Manchester City Council

MLDP Central 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 and 24 January 2018 and was unannounced. MLDP Central was last inspected in October 2016 where we found four breaches of legal requirements with regard to not all risk assessments being assessed, reviewed and managed, a lack of capacity assessments being completed, people's care plans not being up to date and governance processes were not robust in providing assurances that the quality of people's care and the quality of the service was being monitored. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good. At this inspection we found some improvements had been made; however not all legal requirements were being met.

MLDP Central provides support for 47 people living in their own homes. Some people lived in their own flat, with all flats in the property being part of the MLDP Central support network. People received a range of support each day. Other people lived in shared houses with staff support 24 hours per day. Each house or flat had a designated staff team. The staff teams were managed by a care co-ordinator. There were six care co-ordinators in total.

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 registered manager who had been in place since May 2012. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Risk assessments had been reviewed and were current. A risk screening tool had been introduced in two properties we visited but was not used in two others. We found guidance was not provided for staff with regard to the support two people required to manage risks in relation to epilepsy support and dietary needs following a major operation. Where applicable positive behaviour support plans were in place to guide staff how to manage people's behaviour.

Person centred care plans had been introduced and were current in three properties we visited. However in one property the person centred care plans were not current and contained information that was out of date. 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.

Where person centred plans had been completed and were up to date, they gave good details of people's life history, likes and dislikes, the support they needed and what they were able to complete for themselves. Relatives told us they had been involved in reviewing their relatives' care plans.

Quality assurance systems were not robust. Trackers were being set up so the registered manager had an overview of the service; however at the time of our inspection information was not easy to find or was not available.

An audit system had been introduced where care co-ordinators from MLDP Central's sister services in the north and south of Manchester visited MLDP properties. The registered manager did not carry out their own checks within the service.

Health and safety checks were not recorded in all properties. At the flats a fire risk assessment had stated additional fire extinguishers were required for the building. The care co-ordinators had requested these from the central 'works' department but they were still not in place three months after the fire risk assessment recommendation had been made.

People and their relatives told us they felt safe when supported by MLDP Central 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, although a high proportion were agency staff – staff told us this was around 50% in one property. Regular contracted agency staff were used to cover vacancies, which meant they got to know the needs of the people they were supporting. However we were told other agency staff were used as well, with one relative saying they were concerned that the agency staff did not know the needs of their relative.

People were supported to engage in various activities. One relative said people were now able to go out more than previously.

People and their relatives were very complimentary about the regular staff supporting them. Staff were able to describe people's assessed support needs and knew people well.

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 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 to six months. Staff had job consultation sessions (supervisions) with their care co-ordinators. Care co-ordinators were due to visit their properties each week; however at one property we were told they visited each fortnight.

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. Health action plans were in place but required updating in one property. We saw records of medical appointments attended and referrals were made to specialists as required. Systems were in place to monitor people's nutritional intake where

required.

People's communication needs had been assessed. A communication passport had been used to assist hospital staff to communicate with one person when they had to be admitted to hospital.

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 recorded. Historical restrictions in place at the flats we visited were being questioned. If they were no longer required they were being removed. 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).

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

At this inspection we found four 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 screening tools had been introduced; however, they had not been completed in all properties. Risk assessments had been updated in three properties we visited however guidance for staff was not available for all risks at a fourth property.

Sufficient staff were on duty to meet people's needs. Regular agency staff were used where possible. A concern was raised whether the agency staff knew people's assessed needs.

People received their medicines as prescribed.

A safe system of staff recruitment was in place.

Is the service effective?

Good

The service was not always effective.

Training was now being booked directly by the registered manager. Staff said that more training was now being provided.

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

Staff said they felt well supported, with regular job consultations (supervisions) and team meetings being held.

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.

People were supported to meet their cultural needs.

People's wishes for their support at the end of their lives were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Person centred care plans had been written but were not up to date in all properties.

Staff and relatives said they were involved in developing the person centred plans.

