

## 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?

**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

The inspection took place on 10 and 11 October 2016 and was announced. The service was last inspected in November 2013.

Manchester City Council Supported Accommodation Service Central Network (MDLP) provides support for 51 people living in their own homes with staff support 24 hours per day. Each property had a designated staff team. Staff teams were supported by assistant managers. There were six assistant managers in total who were based in the head office.

Manchester City Council had two other similar services covering the South and North areas of the city. The Care Quality Commission (CQC) inspected MLDP North and MLDP South six months ago and found breaches in regulation. Manchester City Council has since applied to have the MLDP South removed as a location. Following the inspections Manchester City Council formed an improvement team covering three supported accommodation services that were registered with the CQC. During the inspection we discussed the implementation of the improvement plan with the Interim Team Manager for Manchester City Council Supported Accommodation Service. They provided records of meetings and reviews of the improvement plan to demonstrate how the service was moving forward with some of the actions.

The service had a registered manager in place at the time of the inspection. 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. We found risk assessments were not always up to date. Some risk assessments did mitigate risk, others did not provide guidance for staff to follow to keep people safe. We found risk management plans were in place for some people; however these were not always reviewed. This meant that the information and guidance for staff was not always up to date. We found the service did not always assess people's mental capacity, there was a lack of records to demonstrate best interest meetings had taken place to ensure safe decision making when applications were made to deprive people of their liberty.

The registered manager kept a log of accidents and incidents along with records following instances of behaviours that challenged. Not all accidents and incidents were investigated to monitor for patterns or themes.

Staff told us they received training to enable them to carry out their role. However we found some staff training required refreshing. Training in specific topics necessary to support people who used the service had not been completed.

People, relative and staff knew how to complain. We found the provider had a system to log complaints. However we found these were not always investigated fully with a response given to the complainant.

Audits had not always been completed regularly. There was no evidence to support any managerial oversight or analysis of the audit process to drive improvements in the service. A new audit process had been introduced which the registered manager was implementing.

Some care plans were not personalised and not always up to date. Staff had commenced a reviewing programme to ensure care plans were brought up to date. We found some informative personalised plans had been completed with people.

People we spoke with and their relatives told us they felt the service was safe. We found staff had knowledge and understanding of safeguarding and could explain what action they would take. The service had a new process in place to escalate safeguarding issues and concerns to the most appropriate agencies.

We saw the provider had a thorough and robust recruitment policy and procedure in place. Staff had appropriate checks carried out before commencing employment.

We found the provider had processes and systems in place to ensure medicines were managed safely. Records relating to medicine administration were completed correctly, staff were trained and had their competency checked.

We looked to see if the provider was working in line with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff told us and we found records to demonstrate they received one-to-one sessions with an assistant manager. Staff had regular supervision with the assistant manager to discuss their performance and development.

People had access to health care services. Staff referred to other health care professionals where necessary and supported people to appointments.

People told us they felt the service was caring. Relatives gave positive feedback about the service. We saw positive relationships between people and staff.

People's privacy and dignity was respected. Staff communicated with people in an engaging manner. Advocacy services were available for people we found the service supported people to access advocates when necessary.

People told us they had access to activities. People went out in the community with support staff to do shopping, attending discos or to engage in outside pursuits such as gardening.

People, relatives and staff gave positive feedback about the management of the service. They told us the registered manager was open and approachable. The service had been nominated for awards within the Council for their team work in excellence and customer care.

During this inspection we found four breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end 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.

We found some people's assessed risks were not reviewed in a timely manner.

Accidents and incidents were not always investigated; no themes or patterns had been identified to ensure lessons were learnt.

Staff had been safely recruited and received training in how to safeguard people.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

We found the service did not always assess people's mental capacity and there was a lack of records to demonstrate best interest meetings had taken place to deprive people of their liberty.

Records showed that staff training was in need of refreshing and some training in specific subjects had not been completed.

