

## 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>	1-119177318
<b>Our reference</b>	INS2-13952247611
<b>Location name</b>	Farm Lane House

<b>Regulated activity</b>	<b>Regulation</b>
<b>Accommodation for persons who require nursing or personal care</b>	<b>Regulation 18 Notifications of other incidents</b>
	<b>How the regulation was not being met:</b>
	<i>The registered manager had not notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities. Regulation 18 (2)</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
<p>Soon after receiving the draft inspection report we moved and then later suspended the registered manager. Interim management cover was put in place until a full time and permanent manager was brought in, in early January 2023. The new manager is an experienced service manager and is in the process of registering with the Care Quality Commission.</p> <p>The Area Operations Manager is registered with the Care Quality Commission, and she had been working at Farm Lane for the past couple of months in order to provide support and oversight to the manager and the team.</p> <p>We have sent in 8 notifications to CQC in this calendar year alone (2023).</p>	
<b>Who is responsible for the action?</b>	Area Operations Manager Service 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>	
As part of the improvement planning process we are engaged in, Mencap's internal quality team conducted a mock CQC inspection in March 2023. This	

inspection looked at the notification processes as well as internal reporting. In this area the inspection found that there were effective reporting processes in place.

There is ongoing work being carried out by Mencap's internal quality team at the service. This includes three quality co-ordinators who are supporting the service both on site and virtually.

Mencap's internal quality team and the operational managers hold weekly progress calls in order to maintain and embed the improvements that have been made. We are working to a comprehensive action plan and at the time of writing we can confirm that of the 208 identified actions, over 80% have now been completed.

**Who is responsible?**

Area Operations Manager  
Regional Operations Manager  
Operations Director  
Head of audit and improvement  
Compliance Manager

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

Mencap's internal quality team  
Operations Director

**Date actions will be completed:**

21st April 2023

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

We believe we have met this regulation and that this has been the case for sometime.

**Completed by:**

(please print name(s) in full)

Compliance Manager

**Position(s):**

Compliance Manager

**Date:**

21st April 2023

**Regulated activity**

**Regulation**

Accommodation for persons who require nursing or personal care	Regulation 9 Person-centred care
	How the regulation was not being met:
	<i>The provider failed to ensure staff provided person-centred care and support.</i> <del>SEP</del> <del>SEP</del> Regulation 9(1)
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>As part of the ongoing work to improve the quality of supports to people, we began reviewing and updating all support plans for the people who live at Farm Lane House. As part of this process we will add to (if not already done), and create a number of plans focussed on individualised support. These include:</p> <ul style="list-style-type: none"> <li>• Good day / Bad day tools</li> <li>• Activities that people enjoy at home such as making cakes</li> <li>• Added communication plans for people</li> <li>• Introduced the use of Makaton for a few key words such as train, friend, and dinner</li> <li>• Introducing new outcomes for people, taking person centred information from quality of life interviews (Personal Outcomes Scale - POS). Initially each person will have two outcomes to focus on</li> <li>• Providing support to people to attend clubs and other social activities with friends and ensuring people are getting their 1:1 support</li> <li>• Updated support plans to include details about how people are supported with medicine reviews, health appointments</li> </ul> <p>We have introduced a number of practice observations carried out by the management at Farm Lane House. These include observations of eating and drinking, manual handling, general observations of support, and competency observations of agency staff.</p> <p>We expect that these observations, alongside the changes we have made / are making to people's plans will create a culture where the people we support are at the heart of everything we do.</p>	
Who is responsible for the action?	Area Operations Manager Service 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?	
As previously stated, as part of the improvement planning process we are engaged in, Mencap's internal quality team conducted a mock CQC inspection	

in March 2023. This inspection looked at how the team provided person centred support to the people who live at Farm Lane House.

There is ongoing work being carried out by Mencap's internal quality team at the service. This includes three quality co-ordinators who are supporting the service both on site and virtually.

Mencap's internal quality team and the operational managers hold weekly progress calls in order to maintain and embed the improvements that have been made. We are working to a comprehensive action plan and at the time of writing we can confirm that of the 208 identified actions, over 80% have now been completed.

