

Report on actions you plan to take

Please see the covering letter for the date by which you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	1-102642790
Our reference	AP2859
Location ID	1-119176982
Location	Penrith Drive

Regulated activity(ies)	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12, (2)(a), (b) and (g), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	How the regulation was not being met:
	The provider had failed to ensure systems and processes were in place or effective to ensure all reasonably practicable steps are being taken to mitigate risks to the health and safety of service users. - We observed some restrictive practice in place. For example, people's coats were kept locked away in a cupboard to prevent them being accessed by another person. We also found people access to toilet paper was restricted. - Staff did not had access to the most up to date risk assessments. We found there was no risk assessment in place for managing epilepsy for one person, including at nighttime. - We found an epilepsy pen picture was incorrect. - No oversight of bowel monitoring for one person prescribed medication for constipation. The provider had failed to ensure systems and processes were in place or effective to ensure the proper and safe management of medicines. - PRN protocols were not detailed enough for staff to understand in what circumstances this medicine should be administered. For example, one person's PRN protocol who was prescribed medicines for constipation was not completed correctly and also did not guide staff when to administer.

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

Individuals' coats have been placed in their respective wardrobes or bedrooms, to ensure people have access to them when required.

Toilet paper dispensers have been installed in downstairs toilets to ensure people we support have unrestricted access to toilet paper.

People's risk assessments on Mencap's What Matters Most (WMM) App have been reviewed and updated as required. The manager checks these on regular basis and is alerted to any that are coming up for review. All staff have been reminded where these are kept and the importance of these being the most up to date version. All staff have read and signed these documents so they are aware of how to support individuals safely.

New epilepsy pen pictures have been created to reflect the individual's needs, following advice from medical professionals. These are stored on the WMM App and all staff have read and signed these documents.

PRN protocols have been reviewed and updated with more detailed guidance regarding administration of any medication. These are checked on a regular basis as part of the manager's audits.

Bowel monitoring is now recorded and tracked via the WMM App and all documents regarding bowel health have been updated to reflect the individual's needs. The WMM app alerts the team and manager if someone hasn't had a bowel movement in the specified time and their support plan describes the action to be taken.

Bowel Health audits and Epilepsy audits have been carried out in the service to ensure all documents are as detailed as possible and discussions have taken place with the team to ensure they have a good understanding of these areas.

Who is responsible for the action?

Richard England - Service 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?

All documents have been reviewed and updated to reflect individuals' needs and are stored on the WMM app. The team have read and signed these documents so they know how to support individuals.

Bowel monitoring is recorded on the WMM App and the manager is checking the app on a daily basis and will see any alerts and what action staff have taken. The manager can add notes on this app as well so that he can make staff aware of anything else that is needed if he is not in the service.

The manager is on site several days a week and is always contactable via phone/Microsoft Teams/email to support and offer guidance to the team and individuals as needed.

The Area Operations Manager visits at least monthly and will check documents during visits. They also have access to the WMM app and can see any alerts and the action being taken.

Who is responsible?

Kate Antcliffe – Area Operations Manager

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

The support plans and risk assessments have been updated following internal guidance and model documents to ensure all areas have been identified.

The team have completed online training in Bowel Health. The team have also recompleted recording and reporting training to improve their understanding of things they need to record, the reasons why and when it is required.

Date actions will be completed:

These actions have all been completed.

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

The people we support will not be affected as all actions have been completed.

Completed by:

(please print name(s) in full)

Richard England

Position(s):

Service Manager

Date:

31/10/2025

Regulated activity(ies)

Regulation

Accommodation for persons who require nursing or personal care

Regulation 15, (1)(a) and (e), Premises and equipment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The provider had failed to ensure systems and processes were in place or effective to ensure the environment was suitably maintained.

	In the kitchen, there was visible food matter and dirt in the corners of the room, by the taps, on storage and cooking items. Rust was inside the microwave. We observed unclean bathrooms, tiled walls and radiators. A bathroom that was used by a person with epilepsy did not have the hot water pipes protected. A bathroom radiator was exposed with no radiator covering. A bath panel water damaged. A toilet seat in bad state of disrepair. 2 external doors not closing effectively. One person lived with damaged flooring in their bedroom; this had been there since they moved in. Flooring was ripped and a segment of floor covering missing.
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
A monthly deep cleaning schedule is now in place for kitchen which is signed off by staff and audited by the manager. All corners of the kitchen are part of the cleaning schedule and are checked by the manager. The sealant by the taps has been replaced. All bathroom pipes have been boxed in. Toilet seats have been replaced. Bedroom flooring has been replaced. Microwave has been replaced. Bedroom cleaning schedules are in place and audited by the manager. Exterior doors were checked by the landlord Places 4 People, where doors were closing effectively (04-1024)	
Who is responsible for the action?	Richard England - Service 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 introduced a weekly cleaning schedule for the service, which covers all areas of the service. When weekly bedroom cleans are completed there is a section which includes	

checking the floor is in good condition, which staff sign off and this is then monitored by the manager and signed off as part of their weekly/monthly audit of the service.