People had planned activities in place. Relatives told us there had been an increase in the activities people took part in.

Is the service well-led?

Requires Improvement

The service was not always well led.

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

The registered manager did not complete any audits at the properties themselves. A range of tracking tools were being developed but the information was not easy to find or was not available.

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 MLDP Central. The care co-ordinators said the registered manager was approachable.

MLDP Central 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 23 and 24 January 2018 and was unannounced. The first day of the inspection was carried out by two inspectors, with one inspector returning for the second day.

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, due to the nature of the service, we had limited observations of the interactions between staff and people who used the service. Some people were not able to communicate with us due to the nature of their disability and responded with gestures or yes and no answers.

We visited three properties and a building containing 13 flats with all people living their being supported by MLDP Central staff. We spoke with or observed seven people who used the service. We spoke with 4 relatives, 12 staff members, five care co-ordinators and the registered manager. We looked at records relating to the service, including eight care plans, three staff recruitment files, daily record notes, medication administration records (MAR), health and safety records, quality assurance records, accidents and incidents records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in October 2016 we found a breach of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014 as not all risk assessments and behavioural support plans had been reviewed. At this inspection we found a risk screening tool was used in two of the properties we visited to identify the risks applicable to each person; however this tool was not in place in the files we viewed at two other properties. We also found that most people's risk assessments had been reviewed and were current. These gave guidance for staff in how to support the person and mitigate the identified risks.

However, in one property, we saw that one person had epilepsy. We did not see an epilepsy support plan in place. Very brief information about signs staff would observe prior to the person having a seizure and how they needed to respond was contained on the medication sheet for their 'as required' epilepsy medicine. The risk assessment for this person referred to a bathing plan if they had a bath. This was not seen in their care file. There is a risk of drowning if a person with epilepsy has a seizure when they are having a bath; however we saw that this person had their own shower room which they used most days.

Another person had had a major organ transplant. We were told that this person did not need to follow a special diet following this operation. Guidelines available from the NHS showed that the person needed a low salt and balanced diet as the risks of high blood pressure and being overweight were heightened due to the transplant. This information was not available in the person's care file and the staff we spoke with were unaware of this guidance.

This meant people's health and welfare was put at significant risk because staff 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 applicable we saw positive behavioural support plans were in place where people displayed complex behaviour that may be challenging. These had been written by the community learning disability team (CLDT) and 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. Staff and the care co-ordinators told us that the plans were reviewed by the CLDT nurse when they were advised by the staff team that people's needs and behaviours had changed. We found that the care co-ordinators had signed to confirm that there had been no changes in the observed behaviours to show that the behavioural support plans were still current.

Since our last inspection the CLDT had relocated the learning disability nurse that had previously been co-located at one of the properties to their community offices. The change meant that in future people supported by MLDP Central would have to be formally referred to the CLDT rather than the learning disability nurse being able to respond directly to a request for input from the care co-ordinators. We were told that this may lengthen the process for getting support from the CLDT but was the same as the referral process for all other people who needed CLDT input.

At the last inspection in October 2016 we found that incidents and accidents were not reviewed to identify potential patterns, themes or ways to reduce the risk of a re-occurrence. At this inspection we found improvements had been made and the legal requirements were being met in this area. Care co-ordinators and the registered manager told us that all incidents were reviewed by the care co-ordinators. Serious incidents were also reviewed by the registered manager. They were logged on a tracker with details of the incident and the action taken.

Care co-ordinators we spoke with and the registered manager explained the action they had taken following incidents, including referrals for a re-assessment of need or to medical professionals such as clinical psychologists.

Staff told us there were sufficient staff on duty to meet people's needs. Rotas showed the service continued to use a high level of agency staff. One staff member said, "Agency staff are used about 50% of the time." The majority of the agency staff were on regular contracts and worked at the same properties. They were part of the staff team, attended staff meetings and were scheduled on the rota. Care co-ordinators told us that when additional cover was required they requested known staff who had worked at the property before. One person we spoke with said, "It's always the same staff with me." However a relative expressed concern about the level of agency staff used at the service and the impact inconsistent staff had for their relatives' levels of anxiety.

