

Manchester City Council

DSAS- South Network

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on the 5 and 6 September 2017. This was the first inspection of DSAS South since it had been re-registered with the Care Quality Commission in August 2016. The re-registration had taken place to formally integrate the learning disability supported living service and the physical disability service under one registration. The service, under its previous registration as South Network, was inspected in June 2016. References throughout this report to 'the last inspection' concern that inspection.

South Network provides support for 62 people living in their own homes. Thirty-seven people live in shared supported accommodation with staff support 24 hours per day. Twenty-five people with physical disabilities live at Alsager Close, 16 of whom live in their own flat with a range of different support hours each day and nine who live in two shared bungalows with staff support 24 hours per day. Each house or set of flats had a designated staff team. The staff teams were managed by a care co-ordinator. There were seven care co-ordinators in total.

Manchester City Council has two other similar services covering the North and Central areas of the city. An improvement plan had been established in 2016 covering all three services. Regular meetings were held to monitor the implementation of the improvement plan.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made; however progress was not always consistent across the properties.

We found a new risk screening tool and person centred risk assessment and safety management plan was being introduced. This clearly identified any relevant risks and referred to the guidance in place for staff to follow to mitigate the risks. However the person centred risk assessment and safety management plan had not been completed in all properties. Where applicable positive behaviour support plans were in place to guide staff how to manage people's behaviour.

New person centred plans were being written. These gave good details of people's life history, likes and dislikes, the support they needed and what they were able to complete for themselves. Most of the plans were in the process of being reviewed by the staff teams and relatives at the time of our inspection. Again we found not all properties had the draft person centred plans in place.

This meant staff in some properties did not have up to date information about the support people required

and how to mitigate the identified risks.

People and their relatives told us they felt safe when supported by DSAS South staff. Staff had completed training in safeguarding vulnerable adults and were able to explain the action they would take if they suspected any abuse had taken place.

We saw sufficient staff were on duty to meet people's needs. Regular contracted agency staff were used to cover vacancies, which meant they got to know the needs of the people they were supporting. We were told other agency staff were sometimes used to cover annual leave and staff sickness. We were told that shifts at weekends were more difficult to cover, especially if staff due to work were unable to at short notice. Relatives we spoke with said that the staff teams were more stable at the moment.

An exercise had been completed to record the exact support each person required. This was because people's needs had not always been re-assessed by the relevant social services department. The service increased people's support above the social services assessed need if their needs had changed.

A safe system of staff recruitment was in place at the service. Staff we spoke with knew people's needs well and were able to describe to us people's care and support needs.

Staff training had increased. The service was now able to specify what training their staff required and this would be sourced for them. Staff said they felt well supported by the care co-ordinators and had staff meetings every two months. Job consultation sessions (supervisions) were not held as frequently as planned. Care co-ordinators were due to visit their properties each week but not all of them did so.

We found a safe system for administering medicines was in place. Staff had received training in the administration of medicines. People we spoke with told us that they received the medicines as prescribed.

We found that people were supported to maintain their health. However health action plans required updating. We saw records of medical appointments attended. Systems were in place to monitor people's nutritional intake where required.

People's capacity to make decisions had been assessed and referrals made to the local authority for formal capacity assessments and best interest decisions to be made on their behalf. Any restrictions in place were clearly recorded in the supported living properties; however this detail was not available at Alsagers Close. Staff were now more aware of the Deprivation of Liberty Safeguards and why any restrictions were in place. The service was working within the principles of the Mental Capacity Act (2005).

Staff gave us a good example of the support provided to one person at the end of their life. Additional staff were available to ensure they were able to stay at their home. End of life training was planned which should give staff the confidence to discuss advance care planning with people and their relatives.

A system of audits was in place at the service, including for medicines, trackers for training and supervisions. An audit tool had been developed which covered care files, health and safety, people's finances and the environment. These were completed by care co-ordinators from one of DSAS South sister services. The compliance rating from the audits had shown an improvement since they had been introduced. However consistent improvements had not been made across the service.