People had access to health care. The service made referrals to health care professionals where necessary.

### Is the service caring?

**Good** ●

The service was caring.

People's privacy and dignity was respected. We saw genuine relationships between people and staff.

Relatives had positive comments about the support their family member received.

The service enabled people to access advocacy services.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care plans were not always personalised and reflective of people's current needs. The provider had commenced work on care plans to bring them up to date.

The provider did not have records to demonstrate all complaints were investigated. We did not find any formal response to complainants.

Staff were knowledgeable about people's needs and were able describe strategies used to support them.

**Is the service well-led?**

The service was not always well-led.

There was a lack of quality assurance monitoring in the service. A service improvement plan had been developed to drive the quality of the service and the service was now working in a timely manner to address shortfalls.

People, relatives and staff felt the management of the service was open and supportive.

**Requires Improvement** 

# 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 10 and 11 October and was announced. The provider was given 48 hours' notice because the location provides a support service for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors on the first day of the inspection. One adult social care inspector spent time in the main office whilst the other adult social care inspector visited people and staff in two of the properties. On the second day of the inspection there was one adult social care inspector. We contacted relatives of people who used the service after the inspection to gather their views.

Before the inspection we reviewed information we held about the service and the registered provider. This included previous inspection reports and statutory notifications we had received from the registered provider. Notifications are changes, event or incidents the registered provider is legally obliged to send to CQC within required timescales. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with ten people who used the service and eight members of staff. We spoke with the Interim Team Manager for Manchester City Council Supported Accommodation Service, the registered manager and three assistant managers. We also spoke with three relatives of people who used the service.

We looked at the care records, including care plans and risk assessments of eight people who used the service. We observed interaction between people and staff in two properties and when they visited the main

office. We viewed a range of records about how the service was managed. These included the recruitment records of two staff, staff training records, medicine records, quality audits and policies and procedures along with the service's improvement plan.

# Is the service safe?

## Our findings

We looked at the risk assessments of eight people. We found not all of these had been reviewed within the last 12 months. For example, one person's meal time plan referred to a dysphagia risk assessment which was dated November 2014. This meant we could not be sure that the person was being supported safely. Another person's risk assessments were from a previous residential setting from 2013. This meant staff did not have up to date information about the risks the person might face and how to mitigate those risks. We found one person's hospital assessment document had not been reviewed since September 2015. This meant hospital staff may not have up to date information on how to support the person should they be admitted to hospital.

We found some people had risk management plans in place. A risk management plan aims to devise strategies that will help remove risks for people particularly about behaviours that may challenge. We found two risk management plans in one person's care records dated 2013, these had review dates set for January 2017, we found no evidence of any other review dates.. One person's risk management plan around previous assaultive behaviours was last reviewed 2014, another risk management plan on file for mental health needs and associated behaviours at times of crisis had not been reviewed since 2014. We did see two risk management plans for two people that had been reviewed within the last 12 months.

We looked at accident and incident reports. The registered manager kept a log of accidents and incidents along with records following instances of behaviours that challenged. We found a lack of investigations into incidents and accidents to monitor patterns or themes in activity. The Council's improvement plan included a review of the accident and incident policy with a target date of August 2016?. The accident and incident policy had been produced in September 2016. The process now included an escalation policy where incidents will be tracked by registered managers and used as lessons learnt within all the network teams. This included the introduction of a customer safety register where people with complex risks can be monitored. Any incident involving the person was now being escalated to the Interim Team Manager for Manchester City Council Supported Accommodation Service and formed part of the weekly leadership meeting held with the registered manager.

We found that because not all risks, accidents and incidents were assessed, reviewed and managed appropriately there was a breach of Regulation 12 (a) (b) (c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Manchester City Council had used audits of the service to identify the same issues we had found regarding people's risk assessments. The Council's service improvement plan contained actions to review risk assessments by the end of July 2016. A spread sheet had been developed by mid-June identifying risk assessment review dates for people and this was being used by support coordinators We found work had commenced on reviewing and updating people's risk assessments, however the registered manager acknowledged there were still outstanding assessments to review.