The care co-ordinators continued to write the rotas for their properties. Any shifts that needed to be covered were made known to the resourcing team whose role was to co-ordinate all the agency requests for the service. A new system for requesting an agency member of staff had been introduced at the service. One agency had been appointed as the lead agency. When agency cover was required the care co-ordinator rang this one agency, who would then liaise with other approved agencies to find the cover required. We were told that this system was now working well after initial teething problems.

There was also a system in place where a manager or care co-ordinator was on call outside of office hours. This was so staff were able to ask for advice at any time. Staff said this system worked well; however we were told there had been occasions when the on call manager had not immediately answered the call, delaying the administration of a person's 'as required' medicine used when they became anxious. We discussed this with the registered manager who said that sometimes the on call manager could be on another call and therefore not be able to immediately answer their phone. They said the on call manager should return the call as soon as they could. They said the 'as required' medicine policy was in the process of being re-written so that experienced staff were able to administer this medicine without requesting permission from the on call manager first. The staff would report any 'as required' medicine administered as they currently did via an incident report. This would ensure that people received their 'as required' medicine as soon as they needed it and that the care co-ordinators were able to monitor how frequently the 'as required' medicine was being used.
The registered manager, confirmed by care co-ordinators we spoke with, said that they had informed the experienced 'grade 4' staff who administered medicines that they were able to administer PRN medicines and then inform the on call manager if the on call phone was engaged when they rang it. This meant there would not be a delay in administering people's as required medicines

We saw that medicines were safely managed. People received their medicines as prescribed by trained staff. The medicine administration records (MARs) were fully completed, with the time of administration and total quantity of medicines held recorded. All medicines were checked during the staff handover, which meant any medicines issues would be identified quickly.

However we saw in one property that the guidelines for when people needed an 'as required' pain relief 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. Other medicines at the property did contain clear guidelines for when they should be used. The other properties we visited did have clear guidance in place for when 'as required' medicines were needed.

One person we spoke with indicated through gestures that they felt safe supported by staff from MLDP Central. Relatives we spoke with also felt their relatives were safe, especially with the regular staff members. One relative told us, "Everything's fine; [name] gets really good support." However one relative expressed some concern the agency staff did not always know their relative's needs sufficiently to support them. The care co-ordinator informed us there were two staff on long term absence from the service. A regular agency staff member had been brought into the service and was on the rota for the home to enable them to be a consistent part of the staff team. Staff members told us, and we confirmed by looking at 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.

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 at each staff handover. This should help ensure people are protected from financial abuse.

An 'escalation policy' was in place which provided a framework to inform members of Manchester City Council (MCC) management of any safeguarding issues, serious incidents or if referrals to other agencies were not acted upon in a timely manner. A 'high risk register' was also used to monitor those people who presented as a high risk; for example due to their behaviour or due to them refusing support. The high risk register was shared with the Manchester safeguarding board, meaning they and senior managers were aware of the risks. This meant a robust system was in place for reporting, recording and following up on any safeguarding incidents.

Some people's needs had not been formally re-assessed by social services for several years. The registered manager showed us that an exercise had been completed to determine the actual support each person currently needed and 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 staffing had been increased due to a change in people's needs at the property. This meant that people's changing needs were met, even if a formal re-assessment had not been completed by social services.

Safe recruitment procedures were in place at the service. We saw all relevant checks had been made prior to a staff member being appointed. This included a Disclosure and Barring Service (DBS) check and two references. The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant.

At two properties we saw weekly checks were made of the fire alarm and smoke detectors. A record of fire drills was kept. However in two other properties evidence of these safety checks were not seen. We did not see personal emergency evacuation plans (PEEP) at all the properties we visited. A PEEP provides details of the support a person would require in the event of an emergency evacuation from the building.