Accidents, incidents and safeguarding were monitored by the registered manager. We saw investigations had been completed where required.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

New risk assessment and safety management plans had been introduced; however, they had not been completed in all properties.

Sufficient staff were on duty to meet people's needs, however there were some issues covering shifts at short notice at weekends. Regular agency staff were used where possible.

People received their medicines as prescribed.

A safe system of staff recruitment was in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were supported to meet their health and nutritional needs; however health action plans needed reviewing.

Training had been provided for the staff teams. The service was now pro-actively specifying the training courses they required.

Staff said they felt well supported, with regular team meetings being held. However job consultations (supervisions) were not consistently held and some care co-ordinators did not regularly visit the properties they managed.

The service was meeting the principles of the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service was caring.

People and their relatives were very positive about the regular staff supporting them.

Personal profiles recorded people's likes, dislikes and social history; this meant staff were able to develop meaningful

relationships with the people they supported.

We were told that people's end of life wishes were respected and staff said they had been well supported by their care co-ordinator when a person was at the end of their life.

Is the service responsive?

The service was not always responsive.

Care plans were not up to date in all properties. Person centred plans were in the process of being written but had not been progressed in some properties.

Staff were starting to be involved in developing the person centred plans.

Relatives said that staff were approachable and responded well to any issues or concerns they raised.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Risk assessments had been developed and person centred care plans were being written; however they had not been progressed in all properties.

A range of monitoring tools were in place. A new audit process had been introduced with care co-ordinators auditing properties in the sister services in Manchester.

Staff were positive about working for DSAS South. The care co-ordinators said the registered manager was approachable and the senior Manchester City Council managers were now more visible in the service.

Requires Improvement ●

DSAS- South Network

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 September 2017 and was unannounced. The inspection team consisted of two inspectors on the first day, with one inspector returning for the second day of the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we observed interactions between staff and people who used the service. We spoke with eight people, the registered manager, four care co-ordinators, 13 care staff, a learning disability nurse and one health professional. Following the inspection we spoke with four relatives of people who used the service.

We looked at records relating to the service, including ten people's care records, four staff recruitment files, daily record notes, medicine administration records (MAR), quality assurance systems, records of incidents and policies and procedures. Due to the limited verbal communication of some of the people living at the service, and the nature of their learning disability, they responded to most of our questions with a "yes" or "no" answer.

Is the service safe?

Our findings

At the last inspection there was a breach of regulation 12 of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014 because not all risks were assessed, reviewed and managed appropriately. At this inspection we found improvements were in the process of being implemented. The service had introduced a risk screening tool to identify any risks for each individual. This referenced where the information to mitigate the identified risk was, for example the person centred plan, positive behaviour support plan or 'person centred risk assessment and safety management plan.' These provided guidance for staff in how to mitigate the identified risks.

We saw that in some properties both of these had been written; however we saw in one property that the person centred risk assessment and safety management plan had not yet been completed. We also noted that one person centred risk assessment and safety management plan referenced a behaviour plan that was not currently in place for that person. The registered manager told us the care co-ordinators were in the process of writing the risk management plans for all the people supported by the service.

This meant that staff in some properties did not have current up to date information about the risks a person may face and how to mitigate those risks. This was a continued breach of Regulation 12(1) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Where people displayed complex behaviours that may challenge, referrals had been made to the community learning disability team (CLDT) and positive behaviour support plans had been written. These provided details of potential triggers for people's anxiety and techniques for staff to use to de-escalate these anxieties and how to manage any potential behaviour. The CLDT nurse told us that the plans were reviewed when they were advised by the staff team that people's needs and behaviours had changed. They said that they had informed staff that they could review the positive behaviour support plans and state that there had been no changes in people's behaviours to indicate that the plans were still current. We discussed this with the registered manager who said the staff teams were being asked to record on the positive behaviour support plans that there had been no changes and the plans were still current.

People we spoke with said they felt safe being supported by the DSAS South staff. One told us, "I feel really safe here" and another said, "It's good here; I feel safe." A visiting health professional said, "I feel the residents here are well looked after and kept safe."