The monthly deep clean of kitchen is audited and signed off by manager.

The microwave is regularly checked by the manager for cleanliness and any deterioration.

Staff and Manager check for deterioration of toilet seats as part of the cleaning schedule.

Team meetings include discussing if anything needs replacing/redecorating and plans going forward.

We have added a section in the people we support's meetings around their environment and any changes needed and encourage people to take part in these changes, including choosing colour schemes/furniture etc.

Area Operation Manager completes an environment check/walk around during any visits and as part of bi-monthly environmental audits. Any required actions are reviewed at the next visit to ensure that these are being completed.

The manager has developed a working relationship with the landlord to ensure that requests are carried out in a timely manner. Repairs are also checked as part of the area manager's environment visits.

Who is responsible?	Richard England - Service Manager and Registered Manager Kate Antcliffe – Area Operations Manager
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What resources (if any) are needed to implement the change(s) and are these resources available?
None required

Date actions will be completed:	These actions have all been completed.
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How will people who use the service(s) be affected by you not meeting this regulation until this date?
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Completed by: (please print name(s) in full)	Richard England
Position(s):	Service Manager
Date:	31/10/2025

Regulated activity(ies)	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17, (2)(a) and (b), Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	How the regulation was not being met:
	The provider had failed to ensure systems and processes were in place or effective to maintain oversight of the safety and quality of the service. The governance systems needed to be more robust to identify where improvements were needed to care provision and the environment. The provider's processes for quality assurance and audits were not robustly applied. Quality assurance checks had failed to identify inconsistencies in information recorded in people's care records including risk management plans.
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
We have introduced a weekly cleaning schedule into the service to ensure all areas of the building are kept to a good standard of cleanliness, which include the kitchen and people's bedrooms, as well as daily checks of the fridge and kitchen. These schedules are then checked by the manager as part of their weekly service audit, which are also viewed and checked by the area manager as part of their visits. We have introduced new maintenance reports which are in a clearer format and shows when a repair has been completed, as well as the progress being made/contact etc. Risk assessments have been reviewed and new ones introduced, which have been shared with the team who have all read and signed them. The manager has set up a system for reviewing risk assessments to ensure they are kept as a live document and will make any changes as necessary.	

People's care plans have been reviewed and changes made where needed. We have reviewed these using Mencap's internal guidance and model documents (created by our internal quality team) to ensure that all areas have been covered.

We have ensured that all areas of an individual's assessed needs are covered by their support plans and risk assessments. Where possible, we have involved the people we support in their plans or other relevant people. These documents are stored on our What Matters Most (WMM) App and all staff have read and signed these.

These documents are checked and reviewed by the service manager on a regular basis and updated if required and when any changes occur. These documents are reviewed by the area manager during their visits. We also have our internal quality team completing themed audits to ensure documentation is specific to individuals.

We have introduced a daily spot check for staff to complete and a weekly audit which the manager completes, which includes guidance around the areas to check and what to look for. Once these are completed, they are then reviewed by the area operations manager during accountability meetings.

Who is responsible for the action?

Richard England - Service Manager and Registered Manager

Kate Antcliffe – 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?

We have introduced a deep cleaning schedule of the kitchen which includes work surfaces, cupboard doors, extractor fan, window ledges, etc. This is completed every month by staff.

The manager will check this document has been completed during his weekly/monthly audits along with checking the physical environment. The area manager will visibly check the environment during their visits.

We have introduced a bedroom cleaning schedule, which is completed weekly and involves checking the cleanliness, along with ensuring that furniture and fittings are fit for purpose and not damaged. The manager completes physical checks of the building to ensure actions are being taken.

New maintenance reports (in a clearer format) have been put in place and if repairs are not carried out, these are then referred to Mencap's property team via an escalation process.

Support plans and risk assessments are completed on the WMM App that all staff can access. These are set for 6 monthly reviews as a minimum and an alert is sent to the manager when they are due for review. Additional updates are made as needs change.

The manager ensures that there are regular reviews of these documents and that all staff have read, signed and are following them. People's needs are discussed in team meetings and if needed the staff and manager will review and update these documents.

Who is responsible?

Richard England - Service Manager and Registered Manager
Kate Antcliffe – Area Operations Manager

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

None required

Date actions will be completed:

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Richard England

Position(s):

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