At the block of flats we visited a fire risk assessment had been completed in October 2017 which stated that additional fire extinguishers were required in the building and weekly fire alarm checks should be carried out. The housing association as landlord had, in December 2017, undertaken to complete the checks on the fire alarm and emergency lighting system; however we did not see evidence that these were being carried

out. MLDP Central were responsible for providing the additional fire extinguishers. The care co-ordinators showed us they had requested the MCC 'works' department responsible for buildings to provide these extinguishers, but this had not yet happened. The registered manager had escalated this to their managers within MCC. The delay in providing the recommended firefighting equipment, lack of safety checks and PEEPs in some properties was a breach of Regulation 12(1) with reference to 2(d) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

Good

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 in October 2016 we found a breach of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014 as there was a lack of capacity assessments and best interest meeting records. We found improvements had been made that met this regulation. We saw an Individual Scale Tool (IST) for domestic settings was used to assess if people had the capacity to make decisions about their care and support. However the IST's were not in people's care files at two properties we visited but were at the head office. At two other properties the IST's were in people's care files. This meant that the assessment of a person's capacity was not always available for the staff team to see.

Where people were assessed as lacking capacity they had been referred to the local authority for a formal assessment and best interest decision to be completed by a named social worker. An application would then be made to the court of protection (CoP). We saw that some applications had been made to the CoP, but many assessments still needed to be completed by the local authority.

We saw that best interest decisions had been made where people lacked the capacity to manage their own finances. We also saw that a multi-disciplinary meeting had been held in respect of one person to make a best interest decision about where they would live.

Staff we spoke with were able to explain any restrictions in place at the properties. For example at one property the kitchen was locked when staff were not present as one person would put anything they found in their mouths. This was reflected in their care plan. However at the flats we visited the care plans we saw stated that the kitchens were kept locked, but did not provide the reason why this was required. We discussed this with the care co-ordinators for the flats. The staff we spoke with at the flats were able to explain why any restrictions such as a locked kitchen door were in place for the people they supported .We saw this had been raised at a staff meeting in December 2017 with staff being asked why the kitchen doors needed to be locked. Where the locking of the kitchen doors was justified, for example one person had a history of inappropriately using knives; this would be documented in their person centred care plan. This meant that historical restrictions currently in place were being questioned and where found not to be required would be removed.

At the last inspection we found that not all training deemed necessary by the provider had been completed. At this inspection the registered manager was able to assess the training their staff required based on the needs of the people supported by the service and any refresher training the staff team needed. They then booked the required courses directly for their staff. Previously courses were arranged centrally with MLDP Central being allocated a number of places. Care co-ordinators told us this was a much better system as it enabled the service to arrange the training they needed. We saw courses had been arranged for moving and handling, safeguarding and first aid.

Staff we spoke with confirmed that they had attended specific training relevant to their role, for example physical intervention and epilepsy. Staff told us, "I get enough training and can ask for more if I need to" and another said, "Access to training has been getting better." This was also recorded on the staff training matrix, which showed staff had received training, although some required refresher training to be completed. As stated above this was now being booked.

Staff told us they shadowed experienced staff if they moved properties so they could get to know the people they were now supporting. Training records showed that over 80% of the staff team had completed a nationally recognised course in health and social care.
Agency staff we spoke with said they received training through their agency. All stated they had completed any specialist training, for example epilepsy or physical intervention training, before they were able to support people where this training was required. This was reviewed by the resourcing team before agency staff were booked to undertake shifts.

This meant that staff were competent to carry out their roles and had received or were booked onto the relevant training courses.
Staff members we spoke with said they felt well supported by their care co-ordinator. Staff told us they had supervisions (called job consultations) with their care co-ordinator every two to three months. Staff said these were open discussions and they were able to raise any issues they had. A new 'All About Me' form had been introduced to prompt discussions around the staff members hobbies and interests as well as discussing the people they supported and their performance. This would enable care co-ordinators to plan their rotas to allocate the staff to support people with activities they themselves enjoyed.