We asked about the staffing levels at the service. A resource team covering all three Manchester City Council supported living services had been established since our last inspection. Their role was to ensure that all shifts were covered. We were told there had been some changes to how the resource team worked since initially being formed. The care co-ordinators were now writing the rotas for their properties, with any shifts that were not covered, for example due to annual leave or vacant posts, being passed to the resource team. The care co-ordinators had recently completed their rotas on a computer spreadsheet. This would mean that the next time the rotas were being written a template rota was already in place, which would make the process quicker to complete.

Staff we spoke with said that agency staff were still used at the service, although some of the agency staff were on a long term contract which meant they had regular shifts at the service and so knew the people they were supporting. We were told that regular staff were sometimes moved between properties to ensure that new agency staff were not working together.

One staff member told us, "We do use agency but some of them like [name] have been working here a long time so to me it's not like agency as such," and another said, "It can be difficult with agency staff, but we always get cover." However other staff told us that shifts were more difficult to cover at weekends, especially if staff phoned in sick at short notice. One staff member at Alsagers Close said they sometimes had to work alone instead of with another member staff. When this happened staff from another house on the same complex would provide additional support as required. The care co-ordinator acknowledged that this sometimes happened, but said that this had now improved. Rotas showed that the full complement of staffing was planned for each shift; however staff told us there was sometimes difficulty to cover all shifts at a weekend, especially if staff due to work were unable to at short notice.

We were told that the service had just started to use one agency to arrange any cover they needed. This should reduce the time spent telephoning different agencies when shifts needed to be covered.

The relatives we spoke with were positive about the support their loved ones received from the regular staff team. One told us, "The consistent staff know [name] very well and can pick up on the subtle signs that he is not happy," and, "As a service there was a period where agency staff were used but it's not too bad at the moment."

The agency staff members we spoke with confirmed they regularly worked at DSAS South and told us that they received information about the support people needed through a handover and the care plan. A handover sheet was used to record each handover. Each property also had a diary for any appointments or tasks to be completed that day. This meant they were able to get to know the people they were supporting and their needs.

This meant regular staff (including regular agency staff) who knew people's needs were used for most shifts. The registered manager showed us that an exercise had been completed to determine the actual support each person currently received. This showed that more support was being provided by the service than the support assessed as being required by social services. We were told, confirmed by staff in one property, that if people required additional support due to a change in their needs this was provided by the service. A request was then made to social services for a re-assessment to be completed. This meant that people's changing needs were met, even if a formal re-assessment had not been completed by social services.

We looked at the recruitment system for the service. We were told the three Manchester City Council supported living services were working with the department of work and pensions (DWP) to recruit staff who had not been in work for a period of time. This involved the potential employee completing training in health and social care and shadowing existing staff. This enabled the applicant to decide if they wanted to work in social care and gave DSAS South an opportunity to assess the applicant's aptitude for the role over an eight week period. The service was also working with a local college to recruit apprentices.

We looked at the recruitment files for four members of staff. We found that they all contained application forms detailing their previous employment histories, two references from previous employers and showed appropriate checks had been made with the disclosure and barring service (DBS). The DBS checks to ensure that the person is suitable to work with vulnerable people. Staff were required to renew their DBS every three years. A DBS tracker was in place to monitor who needed to re-apply for their DBS and when. This

meant the people who used the service were protected from the risks of unsuitable staff being recruited.

Staff members told us, confirmed by the training records, they had received training in safeguarding vulnerable adults. Staff were aware of what may constitute abuse and the procedures in place to protect people from harm. An escalation policy was in place to ensure any safeguarding issues were reported to senior managers if referrals to other agencies were not acted upon in a timely manner.

Where people were not able to manage their own finances we saw an assessment had been completed to agree the support each person required. All transactions were recorded and balances checked to bank statements. This should help ensure people are protected from financial abuse.

