

Manchester City Council

# Central Disability Supported Accommodation Services

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Central Disability Supported Accommodation Services (Central Disability Services) is a supported living service providing personal care for people with a learning disability, autistic people or mental health needs so they can live in their own home as independently as possible.

The service supported 42 people at the time of our inspection in a range of shared houses and a new build property with 20 single flats. Each property had either a sleep-in room for staff to use at night or staff who were awake all night (waking night staff).

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

#### Right Support

The service supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Assisted technology was effectively used to increase people's independence and safety.

Staff enabled people to access specialist health and social care support in the community. People received their medicines as prescribed. Staff knew people well and communicated with people in ways that met their needs, including the use of body language and gestures. Staff supported people to take part in activities and pursue their interests in their local area.

The service gave people care and support in a safe, clean, environment that met their sensory and physical needs. The new build flats were designed to a high specification. People were able to personalise their rooms.

#### Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff had been safely recruited and felt well supported in their role.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. The risks people might face had been identified and measures were in place to manage these known risks.

#### Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Communication with people and their relatives was good. The service was looking to develop how they captured this feedback so it could be analysed across the whole service.

People and those important to them, were involved in planning their care. Quality assurance systems evaluated the quality of support provided to people. We have made a recommendation about the registered manager ensuring their monitoring systems had current information about the service.

People received good quality care and support because staff had the training to meet their needs and wishes. People were supported by a stable staff team, who understood their individual needs. This meant people received compassionate and empowering care that was tailored to their needs.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update:

This service was registered with us on 6 September 2019 and this is the first inspection. The last rating for the service under their previous organisation name (MLDP Central Network) and at the previous premises was good, published on 20 March 2019. The legal entity of the service had changed, however the management and staff teams remained the same.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care, right culture.

#### Recommendations

We have made a recommendation about the registered managers oversight of the quality assurance system.

#### 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 safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Central Disability Supported Accommodation Services

## **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

Three inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in seven '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 a manager 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

This inspection was unannounced. Inspection activity started on 23 March 2022 and ended on 28 March 2022. We visited the office location on 23 March 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke / communicated with ten people who used the service about their experience of the care provided. Some people who used the service had limited communication and used different ways of communicating, including using gestures and their body language.

We spoke with 13 members of staff including the registered manager, support coordinators and support staff. We spent time observing people throughout the inspection to help us understand the experience of people who could not talk with us.

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 and policies were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. An Expert by Experience telephoned 11 relatives about their experience of the care provided for their relative. We looked at two staff files in relation to recruitment and staff supervision. We spoke with three professionals who visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, under the previous legal entity, this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks people face were identified in a risk screening assessment. Risk assessments gave pro-active strategies for staff to support people positively. Assistive technology was effectively used to manage risks, promote people's independence, choice and minimise the need for restricting their freedom.
- Positive Behaviour Support (PBS) plans were used to identify possible triggers where people may become anxious and identify strategies for staff to minimise these and support people if they became agitated. Staff could recognise signs when people experienced emotional distress and knew how to support them to keep them safe. Staff were trained in the use of breakaway techniques and restrictive interventions where required.
- Equipment within the home was regularly checked by members of staff. The service worked with the relevant housing association for any maintenance requirements at the properties.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Policies and procedures were in place for the reporting and investigating of any concerns. Staff knew what should be reported and how to do this. Robust procedures were in place where members of staff supported people to manage their money.
- People said they felt safe with their staff support. People's relatives agreed, with one saying, "Absolutely no doubt over his safety and wellbeing. [Name] moved six months ago; we were worried about the move, but he was so happy. The smile on his face was brilliant."
- All incidents and accidents were recorded and reviewed by the support coordinators and the registered manager to ensure actions were taken to reduce the risk of a reoccurrence.

### Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before new staff started working at the service.
- There were enough staff on duty to meet people's needs. Regular agency staff, who were part of the rota, were used to maintain a consistent staff team who knew people's needs. Support was in place, including for one-to-one support, for people to take part in activities of their choice.

### Using medicines safely

- People received their medicines as prescribed. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- Clear written guidelines were in place for when 'as required' medicines, for example pain relief, needed to be administered. These included how the person would communicate, either verbally or non-verbally, that

they needed the as required medicine.

- Staff did annual medicines administration training and a competency assessment was completed.