The care co-ordinators planned the job consultations for their team. The registered manager did not have oversight of the MLDP Central teams to ensure that all job consultations were taking place as planned. We saw that a tracker was in the process of being set up at the time of our inspection.

We saw minutes from team meetings. Staff told us these were held every two to six months depending on the team. Staff were positive about the meetings and felt able to raise any ideas or concerns they may have. One staff member said, "The meetings are the best way of making things change." Staff told us they were able to contact their care co-ordinator by phone and most visited the properties each week, although two staff at one property told us their care co-ordinator only visited once a fortnight on average.

Computers had recently been provided in each property which meant the care co-ordinators were able to base themselves at the properties to work and be available to support their staff teams.

We observed and 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.

The care files we viewed contained a health action plan and hospital traffic light assessments. These contained information about people's health needs and the support they needed to meet these needs. They were current, apart from in one property where the information was dated 2015. We could not be sure that this information remained up to date.

The care files contained details of health appointments attended, including GP's, opticians and district nurses. Where appropriate referrals had been made to specialists, for example the Speech and Language Team (SALT) if people had swallowing difficulties, psychology and occupational therapist. One relative explained how the SALT team had been involved with their relative as they had developed swallowing difficulties. They said the staff knew the guidance provided by the SALT team and made sure they followed it and observed their relative closely when they were eating and drinking.

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

People we spoke with said they were supported to go shopping to buy the food they liked. Staff were able to describe the support people required with eating and drinking, for example on person needed their food cut into small pieces and staff stayed with them throughout their meal due to the risk of choking. This corresponded with the information in their person centred plans. Where required people's food and fluid intake was monitored and people's weight recorded each month. This meant staff were supporting people with their nutritional needs.

We saw that people's rooms had been personalised with photos and personal items. Where required adapted bathrooms were in place so people could access them easily.

The registered manager said the service had not had any vacancies in the properties until recently. Any referrals received are assessed by the registered manager, care co-ordinator and relevant social worker. Consideration was given to whether the placement would be appropriate and if the person would be compatible living with the people currently at the property.

Good

Is the service caring?

Our findings

All the interactions we observed between staff and the people at the locations we visited were positive. Staff got down to each person's eye level and spoke to them with respect. We saw staff knocked on doors before entering to ensure privacy, treated everyone with compassion and responded in a timely way to requests for support.

Staff were able to describe how they maintained people's privacy and dignity when supporting people with personal care.

The staff we spoke with knew the people they supported well. They were able to describe their likes, dislikes and support needs. One page personal profiles had been written which provided details of people's life histories, likes and dislikes. However in one property we visited there were two different profiles for the same person in different files and another person's profile was well out of date as it referred to them having medical treatment that had not been required since 2013. The staff were able to describe the current support this person needed. This meant that, apart from one property, staff had the information to form meaningful relationships with the people they supported.

The relatives we spoke with were all complimentary about the caring nature of the staff members. They also said that the regular staff knew their relatives needs very well. One said, "The regular staff are fantastic; they know everything about [name]" and another told us, "The care staff are brilliant, I couldn't fault them. [Name] is well looked after."

Where required we saw information about how people communicated was in place, either in a care plan or a communication passport produced by the Speech and Language Team. These gave guidance for staff in how to communicate with the person and how to interpret their gestures and expressions. This enabled people to communicate their needs to the staff team even if they were non-verbal. One relative told us the communication passport was recently used when their relative was in hospital. They said it enabled the hospital staff to be able to better communicate with the person during their hospital stay.

Where possible people were encouraged to maintain and increase their independence. Staff described how one person was now eating by themselves rather than needing staff support and another person was now able to make their own cup of tea. Another staff member said, "I give people some space and time so they can do some of their own care as well." However staff also expressed some concern that not all staff were as committed to promoting people's independence.