We looked at how medicines were managed in the service and found a safe system of administering medicines was in place. An assessment of the support each person required with their medicines had been completed. This included details of how the person liked to take their medicine. The medicine administration records (MARs) were fully completed, with the time of administration and total quantity of medicines held noted. However we saw in one property that the guidelines for when people needed an 'as required' medicine to be administered did not include details of how they would inform the staff that they needed the medicine, for example through non-verbal communication such as facial expression or changes in behaviour. This was especially important as the property had one staff member on duty from 6pm, who may be a cover member of staff or agency staff who did not know the people who lived there well. The other properties we visited did have clear guidance in place for when 'as required' medicines were needed.

The staff who administered medicines, had received training and annual observations of practice had been completed. Agency staff were given a full induction on medicines administration. The care co-ordinators audited the MARs each month and followed up any issues they found directly with the staff concerned; however the lack of clear guidance for as required medicines had not been identified.

All accidents and incidents were recorded. These were followed up by the care co-ordinators and reviewed by the registered manager to identify any trends or themes. The learning disability nurse told us that there were more incidents reported when unfamiliar agency staff were on duty, whereas regular staff were more able to diffuse and re-direct people who became anxious or agitated. Relatives we spoke with said the number of incidents for their loved one had reduced as regular staff were in place. One said, "They (the staff) will ring if there has been a problem but I've not had a call for a while," and another told us, "Incidents are few and far between now."

We saw that people's homes were clean and personalised. We were told that the care co-ordinators were working with the different landlords to arrange maintenance and re-decoration of the homes. One property we visited was in need of re-decoration; we were told this had been discussed with the housing association and was being arranged. We noted that a meeting had been held with the housing association who managed the majority of the properties people lived in to ensure that a prompt repair service was provided.

Weekly safety checks were made of smoke detectors and fire alarm systems where they were installed. We saw that Manchester City Council had a business continuity plan in place in case of an emergency that would affect the running of the service. The plan directed staff on who to contact within the Manchester City Council organisation and the emergency contact numbers for utilities and services. The plan did not contain information specific to DSAS South or about each individual property in the service, for example where people may move to if their own property was not habitable following an emergency.

Personal emergency evacuation plans (PEEPS) were in place for people. These detailed the support a

person would need in the event of having to evacuate the building. We saw personal protective equipment (PPE), for example gloves and aprons, were available for staff to use where required.

Is the service effective?

Our findings

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 people lack the 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards in Domestic Settings (DiDS). Applications to deprive a person of their liberty have to be made to the court of protection. We checked whether the service was working within the principles of the MCA.

At the last inspection we found a breach in the Regulations because capacity assessments and best interest meetings had not been completed and staff were not aware of the requirements of the (MCA). At this inspection we found improvements had been made.

Staff we spoke with were able to explain why restrictions had been put in place for people. For example in one house there was a 'stable' door into the kitchen which was kept locked. Staff told us this was because one person living there would touch hot kettles or hobs and eat raw food if they had access to kitchen.

In the supported living properties we saw people's capacity to make decisions had been assessed by DSAS South and the reasons for any restrictions in place, for example front doors being locked, were detailed. We saw that referrals to the local authority had been made for capacity assessments to be completed. A named social worker was now in place to complete these.

We noted at Alsager Close that whilst referrals for capacity assessments had been made to the local authority, initial capacity assessments had not been completed by DSAS South to record people's consent or whether it was in their best interest to provide the care and support, administer medicines or for any restrictions in place. We recommend the same procedure is used at Alsagers as at the supported living properties to fully document capacity assessments and any restrictions that are in place.

Staff had received training in MCA and DoLS. The registered manager told us follow up practice development sessions were being arranged to check the staff's understanding of how the MCA and DoLS apply to their everyday support. This should help embed the MCA and DoLS training into the staff practice.

At the last inspection we found a breach in Regulation 18 of the Health and Social Act HSCA 2008 (Regulated Activities) Regulations 2014 due to staff training and supervisions not being up to date. At this inspection we found improvements had been made. Staff told us that there had been an increase in the training courses they had attended recently. The registered manager showed us a training matrix which indicated that staff had completed courses the service considered to be mandatory, for example moving and handling,

safeguarding, food hygiene and first aid. Specialist courses to meet individual needs such as dysphagia (risk of choking), epilepsy and physical intervention / breakaway training had been completed by those staff teams that required them.