We asked people what they thought about the service and if they felt supported and safe. One person told

us, "It's alright, (key worker) is just like my sister." Another indicated, using gestures and facial expressions, they felt supported by the service and felt safe in their home. We asked staff about keeping themselves and the people they supported safe when lone working. One support worker told us, "We carry radios with panic alarms, we also let others know where we are going. Those who go out independently have mobile phones with contact numbers stored on the phones. They can show people an emergency number if they need to."

We spoke with relatives to gain their views about the safety of the service. One relative told us, "I visit once a month or so. [Person] is very well cared for and is absolutely fine." Another told us, "The staff are brilliant and they know how to look after [person] it's safe enough."

The registered provider had policies and procedures in place to ensure safe recruitment of staff. We reviewed two recruitment files of new apprentices who had recently joined the service. The files contained application forms and references. All other staff recruitment records were held electronically at Manchester City Council's Human Resource department. We were provided with a matrix giving the dates of recruitment checks carried out by the Council. These included two references and checks with the disclosure and barring service (DBS). These were carried out before applicants were employed to confirm whether they had a criminal record or were barred from working with vulnerable people.

The service had a policy and procedures to support safe medicine management. The team manager told us, "The medicine policy will be going under review to encourage self administration, to promote independence. This will be done over four weeks, we will then assess and regroup to discuss it." Medicine administration records were completed correctly with no gaps or anomalies. Medicines which were prescribed for 'as and when required' had clear guidance as to when people who can't communicate may need their medicine. Medicines were safely stored in a locked filing cabinet and were checked at each handover so any mistakes could be identified and addressed at the change of shift. Only staff trained in safe handling of medicines were responsible for the administration of medicines. Staff who administered medicines had their competency to do so checked. One care worker told us, "I have had my training and my competency check; our training is being updated."

Staff told us they received safeguarding training and had clear understanding of safeguarding and whistleblowing. Staff were able to explain what action they would take if they witnessed or suspected someone was being abused. They felt the assistant managers and the registered manager would act on any concerns raised. One care worker told us, "I would report straight away and make sure I recorded everything." Staff were able to give examples of changes in behaviour such as people becoming withdrawn or anxious around others." Another told us, "Any marks that we see are put on a skin map so there is a record and the manager would be informed."

We saw financial assessments were in place for some people with the support they required to manage their money. All transactions were recorded, signed and totalled. People told us staff supported them with money. One person told us, "We check my money together so I know what I have left for the week." One relative told us, "They are really on the ball and make sure everything that way is sorted."

We looked at the staffing levels and found these were appropriate to the needs of people in each property. Where people required support over a 24 hour period, the service provided both waking and sleeping staff. Staffing levels were assessed against people's support hours. One assistant manager told us, "This is the last time I will be doing the rota's we now have a new person who is going to do them, this will give us more time in the services." We found where agency staff were used these were regular agency staff who had contracts in place to ensure consistency in the houses. They were considered part of the team, and were included on the staffing rota and attended team meetings. The service retained profiles of each worker from the agency

to review their training status. The registered manager advised agency staff attended training alongside permanent members of staff.

We saw Personal Emergency Evacuation plans (PEEPS) were in place in the properties we visited. The registered manager advised these were in place in all properties. This meant staff had information in how to support people in case of an emergency.

Staff carried out routine weekly and monthly fire checks and alarm testing in the properties. The registered manager advised that the Housing Association who owned the properties carried out annual health and safety checks. For example, gas and electrical installation checks. These records were not held at the main office. We made a recommendation that the provider retains evidence to demonstrate safety regulations are adhered to.

## 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found in one person's care file that staff had identified the person was subject to continuous supervision and control dated July 2016 which had triggered a DoLS assessment. However, there were no other records regarding consent or capacity or whether the request for assessment had been acknowledged.

