

Manchester City Council

DSAS- South Network

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

DSAS South is a supported living service providing personal care for people with a learning disability, autism or a physical disability. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service provides personal care and support to 57 people living in 14 supported living properties or in individual flats within a block, so that they can live in their own home as independently as possible. People live on their own or in small groups, each person having their own bedroom and sharing the lounge, bathroom and kitchen. Where required staff either slept in the house to be available in the event of an emergency or stayed awake throughout the night.

The size of properties meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

People's experience of using this service and what we found

Care plans, risk assessments and health action plans were regularly reviewed and up to date. These identified people's support needs and provided guidance for staff how to meet these identified needs. People's needs for being involved in activities and their communities had been recognised, with additional funding now available. Complaints were responded to appropriately, with support from the Manchester City Council central complaints department. People's wishes for their support at the end of their lives was discussed and recorded.

There was a clear management structure in place. A quality assurance system was used to monitor and improve the service. People and staff were involved in reviewing their care and support. Staff said they enjoyed working at the service and felt well supported. The service worked well with a range of professionals and had adapted to use more video and telephone conferencing during the Covid-19 pandemic.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 19 June 2019). We met with the provider following the inspection to check the issues found during the inspection were being actioned.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 7 May 2019. The service was rated as requires improvement, with no breaches of regulations. This was the fourth consecutive requires improvement rating.

We undertook this focused inspection to check they had made improvements and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for DSAS South on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

DSAS- South Network

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by three inspectors. Two inspectors visited two supported living properties, whilst the third visited the services' offices.

Service and service type

This service provides care and support to people living in 14 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 24 hours' notice of the inspection due to the Covid-19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 1 October 2020 and finished on 9 October 2020. We visited two supported living properties on 1 October 2020 and the office on 6 October 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with 10 members of staff including the two registered managers, four care co-ordinators and four support workers. We also spoke with the nominated individual, who is responsible for supervising the management of the service on behalf of the provider.

We made observations of the interactions between staff and people who used the service.

We reviewed a range of records. This included five people's care records and medication records. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives about their experience of the care and support provided by DSAS South.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had detailed person centred care plans, risk assessments and health action plans in place. People and relatives we spoke with said they had been involved in agreeing their care plans.
- Care plans were regularly reviewed by the staff team and care co-ordinators. The registered managers used a spreadsheet to monitor and highlight when care plans and risk assessments were due to be reviewed. Care co-ordinators could also access this spreadsheet.
- Care plans written by external professionals, for example an epilepsy or behavioural support plan, were reviewed by the staff team. If there were any changes in people's needs, they were discussed and agreed with the relevant professional. A new referral was made if appropriate for a formal re-assessment to be completed.
- Care plans included goals for people to work towards. Goals included going swimming or on holiday, obtaining a job or returning to education.
- One-page profiles gave details of what was important to the person, their likes and dislikes. This would help staff to quickly get to know the person they were supporting.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified within their care plans. Guidance was included for staff on how to support people to communicate, for example by pointing to objects to identify what the person wants. Relatives told us that the staff team knew their relatives well and how to communicate with them effectively.
- Care plans and health information were available in easy read, pictorial and large font formats as appropriate. Information was provided in an easy read format where required. For example local health teams had provided easy read details about Covid-19, which included notes for staff to talk through the information with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The activities and hobbies people enjoyed were identified in their care plans. One person told us about their goals and that they included, "Saving up for a trip to Paris." People told us they had regular staff who

knew them and their needs well.

- Social workers had reviewed people's care and support needs, with a clear focus on people's community engagement.
- During the Covid-19 pandemic alternative activities had been arranged by the staff teams, including in-house activities and ensuring people went out for exercise to quieter places to reduce the risk of meeting other people. The service provided people with appropriate PPE if they were going out for an activity.
- Relatives said they had maintained contact with their relative and staff during the Covid-19 pandemic through regular phone calls.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. A central Manchester City Council complaints team supported the service to investigate and respond to any complaints appropriately.
- Few complaints had been received since our last inspection. These had been responded to in line with the service's policy.

End of life care and support

- People had end of life plans which included key aspects of how they wanted to be supported at the end of their life, for example if they wanted a particular person present and what items they want with them. One person specified how they wanted people to dress and what music should be played at their funeral.
- Where anyone had made any decisions such as not for resuscitation, this was clearly recorded in the care plan and staff were aware of the decision. If the decision was in place when the person started to receive support from DSAS South it had been reviewed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Audits and matrices were in place to monitor and improve the service. Audits included PPE, recruitment, health and safety, staff training and infection control. Matrices were used to monitor when care plans needed to be reviewed and analyse any patterns in accidents or incidents across the service. As noted in the responsive domain all care plans were seen to be current.
- Additional risk assessments had been written for staff in high risk groups for Covid-19. The provider had developed a tracker to monitor staff sickness and trace where staff had worked should one of them become Covid-19 symptomatic.
- Weekly registered managers meetings were held for all registered managers across the Manchester City Council supported living services to share good practice and discuss any changes or policies affecting all of the services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The two registered managers had clear areas of responsibility, designated South 1 and South 2. All care co-ordinators and staff knew who they reported to. In addition, all said they were able to approach either register manager if the other one was not available. One care co-ordinator said, "The structure is very clear; I report to [registered manager 1 name] but in their absence [registered manager 2 name] is available to talk to."
- The number of care co-ordinators had been increased, meaning they had manageable workloads in the expanded service. A care co-ordinator said, "As a team we're clear what we're trying to do; set a standard of excellence in the service, focus on the quality of support and enhance the quality of citizen's lifestyle to the optimum, with a focus around the individuals."
- Care co-ordinators had continued to visit the properties each week during the pandemic, although they were reducing any risk by not staying too long. A greater use of video conference and telephone calls was made to support staff and monitor the service. One care co-ordinator said, "Every day we phone the houses; to see how everyone is and if they need anything."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and care co-ordinators we spoke with were positive about the new management structure at the service. They felt well supported and said there was always someone they could talk with if they needed to. Staff said they had regular supervision and staff meetings, using video and telephone calls during the

pandemic.

- People's support needs had been reviewed and their community involvement had been seen as a priority in these assessments. The service had been able to justify people's needs for activities and community engagements to be part of their support, which had resulted in an increase in funding being available for the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Support staff were involved in reviewing people's care in conjunction with the person themselves, care co-ordinators and people's families. A care co-ordinator told us, "Staff appreciate being involved and that we want their input."
- Surveys were used to gather feedback from people's relatives; however the response was generally low. Relatives we spoke with said they knew the staff teams, care co-ordinators and registered manager and were able to phone them if they needed to. One relative said, "If I'm concerned about anything I could speak to the [care co-ordinator] or [registered manager] but I haven't needed to in recent years."
- Each member of staff had access to a works email address. This was used to ensure all staff received updated guidance, for example on the use of PPE or changes in people's support plans.

Working in partnership with others

- Staff said they had been able to have continued access to medical professionals, for example GP and district nurses during the Covid-19 pandemic. A range of video and telephone calls were used to reduce the need for people to visit the houses.
- The service worked with the landlords of each property to ensure maintenance and safety checks were completed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Complaints were responded to according to the Manchester City Council policy. A central team ensure the complainant received a response to their complaints.
- Staff told us they were confident to raise any concerns they had with the care co-ordinators or directly with the registered managers.
- The registered managers notified the CQC of any accidents or incidents at the service appropriately.