The registered manager explained that the service was now able to be pro-active in requesting and arranging the training that they required. Previously training was arranged centrally by Manchester City Council and places on the courses allocated to the service. Now the registered manager can identify what training their staff need and request these courses are arranged, with external training organisations being used where required. The service now has their own training budget.

One staff member said, "The training here is very good – it is usually given on an internal basis but we have also had training delivered from external companies which I think is good" and another told us, "We've had a burst of training recently."

Staff told us that they shadowed experienced staff when they had started working at DSAS South to get to know the people they would be supporting. Staff who were new to social care were enrolled on the care certificate. The care certificate is a national set of standards that care staff should adhere to in their professional lives.

This meant that the staff training had increased with staff completing the training relevant to their role and additional specific training was now being arranged by the service as required.

We received mixed feedback from staff about having supervisions (called job consultations) with their team leader. Some staff said they had them every two months, but others said they had only had one or two in 2017. We were told, "At one time we did have job consultations quite a bit but I can't remember my last one – I have not had one this year" and "I have job consultations every couple of months; I can also go to [care co-ordinator] and ask."

The registered manager acknowledged that job consultations had not been completed as regularly as they should have been at the beginning of the year, but said that this was now improving. A schedule of job consultation dates had been devised to ensure staff and team leaders were aware when they were due to be completed.

We saw minutes from team meetings, which were held every two months. Staff said these were open forums and they were able to raise any ideas or concerns at the meetings. We saw that an open office forum had been started in August 2017. This was one day per month when staff could go to the main office to ask questions and get information about the service and any changes that were being considered. The registered manager attended the session along with other senior Manchester City Council managers who were available.

Staff said that they felt well supported by the care co-ordinators. At the last inspection we had been told that the care co-ordinators aimed to visit the properties they managed once each week. Staff in two properties said that this was now happening; however at another house we were told the care co-ordinator only visited once per month, although they were contactable on the phone if required. Computers had recently been installed in each house which should mean the care co-ordinators would be able to work from the properties more and be more visible to their teams. We also saw that there had been some sickness within the care co-ordinators which had meant other care co-ordinators had been covering for their colleagues, which reduced their presence in the properties.

This meant that whilst staff said they felt well supported and had access to information through monthly meetings with the managers of the service, some were not having the job consultations as often as planned and some care co-ordinators did not have a regular presence in the properties they managed.

Staff told us they received a handover at the start of every shift to inform them of any changes in people's health or wellbeing. A handover sheet was completed, with all medicines and money being checked. This should reduce the chance of errors being made. A communications book and diary were also used to ensure appointments were recorded and any messages shared with the whole staff team.

We saw from people's care files that health appointments and referrals to specialists, for example Speech and Language Team (SALT) and district nurses were made when required. Where appropriate the SALT team had written guidelines for staff to reduce the risk of a person choking due to their swallowing difficulties. We were told that staff would inform the SALT team if a person's needs changed but the SALT team would not review the guidelines provided otherwise. As with the behaviour support plans good practice would be for staff to indicate that there have been no changes to the guidelines so that staff knew they were still current. Following the inspection the registered manager informed us that this had been done for the SALT guidelines we had seen dated 2013 where the needs of the person had not changed and would be completed for all other guidelines where the needs of people had not changed.

People had health action plans in their care files. These detailed the person's health needs and the support they needed to maintain their health. Important details about people's medical conditions, including symptoms and traits, were recorded to inform staff about the health needs of the people they supported. These had been completed by the community learning disability team (CLDT) and some were two to three years old. The CLDT were no longer updating the health action plans. We were told the staff teams would be reviewing and updating these in future. Some plans had hand written additions made to them as people's health needs had changed.

People also had completed 'hospital traffic light' books in place which provided key information required by hospital staff if they were admitted to hospital.

We saw one person required pressure area care. A visiting health professional told us, "We have been treating [name] because of a pressure sore but it has really improved – we asked for him to be turned every two hours but the staff turn him every hour which has really helped. They listen to what we have to say and do a great job."

One person had been supported to eat more healthily, which we saw had resulted in them no longer being insulin dependent.