**Who is responsible?**

Area Operations Manager  
Regional Operations Manager  
Operations Director  
Head of audit and improvement  
Compliance Manager

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

Mencap's internal quality team  
Operations Director

**Date actions will be completed:**

21st April 2023

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**Completed by:**  
(please print name(s) in full)

Compliance Manager

**Position(s):**

Compliance Manager

**Date:**

21st April 2023

**Regulated activity**

**Regulation**

**Accommodation for persons who**

**Regulation 11**

require nursing or personal care	Need for consent
	How the regulation was not being met:
	<i>The provider had not acted in accordance with the principles of the Mental Capacity Act 2005.</i> <small>SEP</small> <small>SEP</small> Regulation 11 (1)
Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve	
<p>We have reviewed all current MCA assessments that were in place for people living at Farm Lane House, as well as carrying out new assessments for things that had not previously been covered. This included MCA assessments for the use of bedrails.</p> <p>All the people we support now have IMCA's where this is required. We have utilised the support from IMCA's for complex decision making to ensure people's rights have been upheld.</p> <p>All staff have had training on the Mental Capacity Act 2005 and we have applied for a number of Deprivation of Liberty Safeguards for people where these are required.</p> <p>Our decision-making profile describes the best way to communicate with people and how to involve them in ways that empower them to be more involved in making decisions (specific adjustments etc.).</p> <p>Communication support plans have been introduced for all the people living at Farm Lane.</p>	
Who is responsible for the action?	Area Operations Manager Service 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>Our internal 'mock' CQC inspection looked at how the team understood and implemented the principles of the Mental Capacity Act for the people who live at Farm Lane House.</p> <p>There is ongoing work being carried out by Mencap's internal quality team at the service. This includes three quality co-ordinators who are supporting the service both on site and virtually.</p> <p>Mencap's internal quality team and the operational managers hold weekly progress calls in order to maintain and embed the improvements that have been</p>	

made. We are working to a comprehensive action plan and at the time of writing we can confirm that of the 208 identified actions, over 80% have now been completed.	
<b>Who is responsible?</b>	Area Operations Manager Regional Operations Manager Operations Director Head of audit and improvement Compliance Manager
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
Mencap's internal quality team Operations Director	
<b>Date actions will be completed:</b>	21st April 2023

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
We believe we have met this regulation and that this has been the case for some time.

<b>Completed by:</b> (please print name(s) in full)	Compliance Manager
<b>Position(s):</b>	Compliance Manager
<b>Date:</b>	21st April 2023

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 12</b> <b>Safe care and treatment</b>
	<b>How the regulation was not being met:</b>
	<i>The provider failed to ensure people were protected from the risk of avoidable harm. [1-1-23] You failed to assess and take action to mitigate the risks associated with the use of</i>

equipment. <sup>[L1][L1]</sup><sub>[SEP][SEP]</sub> You failed to ensure people's medicines were stored and managed safely. <sup>[L1][L1]</sup><sub>[SEP][SEP]</sub> You failed to ensure service users, staff and visitors were protected from the risk and spread of infection. <sup>[L1][L1]</sup><sub>[SEP][SEP]</sub> Where risks had been identified, you failed to take sufficient action to mitigate those risks and keep people safe.

<sup>[L1][L1]</sup><sub>[SEP][SEP]</sub> Regulation 12  
<sup>[L1][L1]</sup><sub>[SEP][SEP]</sub> (1)(2)(a)(b)(e)(g)(h)

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

Service user 2's pressure mattress was altered to their weight and following guidance provided by the district nurse, instructions were written into their support plan and risk assessments. We have initiated weekly pressure mattress audits from week commencing 12/12/22. We put in an urgent referral to the district nurse for all of the people we support. The district nurse has since informed the service that they will not be picking up these referrals as there are no active pressure sores. The district nurse confirmed one hour repositioning is not required when there are no pressure sores. We were instructed by the district nurse that the current guidance which is to ensure regular position changes throughout the day from wheelchair to comfy chair / bed rest etc. is sufficient. Pressure sore prevention support plans are in place where required.

