

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	1-119188814
Our reference	INS2-18240817671
Location name	South Street

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 Need for consent
	How the regulation was not being met:
	<i>The provider failed to ensure the requirements of the MCA were consistently met. Regulation 11 (1) (2) and (3)</i>

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

The Service Manager will review Mencap's needs assessments and support plans for all people we support to consider whether there are any areas of support where there is reasonable doubt a person has the capacity to consent and make decisions. Where there is reason to doubt capacity, a Mental Capacity assessment will be undertaken, which will include all relevant parties. For example, the person, a Mencap representative(s), next of kin and/or advocate, social worker and any relevant professional, i.e., financial appointee or medical professionals. We will also complete a review of any assessments that have already been completed.

All mental capacity assessments will be recorded under the person's profile on our What Matters Most (WMM) digital recording application.

- Where the person is assessed to lack the mental capacity to understand or consent to the decision being made, a best interest meeting will be arranged and take place.
- Any best interest meetings will take place in a private and appropriate environment, and will involve all relevant parties, as outlined above.
- Service Manager will ensure that the best interest meeting record is completed and stored on the person's profile on the WMM application.
- Service Manager and the Area Operations Manager to ensure that mental capacity assessments and best interest decisions are reviewed annually (as a minimum), or when people's needs change.

Service Manager will ensure support plans are reviewed and reference where a person's

capacity has been assessed, outcomes and any decisions that have been made in the person's best interest.

Where we can support a person's understanding, skill, and ability to make decisions, a robust development plan will be documented and followed.

Who is responsible for the action?	Service and Registered 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?

The Registered Manager will review CQC's guidance for providers on the Mental Capacity Act.

All staff members will be given a credit-card sized MCA prompt-card.

The Service Manager will meet with her manager (Area Operations Manager) every 4 weeks. The improvement plan, including the actions regarding the regulatory breaches, will be an ongoing agenda item at these meetings. The Registered Manager will be held to account on the progress towards achieving the identified actions.

Who is responsible?	Service and Registered Manager Area Operations Manager
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What resources (if any) are needed to implement the change(s) and are these resources available?

Mencap's MCA and best interest forms – these are available.

We will need to liaise with all stakeholders in people we support's lives to ensure the Mental Capacity Assessments and best interest decisions are undertaken with their input. Therefore, some of the actions are dependent upon their availability.

Support from Mencap's Quality team with monitoring the improvement plan, and support with validating any completed actions.

MCA prompt-cards – these are available.

Date actions will be completed:	30/06/2024
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How will people who use the service(s) be affected by you not meeting this regulation until this date?

We might make assumptions about people's capacity.

Decisions about people we support's care or support may not be made in their best interest, the least restrictive, or include all relevant people, including the person and/or their representative.

People we support may not be empowered or supported to develop their understanding, skill, and ability to make a decision.

Completed by: (please print name(s) in full)	Compliance Officer
Position(s):	Compliance Officer
Date:	20/03/2024

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>The provider failed to ensure local and national safeguarding procedures were consistently followed to protect people from avoidable harm.</i> <i>Regulation 13 (1) (2) (3)</i>
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>Following the inspection, a new critical incident system has been implemented. When the Service Manager reports an incident, they have to provide information on any external notifications that they have completed. The Area Operations Manager and Regional Operations Manager are also automatically alerted to the incident, which means they can ensure that all appropriate external notifications have been made.</p> <p>The Service Manager will attend a refresher session about CQC notifications with the Compliance Officer.</p>	
Who is responsible for the action?	Service 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?	
<p>The Area Operations Manager will review all incident reports with the manager during monthly meetings.</p> <p>The action plan will also be monitored by the Regional Operations Manager as part of the Area Operations Manager's accountability meetings.</p>	
Who is responsible?	Area Operations Manager
What resources (if any) are needed to implement the change(s) and are these resources available?	
<p>To implement the actions described above, the team will request support from our internal Quality team.</p> <p>Support from the Compliance Team with CQC notifications.</p>	
Date actions will be completed:	30/06/2024

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

Not meeting this regulation by the date above may mean that people are not protected from harm due to the local authority and CQC not being notified when incidents occur. However, we believe that this is not the case, and that our action plan addresses and mitigates this potential risk.

Completed by: (please print name(s) in full)	Compliance Officer
Position(s):	Compliance Officer
Date:	20/03/2024

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 Good governance
	How the regulation was not being met:
	<i>The provider failed to ensure that effective governance systems were in place. Regulation 17 (1) (2) (a) (b) and (c)</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 the governance arrangements for this registration and have implemented additional monitoring, such as daily medicines temperature checks and monthly record audits by the Service Manager.</p> <p>The Service Manager will ensure she fully utilises our quality monitoring tools, including the Manager’s Assurance Tool and the continuous improvement plan. This will be reviewed monthly during accountability meetings with the Area Operations Manager.</p> <p>Daily medication temperature checks now include instructions for staff to call the pharmacy for advice whenever temperatures exceed the recommended maximum. All recommendations will be recorded and actioned accordingly. The Service Manager and Assistant Service Manager will initially review temperature records daily to ensure the new procedure is being followed by the staff team. This will then move to a weekly audit once practices are embedded.</p> <p>We will monitor and record people’s weight on a weekly basis if they have a recognised health condition and it is recommended by healthcare professionals, or if a person we support would like us to weigh them. This information will be documented in care files, updated and reviewed accordingly. People’s weight will be recorded in imperial format in the health section of an individual’s support plan and on our What Matters Most (WMM) digital recording application. Where we identify any significant changes in people’s weights, we will escalate these to an appropriate healthcare professional.</p> <p>The Service Manager and Assistant Manager will be monitoring these records as part of their monthly audits to ensure weights are being recorded correctly and any concerns are being raised and actioned.</p> <p>The on-boarding process for new starters who have not yet received their full DBS check will now include the completion of a risk assessment on their first day of employment. This will be reviewed by the Service Manager and staff member on a weekly basis until the full DBS has been received and viewed by the Service Manager.</p> <p>Furthermore, the Area Operations Manager is responsible for overseeing the service improvement plan with the support of our National Quality team and the Regional Operations Manager. Progress of the plan will be reviewed regularly to ensure the necessary improvements are made within the agreed timescales.</p>	
Who is responsible for the action?	Service 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?

Actions and improvements will be monitored by regular Improvement Plan progress calls with the Registered Manager, Area Operations Manager and a Quality team representative.

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

The Area Operations Manager will complete monthly monitoring visits, and where concerns are identified, they will request support from our Quality team, as needed.

Who is responsible?

Service and Registered Manager
Area 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 request support from our internal Quality team.

Date actions will be completed:

30/06/2024

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 30 June 2024 allows time for our improved governance arrangements to be embedded within the monitoring of the location.

Completed by:

(please print name(s) in full)

Compliance Officer

Position(s):

Compliance Officer

Date:

20/03/2024