Where people lacked capacity and did not have any relatives who were able to advocate on their behalf we saw that a professional advocacy agency was engaged. An advocate is independent of the funding authority and the service provider and speaks on behalf of the person living at the service to ensure that their views are considered and their rights are protected.

People's religious and cultural needs were recorded in their person centred plans. Some people's activity

plans included being supported to attend church. Culturally appropriate food was prepared for people. We were told one staff team liaised with one person's family so they were able to meet their cultural needs, including attending the mosque and buying hallal meat. Adaptations had also been made to their flat to meet their cultural needs.

In the properties we visited we saw that people's confidential information was securely stored.

Requires Improvement

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 as care plans were inconsistent and some were out of date.

In three of the properties we visited we saw the person centred care plans had been reviewed and contained detailed information about people's needs and routines, for example their routine in a morning when getting up. This included information about what support was required and what people were able to do for themselves. Staff we spoke described people's support needs and these were reflected in the person centred care plans. However we also saw that some information was out of date, for example the support one person required when out walking with staff was dated 2013. We could not be sure if this was still current.

We saw some variation in the format of the plans. We spoke with the care co-ordinator about this and they told us that each time they reviewed a care plan they learnt from the last one and as a result made alterations.

However at another property we found the person centred plans were not up to date. One was dated August 2015 and another one was not dated. Another file had information about 'how to provide the best support' which had been reviewed in 2008. We could not be sure that the information in these person centred care plans was current. One person's file also contained information about a medical issue that had not been relevant since 2013.

Whilst some improvements were being made in people's person centred plans this was not consistent across the whole service. This was a continued breach of Regulation 9(1) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had been involved in reviewing the person centred plans and had been asked about people's routines and support needs. Relatives also told us that they attended reviews with their relatives to discuss and agree the support they needed. They also said that the staff kept them up to date with any changes; for example if their relative was ill.

We saw in the flats that a file had been compiled containing the pen pictures, behavioural support plans and epilepsy care plans for all people living in the flats. This was kept in the locked staff area. This meant new staff or agency staff were able to refer to this file to have an overview of people's needs.

The person centred plans included goals people had agreed for the coming year. We saw these included decorating their rooms and trying different activities. However there were no timescales for this to be done. It was also noted that staffing levels would have to be reviewed in order for one person to be more involved in activities and that this would be dependent on senior managers agreeing to this. This meant that whilst goals had been agreed they were not always achievable without additional resources.

Where required we saw that the person centred plans were in an easy read format and included pictures. This meant that the people who used the service would be more able to understand what the plans contained.

We saw, confirmed by the people and staff we spoke with, that people had a timetable of regular activities. This included activities with in the local community such as working at an allotment, going to the cinema and trips out. Relatives commented that their relatives were able to participate in a range of activities. One said, "[Name] now gets out more than they used to be able to.

One staff member explained how the person's car had a perspex sheet to ensure the person could not interfere with the driver when in the car. This showed that steps had been taken to ensure the safety of the person and staff so the person could go out in their car.

At the flats the rota showed there were two 'floating' staff whose role was to provide additional support when required for people to be able to go out. For example some people needed one staff to support them in their flat but two staff when they went out. The floating members of staff enabled them to go out more often. Another property had sessional members of staff whose role was to support people to access activities of their choice.

We also saw that in one property one person had their own lounge which had multi coloured lights to increase sensory stimulation. This meant people had access to a range of social activities.

Each care file we saw contained a funeral plan which included people's wishes after their death. We spoke with one care co-ordinator about the end of life care provided for one person they had supported. The service had liaised with a local hospice, district nurses and specialist McMillan nurses so the person was able to remain in their home at the end of their life. We saw Manchester City Council provided a confidential counselling service for staff if they wanted to talk about the effect of the person's end of life support had had on them. This showed the service provided appropriate support at the end of people's lives.