This meant people were supported to maintain their health; however some information in the health action plans needed to be updated.

We saw, where appropriate, properties were adapted to meet the needs of the people living there, including accessible bathrooms and track hoists.

Is the service caring?

Our findings

All the people and relatives we spoke with were complimentary about the regular staff who supported them. One person said, "The staff do listen to what I say" and another told us, "I like my support (staff); it's good here." A relative told us, "The staff team all work together; I can tell the staff and they just deal with it" and another said, "The staff know and value [name]."

We observed positive interactions between people who used the service and staff at the properties we visited. Staff knew people well and were able to describe their support needs to us. One staff member said, "Person centred care to me is care that is all about care and support that is all about people's wishes and needs." The two regular agency staff we spoke with were also able to tell us about people's support needs. People we spoke with told us that staff would ask them before providing any care or support.

We saw that a personal profile had been written for each person. This provided details of the individual's life history and their likes and dislikes. This should help staff to form meaningful relationships with the people they support.

We saw that people were supported to attend church if they wished to do so. This showed that people's cultural beliefs were supported.

Relatives we spoke with said that they had been involved in reviewing their loved ones care plans. One said, "[name's] needs have changed and we've had regular three monthly meetings with the care co-ordinator." Another relative told us, "They are responsive to any issues; I mentioned about [name's] weight and they then addressed it and monitored it." However another relative told us it had taken some time to arrange for additional support when their loved ones needs had changed. This showed that relatives were involved in planning the care and support with their loved ones.

Where people did not have any family involvement we saw the local authority social workers had arranged for independent advocates to be appointed to act in the person's best interest. This was primarily for agreeing the support provided by DSAS South was in people's best interest.

We saw people's person centred plans contained information about the tasks people were able to complete themselves. One person told us, "I go to Tesco's each week (with staff) to get my shopping." We observed one person being supported to peel the potatoes they were having for their tea. This meant people were supported to maintain their independence where possible.

Staff at one property explained the support they had been able to provide for a person at the end of their lives. They were able to work with other health professionals to support the person to remain at home at the end of their life as the person did not want to go to hospital. Additional staff had been on duty so that one staff was able to stay with the person at all times. The staff said they were well supported by their care co-ordinator and the registered manager throughout this period.

We saw in two care files we looked at that the person had a funeral plan was in place. However, people's end of life wishes were usually discussed with the person and their family, where appropriate, as and when a person came to the end of their lives. The registered manager told us they were currently in the process of arranging an external training provider to undertake staff training in end of life care. This training would include writing advanced plans with people and their families so people's wishes at the end of their lives would be known prior to them becoming unwell. This should improve the planning for people's end of life care.

We saw that a new end of life policy had been written in August 2017 which set out the principle of agreeing an advanced care plan with people where ever possible.

Is the service responsive?

Our findings

At the last inspection we found a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a lack of clear care plans and goals which had not been regularly reviewed with the people who used the service and their families.

At this inspection we saw improvements had been made; however progress had been slow. We saw new person centred plans were in place in some of the properties we visited. These contained detailed information about people's needs and routines, what they could complete themselves and the support the staff needed to provide. They were written in a person centred way. Staff told us they were currently involved in reviewing the person centred plans and suggesting any changes or additions, which would then be incorporated into the document. Goals were also being identified with people as to what they wanted to achieve with their support.

However we saw in other properties that the person centred plans were not as advanced. In one property an old pen picture was still in place, although there was some hand written amendments on the document. The registered manager acknowledged this; with part of the reason being that some care co-ordinators had been off work for a period of time that meant the person centred plans had not been progressed.

We also noted that some care files contained old monitoring sheets, for example for people's weight or continence dated 2016. If there is no longer a need to monitor an area of people's care this needs to be clearly noted and the old monitoring forms archived. Otherwise the monitoring sheets need to be kept up to date so that they are meaningful.