Information about people's capacity was difficult to find in the care files and not easily accessible. In one instance the only reference to a person's capacity was found on the traffic light hospital assessment document held in the middle of the file.

We asked about MCA assessments and best interest assessments for people. The registered manager told us, "These are held electronically and copies are in the houses. We are starting to print them off so we can hold copies on file in the office." Although we found evidence of DoLS applications in people's care records in the properties, we found no evidence of corresponding best interest meetings being held in the properties.

The lack of capacity assessments and best interest meeting records was a breach of Regulation 11 (3) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We were told by the Interim Team Manager for Manchester City Council Supported Accommodation Service that each registered manager had a copy of the core improvements plan. These improvements include action to ensure there is evidence of decision-making with people. We saw minutes from an operational improvement board meeting where capacity assessments were discussed as a priority. Assessment requests had been referred to the social services team. The operational improvement board had been established as part of the Council's service improvement plan with a target date of September 2016. The registered manager chaired the meetings.

Staff we spoke with had some understanding of the requirements of the MCA and DoLS and knew who had a DoLS in place. Staff were able to explain what capacity meant for the people living in one of the properties we visited. One staff member gave an example of when they had completed a best interest meeting for

someone who needed a dental procedure. One assistant manager told us, "We have been involved in best interest meetings with people, along with the GP, regarding one person's health care needs." Assistant managers had been issued with Skills for Care MCA pocket guides to disseminate to staff to increase their knowledge of MCA. This meant there were plans to raise staff awareness and to prioritise the completion of capacity assessments and best interest meeting records.

The service used a tracking system to record and monitor staff training. The system was in the process of being updated to reflect recent training. The registered manager provided us with an updated tracker advising that training was on going as part of the improvement plan and in the process of being refreshed. We found not all staff training deemed necessary by the providers training matrix was up to date. For example, supporting healthy lifestyles and autism. This meant we could not be sure staff had the appropriate skills and knowledge to support people effectively. We made a recommendation for staff to receive appropriate training to enable them to carry out the duties they are employed to perform.

One person's care file contained a best interest meeting held regarding health intervention. The file also contained documents for the person who was unable to consent to investigation or treatment, these were signed by the consultant. Another file contained information regarding Court of Protection to manage finances and associated capacity assessments.

All the staff we spoke with confirmed their training was up to date. One care worker told us, "My training is up to date. I really enjoy the training and always enquire to see what is available." Another told us, "[Assistant manager] organises the training, I have recently done MCA/DoLS and medication. We discuss training in our job consultation meetings."

The Council's service improvement plan contained an agreed training plan to prioritise training. We found staff training had already been rebooked for staff that were unable to attend initial sessions and courses had been requested to address shortfalls in training.

Staff supervision dates were identified on the staff rota. We asked staff if they received regular supervision. Some staff told us they received regular supervision and others said they were aware that supervision was to be more regular but this had not happened yet. Where agency staff were long term members of the team, they also received supervision. One care worker told us, "I have them [supervisions] every six to eight weeks." Another told us, "I don't have to wait six weeks if I need to speak with [support coordinator] about anything then I can ring or catch them when they visit." We looked at supervision records held at the office and found these to be comprehensive covering the last meeting, customer issues, personal development and support competencies. One assistant manager told us they were visiting the properties more often. One support coordinator told us, "There is a small office at the property so I can spend the whole day there, which is much better for staff." Another told us, "I visit twice a week now to catch up with staff and carry out their job consultation (supervision)."

We found people had hospital traffic light assessments and health action plans. The hospital traffic light assessment document contained details of people's health needs, the support they needed to maintain their health and important information about their likes and dislikes. One person's assessments contained pictorial information to use to aid communication. Health action plans contained details of people's health needs and how these were to be met. We saw reference to oral health, chiropody, and diabetes care as well as influenza vaccinations. We found appropriate referrals to GPs, physiotherapists and mental health services. Although care records held in the office did not contain evidence to support visiting health care professionals, we found correspondence to suggest that people had attended appointments. We saw records in the properties to reflect visits from health care professionals.

