have provided training in supervisions to Area Operations Manager's, and this is being cascaded to service managers. Service managers are booking in monthly 1:1 sessions with individual team members and this will be logged on the Managers Assurance Tool (MAT).</p> <p>We are updating all support plans to include sufficient and accurate details.</p> <p>Where there are reoccurring concerns about people's changing health needs, we will consult and refer to the appropriate health professional.</p>	

We will carry out thorough medication audits for each person we support on an initial 3 monthly basis. Stock checks will be completed every month by the service managers and observations of medication administration will be carried out for all staff. Following any medication errors each individual staff member will have a medication error interview and a further medication observation.

The service manager will review daily records of support on our digital platform, and this will be discussed in team meetings. Where there are any gaps, we will address these with the relevant team members. Should gaps in recording continue, this will be addressed through our internal HR processes.

We have introduced a learning review log for each incident report. These will be reviewed and monitored by the service manager, and we will share the learning with the whole team in team meetings.

We will hold regular update calls with the operational team and members of the quality team to ensure sufficient progress is being made, and where any challenges can be addressed.

We recognise the importance of involving those people who are important to people and where consent has been given, we will involve family members in the learning from incidents.

We recognise that we need to reduce our dependency on agency staff to ensure a more consistent team is in place which will lead to more personalised and effective support. Our recruitment team will support the operational team to recruit permanent and high-quality colleagues, and this will form part of the service improvement plan so any difficulties can be addressed more widely.

Data will be reviewed on a regular basis with senior managers and where necessary action will be agreed to address any shortfalls and to highlight any wider support from the organisation such as HR, Learning and Development, and Quality.

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?

Mencap's internal quality team and the operational managers regular progress calls in order to maintain and embed the improvements that have been made. We are working to a comprehensive action plan and progress will be monitored regularly via these conference calls.

Significant focus will be placed on the two locations identified as being below required standard and members of Mencap's internal quality team are providing ongoing support to these two services.

Monthly monitoring of our Managers Assurance Tool by Service Managers, Area Managers, and the Registered Manager.

Weekly calls with senior leaders including Operational Director and Director of Services to oversee and reassure and where necessary provide additional organisational support.

The service improvement plan will be signed off by the Operations Director.

Who is responsible?

Service Manager
Area Operations Manager
Operations Director
Registered Manager
Head of Audit and Improvement

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 the following:

- Our internal Quality Team
- Learning & Development team
- Internal recruitment team
- Operations Director
- Director of Services

Date actions will be completed:

25 August 2023

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

Whilst we recognise that there is still work to be done, we have already completed a number of actions to support us to return to compliance against Regulation 12.

We will be reliant on a significant proportion of shifts being covered by agency staff who will not be so knowledgeable about the people we support.

Completed by:

(please print name(s) in full)

Registered Manager

Position(s):

Registered Manager

Date:

5 May 2023

Regulated activity	Regulation
Personal care	Regulation 13 Safeguarding service users from abuse and improper treatment
	How the regulation was not being met:
	<p><i>The provider had failed to protect people from abuse and improper treatment.</i></p> <p><i>This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</i></p>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>We are focussed on improving practice leadership in these services and as part of the service improvement plan, we have regular input from our internal quality team who are supporting the local managers to develop their leadership. This will include increased presence in services, holding regular team meetings and 1:1's.</p> <p>Whilst we have a team agreement in place, these will be reviewed with each team. This will include how the teams work together and challenge poor practice at source, before potentially escalating towards cultural issues.</p> <p>We have added to the local senior management team and where there were gaps, we have brought in an experienced interim manager. This will ensure more regular local and senior management presence in services.</p> <p>We will be seeking the views of the people we support on the quality of the service they receive through holding regular tenant meetings, and informal discussions between the managers and the people we support and their families. We are also going to run our internal survey for the people we support across the whole organisation and will take any learning from this and will share with the team to ensure necessary actions are made swiftly.</p> <p>Where there have been previous incidents of poor practice, we have taken advice and support from our internal HR team, and we are confident that these process are effective. By improving our practice leadership and presence in services, we expect to see a reduced risk of future practice issues, however if these do occur, we will be better placed to identify these sooner and take swift action.</p> <p>We have developed a culture and practice tool and this will be completed by a number of people who visit the services (Area Operations Manager, Regional Operation Manager, Quality Team members) over the course of the improvement planning process. We will use the findings from these to assess changes over time as a result of the improvement planning currently taking place.</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?

Mencap's internal quality team and the operational managers hold regular progress calls in order to maintain and embed the improvements that have been made. We are working to a comprehensive action plan and progress will be monitored via these conference calls.

Significant focus will be placed on the two locations identified as being below required standard and members of Mencap's internal quality team are providing ongoing support to these two services.

Weekly calls with senior leaders including Operational Director and Director of Services to oversee and reassure and where necessary provide additional organisational support.

The service improvement plan will be signed off by the Operations Director.

Who is responsible?

Service Manager
 Area Operations Manager
 Registered Manager
 Head of Audit and Improvement
 Operations Director

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

Operational team
 Quality Team
 People Team (HR)

Date actions will be completed:

25 August 2023

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

We have already taken substantial action to ensure people are safe from harm in the immediate future, however changes in culture is a long-term process and there is a risk that colleagues will feel uneasy and may not report concerns immediately. We will mitigate against this through effective leadership in services.

Completed by:

(please print name(s) in full)

Registered Manager

Position(s):

Registered Manager

Date:

5 May 2023