The service had a complaints policy in place. A record of all formal complaints, notes of the investigation into the complaint and the response to the complainant was kept. Relatives told us they would speak directly to the staff team or care co-ordinator if they had a concern. All said that anything they had raised had been dealt with quickly. One relative said, "I'd speak to [name's] keyworker or [care co-ordinator name] if I needed to."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because quality assurance systems were not effective.

At this inspection we found a series of trackers were being set up, for example for training, job consultations and safeguarding; however the information available at the time of our inspection was not easy to find or not yet available. It was in different systems and files and was not all complete.

The registered manager did not undertake any audit checks themselves in the properties. We saw that the registered manager had recorded a few 'occasional visit' forms when they had gone to a property. This recorded observations about the home and a discussion with the staff on duty. It did not cover checking the care files and person centred plans. These visits were not scheduled and took place on a more ad hoc basis. Some care co-ordinators we spoke with said they audited their own properties files and we saw some 'spot checks' had been completed by some care co-ordinators. They used this information to work with their staff teams, through team meetings and job consultations, to improve the care files and address any issues they had identified. However the registered manager did not have an overview of when person centred care plans and risk assessments had been updated to satisfy themselves that they were all current.

An auditing system had been introduced by Manchester City Council (MCC) where care co-ordinators and managers from MLDP Central's sister services in north and south Manchester completed an annual audit tool at properties in the Central area. The Central co-ordinators also completed audits in either the north or south. This meant a more independent audit was completed. A schedule of audits for 2018 had been agreed. The care co-ordinators we spoke with confirmed audits had been completed at their properties and that they had audited properties in other areas. The care co-ordinators received written action plans from the findings of the audits. However there was no overview of these audits held by the registered manager so they could ensure all actions had been implemented.
All completed audits from across the three MLDP services were sent to the Nominated Individual (NI) for MCC. The NI is registered with the CQC and is a person employed as a director, manager or secretary of an organisation with responsibility for supervising the management of the regulated activity.

Shortfalls remained in updating the person centred care plans, risk assessments and the registered manager having an overview of the service. This was a breach of Regulation 17(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care co-ordinators checked the medicine administration records and any monitoring charts used had been correctly completed each month. They followed up any issues identified with the individual staff members concerned.

Staff we spoke with were positive about working at MLDP Central most said that the care co-ordinators were more visible within the properties they managed. Regular team meetings were held by the care co-ordinators and staff told us they were asked for their input when the person centred plans and risk

assessments were updated. Monthly staff engagement meetings were also held. These were open to all staff to attend to meet with the registered manager and senior managers.

MCC had recently completed a staff survey which covered the service provided and the staff's employment with MCC; however the results were not available at the time of our inspection. A service newsletter was produced every two months which provided general updates about MLDP Central and, activities that had been arranged.

The care co-ordinators said they felt well supported by the registered manager. We saw monthly management meetings were held by the registered manager with the MLDP Central care co-ordinators. Issues discussed included training, staff job consultations and audits.

Minutes showed that the registered managers from the three MLDP services met regularly with the NI. These were used to share ideas and good practice. The care co-ordinators and registered manager told us the NI was visible within the service, was approachable and would provide advice and guidance when required.

At the time of our inspection the registered managers from the three MLDP services across Manchester were in the process of reviewing the policies and procedures in place. This exercise was to ensure the policies reflected the MLDP services more closely rather than being corporate MCC policies across a wide range of different departments.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. The service had a 'statement of purpose in place which detailed the service provided by MLDP Central.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Whilst some improvements were being made in people's person centred plans this was not consistent across the whole service. This was a continued breach of Regulation 9(1) (3) (a)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment One person did not have an epilepsy plan in place. Another person did not have guidance on a person's dietary requirements following major surgery. 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. Regulation 12(1) The delay in providing the recommended firefighting equipment, lack of safety checks and PEEPs in some properties Regulation 12(1) with reference to 2(d)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Shortfalls remained in updating the person

centred care plans, risk assessments and the registered manager having an overview of the service.

This was a breach of Regulation 17(1)