We asked people whether they ate a varied and healthy diet. One person told us, "I plan what I want to eat with [support worker] we then go and do the shopping." Another person told us, "Staff cook for me so it's always good. I am going shopping for pies today." A third person told us how they helped to prepare the fresh vegetables for dinner. Staff advised people were supported to eat a healthy diet, and advice and guidance was given when planning meals. A relative told us, "They do provide help for [family member] with diet, there is usually a healthy meal, but it's nice to have treat now and again."

We found care records contained referrals to other health care professions such as speech and language therapy (SALT) and occupational therapists to provide support for people to eat and drink safely. We observed staff prepare lunch for one person. Sandwiches were cut into small pieces and placed on a large dish. Staff observed the person, who ate independently, to ensure they did not choke. Staff advised that some days the person needed more support to eat due to involuntary movements. One care worker explained how staff followed dietician advice to support a person with a percutaneous endoscopic gastrostomy (PEG). A PEG is a tube passed into a patient's stomach to provide a means of feeding when oral intake is not adequate. Feeds were given as prescribed by the dietician and staff monitored weight regularly. This meant staff were supporting people with their nutritional needs.

Relatives told us the service kept them up to date with their family member's health and wellbeing. One relative told us, "They are very respectful. Any changes at all I am always the first to know."

# Is the service caring?

## Our findings

The staff displayed a caring attitude towards people. We observed many positive interactions during the inspection as staff accompanied people in the office and in the properties we visited. We saw care workers chatting to people, taking time for people to communicate. One person came into the office to meet with us; they were trying to communicate something using hand gestures which we could not understand. The care worker who supported them was also unsure. However they spent time with the person after our meeting and were able to interpret what the gesture meant.

Staff knew the people they were supporting extremely well and were aware of communication needs, behavioural changes and their health needs. We discussed people's preferences and staff were able to give examples of people's likes and dislikes which corresponded to the care records we had looked at. One staff member told us, "I have got to know [person] really well, I know when they may get angry, so we talk about how we can resolve things." The person the staff member was supporting told us, "[Care worker] is dead caring, she's mint, we sit and talk she says 'what shall we do', we have bonded."

People made comments such as, "I wanted to turn my life around. I would not have been able to do that without [care worker]." Another told us, "[Support coordinator] comes down twice a week, she is really lovely and down to earth." One relative told us, "They phone right away if there is anything wrong or they are concerned about [family member]". Another told us, "They go over and above the call of duty. I have no qualms about [family members'] care at all. The staff are well established and they are very caring."

We found many written compliments to the service from relatives. One read, 'How wonderful the staff are, [person] was treated with respect and dignity but also with humour, they are really a dedicated team. [Person's] support worker has been brilliant patient, calm encouraging and quickly responding to her needs.'

Staff were able to describe how to maintain people's privacy and dignity. One staff member told us, "I explain what I am going to do before I start any support." Doors were kept closed and people were encouraged to complete some tasks themselves such as rubbing in shampoo. Another told us, "I want them to enjoy life, it's what the job is all about."

We found people had completed a questionnaire about the service. One question was 'how happy are you with your carer?' Some people had ticked, 'I am very happy with the way my carer helps me, it's really good.' Other people had not indicated either way.

Advocacy services were organised by the person's social worker. We found people were supported by independent advocates during reviews and assessments. The service maintained a close working relationship with the advocates some of who had been supporting people for some time.

We saw that care records were held securely both in the office and at one of the properties we visited. The other property kept records in the sleepover room on open shelving. This meant the service did not always

have secure storage for people's confidential information. We made a recommendation that the provider stores people's records securely.

## Is the service responsive?

### Our findings

People's care records were inconsistent with some records being very detailed and relevant to needs but others were out of date or not dated at all. For example, one person's communication diary was not dated and a plan for meal times was dated 2013.