Whilst some improvements were being made in people's person centred plans this was not consistent across the whole service. As noted previously in this report, support plans developed by external agencies such as the behavioural support plans, Speech and Language Team (SALT) guidelines and health action plans had not been reviewed by the service. This was a continued breach of Regulation 9(1) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The person centred plans currently being written should enable the service to meet the requirements of Regulation 9. We will check this at our next inspection.

Relatives we spoke with said that they had been involved in reviewing their loved ones support and care, although one said this had not happened for a while. We also noted that an advocate was involved in the discussions about one person moving houses and had raised some queries. These were being addressed by the service. This meant people's relatives, where appropriate or an advocate where involved in agreeing people's support.

We saw that computers had been installed in each property for staff use. These would allow staff to review and update people's care plans and risk assessments rather than relying on the care co-ordinators to update them all. Staff said they were waiting for training to be able to access the computer system. The registered manager said that additional training was to be provided for staff in writing person centred plans.

The care co-ordinators we spoke with said the computers would enable staff to be more involved in reviewing people's care plans. They said this would be beneficial as the staff knew people and their needs well as they were with them each day. We were told the plan was that people's families could also be involved in reviewing the plans with staff when they visited their loved one.

People's care files included information about the activities they liked to participate in. People had some weekly activities that they attended. Where people had one to one staff support they were able to access the community when they wanted to. In shared houses this depended on having enough care staff on duty to support some people to go out and others to stay at home. One staff member told us, "We need three staff on duty (to support people to go out) so we try to plan a couple of days ahead." We saw that some people paid for additional support through other support agencies so they were able to go out more often.

One relative we spoke with said, "[Name] likes it when the staff are drivers as he can get out in his mobility care. If there are no drivers he's a bit restricted." Another relative told us, "[Name's] never in. Today he's gone to the cinema; he also goes to the allotment and shopping."

As noted previously in this report an exercise to establish the exact support being provided for each person had been carried out. The registered manager showed us that this detailed what the support was being used for. They said it highlighted that for some people there was little time available for staff to support people to access their local community or attend activities. This information has been discussed with senior management so it could be part of the formulation of future budgets.

This meant that people had activities they attended each week; however it had been recognised that some people would benefit from having more activities arranged. The registered manager told us they were planning to use the Hall Lane Resource centre where the DSAS South offices were located to host events, for example movie nights. We will check whether people's social opportunities have increased at our next inspection.

We saw minutes from tenants meetings at Alsager Close. People were able to raise issues or concerns they wanted to. Actions were identified and completed where required.

We saw that a senior manager had held a 'family engagement' event to inform people's families about the improvement plans in place for the service. We were also told surveys were due to be sent to relatives to ask for their feedback on the service provided to their loved ones. This meant the service endeavoured to keep relatives informed about the service.

We saw that a formal complaints policy was in place. Formal complaints were investigated by a central complaints team for Manchester City Council. Findings were shared with the complainant and the service. A relative told us, "I just tell the staff and they deal with it" and another said, "I contact the staff team or [care co-ordinator name] if I need to." This meant that most issues were sorted out without the need to make a formal complaint.

Is the service well-led?

Our findings

The service had a registered manager in place as required by their registration with the Care Quality Commission (CQC).

At the last inspection we found a breach in Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the information held in people's care files was not up to date and contemporaneous. At this inspection we found improvements had been made; however this was not consistent across the whole service. We found a new risk screening tool had been introduced which clearly identified the risks for each person; however we saw these had not been completed for the people living at one property we inspected. Person centred plans were in the process of being written and reviewed by the care staff, people and their families; however again these had not been written at one property we inspected. We discussed this with the registered manager, who acknowledged that some care co-ordinators had progressed the new risk assessments and person centred plans more than others.

This was a continued breach of Regulation 17(1) (2) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we had been told that the care co-ordinators would be spending more of their time at the properties they managed, supporting their staff teams. We found that some care co-ordinators were doing this, visiting their properties each week; however others were not. Two staff at one property told us their care co-ordinator visited once a month. We noted that three care co-ordinators had been off work for three months at the time of our inspection. This had meant that the person centred plans had not been progressed as much as had been planned as the remaining care co-ordinators had been covering for their colleagues. The registered manager had arranged for a care co-ordinator from a sister service to cover at DSAS South in September 2017 to provide additional support to the staff teams and the other care co-ordinators until the care co-ordinators returned to work.