#### Preventing and controlling infection

- The properties we visited were visibly clean throughout. Cleaning schedules were used to ensure all areas were regularly cleaned.
- Staff used the appropriate personal protective equipment (PPE) as per current government guidance. Staff said they had been provided with the training they needed during the COVID-19 pandemic to minimise the risks of infection.
- People had been supported to keep in touch with their relatives and friends during the pandemic and visiting to the properties was safely managed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, under the previous legal entity, this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff said they felt well supported and received the induction and training they needed for their role. A lot of training had moved to on-line training due to COVID-19 restrictions, although face to face training had continued in smaller groups where required, for example physical intervention training. Staff completed specific training to meet people's needs, for example epilepsy and autism awareness.
- Individual staff training needs were reviewed with the care co-ordinators during staff supervision meetings. Staff said they were able to raise any issues they had with the care co-ordinators and felt they were listened to.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. Eating and drinking guidelines identified people's support needs. The speech and language team (SALT) were involved where people were at risk of choking and needed a modified diet. People's food and fluid intake was monitored where needed.
- Where possible, people were involved in choosing their food, shopping, and planning their meals. Staff encouraged people to eat a healthy and varied diet and supported people to be involved in preparing and cooking their own meals.
- People were supported to eat and drink in line with their cultural preferences and beliefs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and wellbeing. A range of health and care professionals, for example learning disability team, psychiatrists, GP and district nurse team, were involved in supporting people's mental and physical health. One relative said, "[Name] has lots of health issues, but they've always been followed up and addressed by the staff."
- People had health actions plans and hospital passports. These provided detailed information about people's health, their support and communication needs if they required medical treatment.
- People were referred to health care professionals to support their wellbeing. People were supported to attend health appointments where required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Central Disability Services was working within the principles of the MCA. Capacity assessments were completed, and best interest decisions meetings were held for those people who did not have capacity to consent to care and support with medicines, health decisions and other care and support needs. Staff, and relatives who knew each person well, were consulted in the best interest decision making and care planning.
- A best interest decision had been made when people moved to the new build flats if they could not make that decision themselves. This included decisions about the use of the assistive technology at the new build flats. This monitored, where required, if people had got up and would alert staff to check if they needed any support. The result was a reduction in the checks staff needed to make when people were relaxing or in bed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they moved to the service. A comprehensive strength-based assessment was completed for all people who moved into the new build flats, including those who moved from another Central Disability Services property.
- People's care and support plans were personalised and were regularly reviewed to ensure they were up to date.

Adapting service, design, decoration to meet people's needs

- Each property was adapted to meet the needs of the people living there, for example accessible bathrooms. People's rooms were personalised with their own belongings and photographs.
- The new build flats had been designed to a high specification to meet people's varied needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, under the previous legal entity, this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were observed to be comfortable chatting and engaging with members of staff. Staff knew people well, what they enjoyed and how support people to reduce their anxieties. People spoke positively about the staff team, with one person saying, "They (the staff) are really good and friendly; they understand me." Relatives were also positive about the care staff, with one saying, "Staff are lovely, amazing. I wouldn't want anyone else" and another told us, "They (staff) are so caring, so understanding and have empathy."
- People worked with care staff to identify what they wanted to do and achieve and to agree goals in order to work towards this. People's hobbies, likes, dislikes and cultural needs were recorded in their care files.
- One person had been supported to access religious services on-line during the COVID-19 pandemic as they could not attend in person. People were encouraged to wear clothing that showed off their own identity and which were chosen by them.

Supporting people to express their views and be involved in making decisions about their care

- People, and their relatives, were involved in agreeing their care and support. We observed people approaching staff to chat about the things they wanted to talk about.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. One relative said, "The staff can 'read him', they got to know him, then they pass this onto the others, so they get to know him as well." A member of care staff told us, "We need to spend as much time as possible trying to interact with the person. It will understandably take time for you to gain the person's trust and for them to feel safe to interact with you so taking your time is critical."

Respecting and promoting people's privacy, dignity and independence

- The care staff respected people's privacy and dignity. Staff knew people well, including when they wanted some time on their own. Assisted technology was used to promote people's privacy and independence, as people were able to spend more time safely in the flats on their own if they wanted to.
- Staff prompted and encouraged people to do things for themselves. One person said, "We cook, we wash the pots, I feel involved in everything. This is my home."