We looked at people's care records kept in the properties. We found one person's care records contained daily guidelines offering advice to staff on how to support the person with their night time routine using reassurance and offering support to deal with incidents which was dated May 2015. The morning routine gave clear details but was not dated. This meant we could not be sure the morning routine was appropriate to the person's needs.

Another person had a meal time plan in place which referred to a dysphagia risk assessment dated November 2014. We found another person's support plan for epilepsy was dated 2014. This meant we could not be sure the support had been reviewed and if it was still appropriate for the person's needs.

We also reviewed people's care records held in the office. We found one person's plan around mental health needs had not been reviewed since 2014, although the other records included in the care file had been reviewed. We found another person's plan contained goals for 2015 to 2016, but we could not locate any evidence within the file that these goals had been planned, actioned or met. Another person had a high risk protocol in place but we found their plan did not contain this information or how staff were to support them during periods of crisis. This meant we could not be sure that the person was being adequately supported.

We found inconsistencies in monitoring documents. One person's continence chart had been completed correctly, another person's was not completed regularly with long periods of time between entries. We could not be sure if this was due to the person having continence needs or poor recording. Records relating to blood pressure and cholesterol check were last updated in January 2014 and the recording on the weight chart ceased February 2016. We could not be sure these records were no longer required.

We saw that people had not had regular reviews of their care. One person's customer assessment was dated June 2014, another person's customer assessments was dated April 2014. The customer assessment reviews are carried out by Manchester City Council Social Care Team. The registered manager told us, "We do ask for these to be reviewed."

These matters were a breach of Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Council's service improvement plan contained details of how person-centred planning training with the Disability Living Service was being established. Work had commenced on this during August, with a task and finish group set up to design and review documentation. Work had commenced on care records in the service with assistant managers reviewing plans and developing more personalised plans, which was to be

completed by October 2016. We found the new personalised plans were comprehensive and contained detailed information on how to support people with their daily needs and routines especially within profile booklets. Staff we spoke to were very knowledgeable about people's needs and how to support them. They were able to describe particular strategies they used to support people. They told us how they could refer people for additional support such as occupational health or physiotherapy if people's needs changed.

We found one person's care plan set out in detail how personal possessions were very important and how they like to have particular pieces with them to make them feel comfortable, and how staff were to support them if they became obsessive about items. Another gave guidelines for staff to follow if the person who suffered with epilepsy was going out and gave in-depth information about the type of behaviours they may present with prior to a seizure. Another gave details of the support one person needed regarding their blood glucose monitoring setting out when this needed to be carried out and when to administer medicines.

Staff and people told us they were involved in developing plans. We found some people's plans had been recently reviewed and re-written, using pictorial information. These were personalised with photographs of people and their activities. Some plans were waiting for pictures to be uploaded. Plans did not contain any information regarding people's ability to make decisions.

Several compliments had been received about the staff and the service. One visiting health care professional had written, "I have been impressed by the dedication they have shown and how well they have communicated and handed over information as a team. I would like to thank them for making my job easier." Another health care professional wrote, 'My sincere appreciation of the work (staff member) did in assessing person and acting promptly to get medical assistance.'

Relatives and people told us they knew how to complain and would not have any concerns raising issues with the registered manager who they felt would act. We looked at the provider's complaint policy and procedure and the complaints log kept by the registered manager. We found the registered manager had investigated one complaint and had held meetings with the complainant and recorded the minutes. However we did not see any formal response to the complainant as per the policy. Another complaint did not have any investigation notes on file, only a staff statement to suggest that staff had been spoken to.

People told us about the activities and employment opportunities they were interested in and how staff had supported them. One person told us, "I go to the allotment and really love it. I get the bus, I would like to work there." Another told us, "I am always out and about, I go to Starbucks, out with my Dad." Staff told us people were encouraged to make decisions on what they want to do so sometimes are ad hoc depending on the person. One care worker told us, "[Person] has become more sociable now we have a steady staff team, we went out and they had a go on the swings the other day, it made my day to see them." Another told us, "We have movie nights with a takeaway, they love it."