We saw a range of monitoring tools were used by the registered manager. These included an overview of all accidents, incidents and safeguarding referrals, a training spreadsheet and supervision tracker. An audit tool had been developed and introduced by Manchester City Council. The audit was completed for each property and looked at the care files, medicines, people's finances, health and safety and the environment. The audits we saw had identified the issues we found with the care plans and risk assessments needing to be reviewed and rewritten. As stated in this report this was currently ongoing.

The audit had been developed as a spreadsheet which enabled the registered manager to access all the completed audits. All properties across DSAS South had been audited. Manchester City Council had developed a system where care co-ordinators from the two sister services would complete the audits for DSAS South, with DSAS South care co-ordinators completing audits in the sister services. This was a more robust system of auditing as the auditor would be from a different service. It would also enable learning across the three services. One care co-ordinator told us, "It's a better audit system now as others do them now and it's a fresh set of eyes." However, we were also told that not all the planned audits had been completed recently due to the absence of some of the care co-ordinators. Action plans were produced

following each audit. These were prioritised by the care co-ordinator and registered manager and were in the process of being implemented. Audits were due to be completed every three months and we saw that the compliance score had improved when the properties had been re-audited.

This meant that improvements were being made, however as found at this inspection, shortfalls remained in updating the person centred care plans, risk assessments, regular staff job consultations were not being completed and as required medicines guidance were not robust. This was a breach of Regulation 17(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager showed us a risk register for those people considered to be a high risk, for example if a person had a history of risk taking behaviour. This enabled the registered manager to be aware of the people the service supported who presented a risk to others and the support in place to mitigate the risk. They were then able to inform their managers of these risks.

We saw that the registered managers from the three Manchester City Council supported living services met every month to discuss common issues across the three services, for example audits, improvement plans and recruitment. The registered manager met with her senior managers each week to plan for the week and prioritise the tasks to be completed.

The care co-ordinators had also started to meet with their colleagues from the sister services every three months. They said this was beneficial as they were able to learn from each other. This meant that the service was involved in a wider network which enabled good practice and other's experience to be shared.

The care co-ordinators told us they felt well supported by the registered manager. They said the improvement initiatives identified had been prioritised so they were not all being implemented at the same time and were confident the service was improving.

We were told that the registered manager was approachable and the senior managers for Manchester City Council were now more visible and provided more support.

The care staff we spoke with were all positive about working for DSAS South and the support they received. They said they were kept up to date with the changes at the service through regular team meetings. They were also positive about the introduction of computers in to the properties, saying they would enable them to update people's care plans and risk assessments directly. One staff member told us, "We get together regularly for team meetings and if you have any ideas or suggestions you can bring them up – we see the managers a lot."

We looked at a range of policies and procedures and saw they were all up to date.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the CQC. We checked the records at the service and found that all incidents had been recorded, investigated and reported appropriately.

Overall improvements had been made at the service since our last inspection. Detailed person centred plans were being written and new risk screening tools were being introduced. However, this work was on going and had not been completed at the time of our inspection. Staff training was now being organised more pro-actively based on the requirements of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Improvements made in people's person centred plans was not consistent across the whole service. Support plans developed by external agencies such as the behavioural support plans, Speech and Language Team (SALT) guidelines and health action plans had not been reviewed by the service. The lack of clear person centred plans and goals in some properties was a continued breach of Regulation 9 (3) (a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Person centred risk assessment and safety management plan had not yet been completed in some properties. This meant that staff in some properties did not have current up to date information about the risks a person may face and how to mitigate those risks.</p> <p>This was a continued breach of Regulation 12 with reference to (2) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Shortfalls remained in updating the person centred care plans, risk assessments; regular staff job consultations were not being completed and as required medicines guidance</p>

were not robust.

This was a breach of Regulation 17 (1)

Information held in people's care files was not consistent across the whole service. In some properties the information was not up to date and contemporaneous.

This was a continued breach of Regulation 17 (2) (c)