Bedrail protectors are now in place for all the people who require them. We have introduced weekly bedrail audits. These have been completed week commencing 12/12/22. Bedrail entrapment risk assessments have been completed for all people where this is necessary.

We introduced a daily manager monitoring checklist and walk through which includes checking all medicine cabinets are locked and secured. The importance of ensuring all medicine cupboards are locked has been discussed in team meetings and in staff members individual 1:1 meetings with the manager. We have written a message in the service communication book to all staff reiterating the importance of locking medicine cupboards. Any further instances of medicine cupboards being left unlocked will result in a medication error interview. If this occurs more than once, the manager will refer the staff member to our HR team.

We purchased a safe for the safe storage of Buccal Midazolam. This has a key code that the whole team are aware of. The code is recorded in the person's support plan. The service has purchased waist bags for storing this medication when people we support leave the service. This is detailed within the person's support plan.

We have updated the support plan titled "Fluids, medicines & Feed via RIG / J (Radiologically Inserted Gastrostomy)". This contains information to support the staff team with administering medication through the RIG (Radiologically

Inserted Gastrostomy), and not a PEG (percutaneous endoscopic gastrostomy) as stated in the draft inspection report and warning notice.

We have introduced a management daily checklist and service walk through. This includes the monitoring of staff's use of PPE, including the appropriate wearing of facemasks. We have printed out the 'keeping everyone safe' PPE guidance and this has been put in the services read and sign folder on the 08/12/22.

Recording and reporting (incidents) have been added to the handover checklist so all incidents that have occurred during a specific shift will be shared with the incoming staff members. An accident, incident and near miss flow chart has been produced. This clearly shows the process of reporting from an incident occurring, the reporting of the incident, sharing with others (and manager), actions taken and any learning.

**Who is responsible for the action?**

Area Operations Manager  
Service 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?**

Our internal 'mock' CQC inspection looked at all of these areas, with particular focus on the requirement notices / warning notices.

There is ongoing work being carried out by Mencap's internal quality team at the service. This includes three quality co-ordinators who are supporting the service both on site and virtually.

Mencap's internal quality team and the operational managers hold weekly progress calls in order to maintain and embed the improvements that have been made. We are working to a comprehensive action plan and at the time of writing we can confirm that of the 208 identified actions, over 80% have now been completed.

**Who is responsible?**

Area Operations Manager  
Regional Operations Manager  
Operations Director  
Head of audit and improvement  
Compliance Manager

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

Mencap's internal quality team  
Operations Director

**Date actions will be completed:**

21st April 2023



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

We believe we have met this regulation and that this has been the case for some time.

<b>Completed by:</b> (please print name(s) in full)	Compliance Manager
<b>Position(s):</b>	Compliance Manager
<b>Date:</b>	21st April 2023

Regulated activity	Regulation
<b>Accommodation for persons who require nursing or personal care</b>	<b>Regulation 13</b> <b>Safeguarding service users from abuse and improper treatment</b>
	<b>How the regulation was not being met:</b>
	<i>Systems and processes had not been operated effectively to protect people from abusive practices and to investigate and report allegations of abuse.</i> <small>L L L SEP SEP</small> <b>Regulation 13 (1)(2)(3)</b>

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

Soon after receiving the draft inspection report we moved and then later suspended the registered manager. Interim management cover was put in place until a full time and permanent manager was brought in, in early January 2023. The manager is an experienced service manager and is in the process of registering with the Care Quality Commission.

The Area Operations Manager is registered with the Care Quality Commission, and she had been working at Farm Lane for the past couple of months in order to provide support and oversight to the manager and the team.

We have sent in 8 notifications to CQC in this calendar year alone (2023).

We have been working on and have now completed a significant number of

improvements in the service since the CQC inspection took place in October 2022.

We have tightened up our safeguarding processes and ensure that when there is the need to raise a safeguarding referral, we are putting people at the centre of the process (making safeguarding personal).

The staff team have all completed or updated their safeguarding training and we are at 100% compliance in this area.

Incident reporting has improved as has the way in which we reflect and act upon learning. An accident, incident and near miss flow chart has been produced. This clearly shows the process of reporting from an incident occurring, the reporting of the incident, sharing with others (and manager), actions taken and any learning.