# Is the service responsive?

## Our findings

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

At the last inspection, under the previous legal entity, this key question was rated as good. At this inspection this key question has remained the same. 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; End of life care and support

- Person centred care plans identified key routines and support needs for each individual. A one-page profile was used to provide a brief overview of each person and their support needs.
- Staff supported people to identify and work towards individual goals that were important to them. Staff knew people well and the level of support each person needed.
- An 'outcome star' model was being introduced at the service. Outcome stars are tools for measuring and supporting people to work towards their individual goals and develop their independence. They are completed collaboratively with each person and members of staff.
- Detailed end of life plans were discussed and agreed with the person, where possible, their relatives and other medical professionals involved in the person's care and support. Best interest meetings were arranged if appropriate to agree people's end of life care. The registered manager and support coordinators said most people did not want to discuss their end of life wishes.

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.

- Communication passports had been written where required to give guidance on how best to communicate with the person and explaining what the person is communicating to the staff with their body language and actions. The service worked with other health and social care professionals to develop people's individual communication plans.
- Care staff knew people well and understood people's communication needs and when people were trying to tell them something. A relative said, "The staff know him really well because if his face changes they know something is wrong because he cannot communicate (verbally)."

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. People were positive about the activities they participated in. One person said, "I go out and play pool, swimming, cinemas and play football." Another person spoke enthusiastically about going to the allotment and showed

us the wooden planters they had made.

- Assisted technology was being used to enable people to have more independence and go out on their own, whilst keeping safe. For example, sensors in people's kitchen alerted staff if a person was using certain equipment so they could offer support. This meant the person could go into their kitchen when they wanted for drinks or snacks and received the support they needed if they were using the kitchen equipment.
- People were supported to keep in touch with their families, either with visits or via telephone / video calls.

Improving care quality in response to complaints or concerns

- A formal complaints policy was in place. Only a few complaints had been received and these had been all been responded to appropriately.
- All the relatives we spoke with said they were able to speak directly with the care staff or support coordinators if they had any concerns and these were always sorted out. One relative said, "If there are any issues then they address it" and another told us, "Managers are available if I need to speak to them. If I feel somethings not right then I will say" and "Absolutely, they will listen to my views and not judge what you say."

# 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, under the previous legal entity, this key question was rated as good. At this inspection this key question has remained the same. 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; Working in partnership with others

- A quality assurance system of scheduled audits was in place. The support coordinators made regular checks of a range of areas, including health and safety, medicines, care plans and risk assessments. Actions were identified for any shortfalls found. Some audits had been delayed due to the COVID-19 pandemic and the need for some staff to isolate. There had not been an impact for the people using the service as we found the documents within the properties to be up to date and relevant.
- The registered manager used a series of matrices to identify when key documents needed to be reviewed, audits completed and incident logs. We found not all matrices were up to date. The registered manager confirmed after the inspection these had been updated with the correct data and discussed how these would be used going forward to provide a robust oversight of the service.

We recommend the registered manager considers best practice in ensuring their quality assurance records are contemporaneous.

- Support coordinators and the registered manager reviewed all incidents and accidents to ensure actions had been taken to reduce the likelihood of a re-occurrence. There had been a reduction in incidents since people moved to the new build flats. The registered manager said this was because the environment was so much better than where people had moved from.
- The service worked well in partnership with other health and social care organisations, which helped to improve people's wellbeing. One professional said, "I have found them to provide good services, they communicate well and respond to queries."

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

- All care staff we spoke with knew their roles within the service and were committed to providing person centred support for the people using the service. They said they were able to discuss any ideas or concerns with their support coordinator or the registered manager.
- The support coordinators were visible within the properties and felt well supported by their colleagues and the registered manager.
- The registered manager was aware of their legal responsibilities and notified the CQC and local authorities appropriately when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, and their relatives where appropriate, were involved in agreeing people's care and support plans. Relatives said there was good communication with the care staff. Relative's we spoke to said, "We phone each other (support coordinator) and come to a decision between us without any qualms" and, "I'm happy with the care, I know the staff quite well, they keep me informed of any changes"
- Formal surveys were no longer carried out due to the poor response to previous surveys. Relatives said they were able to raise any concerns they had directly with the staff team. We discussed this with the registered and the providers senior managers, who said they would look to record relative feedback from the regular phone calls with care staff and support coordinators more formally so it was captured and could be analysed for trends.
- The registered and senior managers were aware of the possibility of closed cultures developing within a property. A closed culture can develop if a service is isolated with little contact with other parts of the service, professionals or relatives. We discussed how regular visits to the properties by support coordinators, changes in care staff team members and working with relatives and other professionals reduced the risk of a closed culture developing.
- People were supported to identify and work towards goals that were important to them. One person said, "I'm much happier in this flat." Another person showed us how happy they were to have helped prepare their lunch. A relative said, "I have seen an improvement in [Name] since being here. I'm happy in his health and the carers are approachable."