**Who is responsible for the action?**

Area Operations Manager  
Service 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?**

Our internal 'mock' CQC inspection looked at the teams understanding of safeguarding people from abuse.

There is ongoing work being carried out by Mencap's internal quality team at the service. This includes three quality co-ordinators who are supporting the service both on site and virtually.

Mencap's internal quality team and the operational managers hold weekly progress calls in order to maintain and embed the improvements that have been made. We are working to a comprehensive action plan and at the time of writing we can confirm that of the 208 identified actions, over 80% have now been completed.

The Regional Operations Manager and Area Operations Manager review incident reports monthly to identify both trends and volume of reporting.

We have implemented learning logs at the service, and this has been on the agenda at recent team meetings.

As previously stated, we have tightened up our safeguarding processes and implemented regular management checks within the service.

**Who is responsible?**

Area Operations Manager  
Regional Operations Manager  
Operations Director  
Head of audit and improvement  
Compliance Manager

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

Mencap's internal quality team  
Operations Director

**Date actions will be completed:**

21st April 2023

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We believe we have met this regulation and that this has been the case for some time.

**Completed by:**

(please print name(s) in full)

Compliance Manager

**Position(s):**

Compliance Manager

**Date:**

21st April 2023

**Regulated activity**

**Regulation**

**Accommodation for persons who require nursing or personal care**

**Regulation 17  
Good governance**

**How the regulation was not being met:**

*The provider had failed to maintain accurate, complete and contemporaneous records for each person living in the home. [L1T1] [SEP1SEP1] Systems to assess and improve the quality and safety of the service were ineffective. [L1T1] [SEP1SEP1] The failure to complete accurate records of the care and treatment provided [L1T1] [SEP1SEP1] Regulation 17 (1)(2)(a)(b)(c)(f)*

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

We are in the final stages of updating all support plans and risk assessments

and have been working through these on a priority basis (greatest potential risk of harm, impact on Quality of Life etc.). All people's One Page Profiles have been updated and now clearly reflect people's individuality, likes and dislikes, and important things to know about them. We use an app to record people's health and support. This is called 'What Matters Most App' (WMMA). Through coaching and developing staff's competence in the app, and making this available to agency staff we are seeing much improved recording. The new management in place at Farm Lane are confident in how to use the app, and importantly, how to access data and information.

Recording and monitoring of people's daily records, including health records, medication, activities and outcomes has improved, as has the use of, and the understanding of our 'What Matters Most App' that we use to record people's care and support. We also carry out a comprehensive monthly manager audits to provide assurance and oversight. The Regional Operations Manager and Area Operations Manager review incident reports monthly to identify both trends and volume of reporting. We have also implemented learning logs at the service, and this has been on the agenda at recent team meetings.

We introduced daily management checklists which involve the Service Manager conducting a walkaround to observe staff practice and to monitor and review recording and reporting processes. We tightened up our safeguarding processes and ensure that when there is the need to raise a safeguarding referral, we are putting people at the centre of the process (making safeguarding personal). Safeguarding training compliance at Farm Lane is currently sitting at 100% and is discussed during team meetings.

**Who is responsible for the action?**

Area Operations Manager  
Service 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?**

Our internal 'mock' CQC inspection looked at all of these areas, with particular focus on the requirement notices / warning notices.

There is ongoing work being carried out by Mencap's internal quality team at the service. This includes three quality co-ordinators who are supporting the service both on site and virtually.

Mencap's internal quality team and the operational managers hold weekly progress calls in order to maintain and embed the improvements that have been made. We are working to a comprehensive action plan and at the time of writing we can confirm that of the 208 identified actions, over 80% have now been completed.

**Who is responsible?**

Area Operations Manager  
Regional Operations Manager  
Operations Director  
Head of audit and improvement

	Compliance Manager
<b>What resources (if any) are needed to implement the change(s) and are these resources available?</b>	
Mencap's internal quality team Operations Director	
<b>Date actions will be completed:</b>	21st April 2023

<b>How will people who use the service(s) be affected by you not meeting this regulation until this date?</b>
We believe we have met this regulation and that this has been the case for some time.

<b>Completed by:</b> (please print name(s) in full)	Compliance Manager
<b>Position(s):</b>	Compliance Manager
<b>Date:</b>	21st April 2023

<b>Regulated activity</b>	<b>Regulation</b>
<b>Accommodation for persons who require nursing or personal care</b>	<b>Regulation 7 Requirements relating to registered managers</b>
	<b>How the regulation was not being met:</b>
	<i>The registered manager failed to manage the service in accordance with the regulations<sup>[L1][L2]</sup> Regulation 7(2)(b)</i>
<b>Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve</b>	
Soon after receiving the draft inspection report we moved and then later suspended the registered manager. Interim management cover was put in place until a full time and permanent manager was brought in, in early January 2023.	

The manager is an experienced service manager and is in the process of registering with the Care Quality Commission.

The Area Operations Manager is registered with the Care Quality Commission, and she had been working at Farm Lane for the past couple of months in order to provide support and oversight to the manager and the team.

There are three quality co-ordinators who are supporting the service both on site and virtually. All of these quality co-ordinators have significant experience in operational management and an excellent knowledge around health and social care in general, as well as the fundamental standards, KLOE's, and Right support, right care, right culture.

**Who is responsible for the action?**

Area Operations Manager  
Service 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?**

As part of the improvement planning process we are engaged in, Mencap's internal quality team conducted a mock CQC inspection in March 2023. This inspection looked at the notification processes as well as internal reporting. In this area the inspection found that there were effective reporting processes in place.

There is ongoing work being carried out by Mencap's internal quality team at the service. This includes three quality co-ordinators who are supporting the service both on site and virtually.

Mencap's internal quality team and the operational managers hold weekly progress calls in order to maintain and embed the improvements that have been made. We are working to a comprehensive action plan and at the time of writing we can confirm that of the 208 identified actions, over 80% have now been completed.

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Area Operations Manager  
Regional Operations Manager  
Operations Director  
Head of audit and improvement  
Compliance Manager

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Mencap's internal quality team  
Operations Director

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**Completed by:**

(please print name(s) in full)

Compliance Manager

**Position(s):**

Compliance Manager

**Date:**

21st April 2023

**Regulated activity**

**Regulation**

**Accommodation for persons who require nursing or personal care**

**Regulation 18  
Staffing**

**How the regulation was not being met:**

*The provider to failed to provide adequate support and training to staff in order to meet people's needs.*

SEP:SEP Regulation 18 (2)

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

Following the inspection we implemented an internal service improvement plan. This plan contained action relating to support and training to our staff team.

We have completed the following training in the past few months:

- Positive Behaviour Support (PBS)
- Restore 2 training
- Complex eating and drinking with SaLT team
- PEG feed and RIG and ballon change
- Dementia training
- Autism awareness

The service manager and an assistant service manager have attended skin tear

training.

The staff team will complete bereavement and end of life care training on the 18th and 19th May.

We have improved our team meetings in terms of frequency as well as content. Team meetings are now happening regularly and future meeting have been booked in. Minutes of these meetings are kept and these are of a good standard. We have improved the planning of team meetings and have an agenda for each.

We have introduced a number of practice observations carried out by the management at Farm Lane House. These include observations of eating and drinking, manual handling, general observations of support, and competency observations of agency staff.

Where we are using agency staff we have introduced a service specific agency induction. This includes a list of all the documents that must be read (and signed), as well as observations of practice in order to confirm successful completion. All agency staff must be signed off before being allowed to work directly with people.

Mencap's new supervision process (My Mencap Journey - MMJ) has been reintroduced and individual 1:1's have been taking place with staff.

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Area Operations Manager  
Service 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?**

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**Who is responsible?**

Area Operations Manager  
Regional Operations Manager  
Operations Director  
Head of audit and improvement

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



Mencap's internal quality team  
Operations Director  
Mencap's learning and development team

<b>Date actions will be completed:</b>	21st April 2023
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<b>Position(s):</b>	Compliance Manager
<b>Date:</b>	21st April 2023