## Is the service well-led?

### Our findings

The provider's quality assurance system required assistant managers to carry out three monthly house audits in the properties they were responsible for. We found these were not always completed on a three monthly basis. The documentation used varied between properties. There was no evidence to support any managerial oversight or analysis of the audit process to drive improvements in the service.

Throughout the inspection we found some care records and risk assessments which had not been reviewed and were out of date. We found staff training was out of date. This meant that governance processes were not robust in providing assurances that the quality of people's care and the quality of the service was being monitored.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Council's service improvement plan contained an action to develop and implement a quality assurance framework along with the introduction of leadership meetings. Agendas and minutes of meetings were available to demonstrate leadership meeting were taking place. The quality assurance framework with audits had been provided to the registered manager in September which was within the target date of the plan.

The registered manager told us "There is now a new process for audits, other networks are starting to audit each other's properties, I have an email today to suggest some dates. I know we have work to do." They had a clear vision of how the service would be moving forward working in partnership with other health care professionals and other networks within Manchester City Council Supported Accommodation Service. They told us, "I chair the operational improvement board meetings, we look at a specific area to make sustainable improvements, as well as looking at the progress of the improvement plan." We found the supported accommodation improvement plan for the Central Network was active, we saw a meeting had been recently held to commence the joint working with families to ensure family members were involved and consulted. Plans were in place to improve the service with gaps in care records identified, reviews were being organised with some already taken place.

People told us they felt the service was well run by the registered manager. One person told us, "[Registered Manager] is great, she has a joke with me when I come in." Another told us, "Oh they are alright, does a good job."

Relatives told us they felt the service was well managed in the office and in the properties. One relative told us, "I have no problem with the manager, they are nice." Another told us, "I have a very good relationship with the [assistant manager] she has been absolutely great she is an angel."

The assistant managers we spoke with were aware of the changes being introduced and had commenced work in some areas. They felt the registered manager was supportive and proactive in the service. One

assistant manager told us, "[Registered manager is great, she listens and is fair, part the team really. We are starting to implement things here."

The staff we spoke to felt the management were open and approachable. One care worker told us, "[Registered manager] is very supportive. I can talk to them if something is bothering me, the people are very important to them." Another commented, "They are a good manager and doesn't forget anything." Other comments included, "[Registered manager] is approachable, she's lovely" and "the management is good I have no problems or issues at all". Staff also made positive comments about the assistant managers who were assigned to each property. We observed staff with the registered manager and found a genuine working relationship between them.

We examined policies and procedures relating to the running of the service to ensure staff had access to up to date information and guidance. Staff were encouraged to read these as part of their induction. We found the provider had reviewed and updated some policies as part of the improvement plan; these were being shared with the registered manager during the inspection.

Staff meetings were held which gave staff opportunity to discuss workloads as well as gaining important information about the service. We found there were some inconsistencies between properties regarding the frequency of meetings. One care worker told us, "We have meetings about every six months." Another told us, "We have meetings monthly." All staff did comment they could speak with their manager at any time and did so. They also told us the assistant managers visited the properties regularly so they could catch up then.

We found the provider engaged in the local community with people attending discos, wood working activities and local gardening services.

We saw the provider displayed the registration certificate along with a copy of the last inspection report. We found the provider had completed statutory notifications which had been sent to CQC in accordance with legal requirements.

The Central Network had been nominated for and won the Team of the Year Award for awards for excellence by Manchester City Council. One of the support teams who support people in Mariliac (Mariliac is a building with individual apartments) had been nominated for team of the year award and customer care award in 2015. The registered manager had been nominated for the leadership award.

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  Care plans lacked detail with no guidance of how people's goals were to be achieved.  Regulation 9 (3) (a) (b) (c)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Lack of capacity assessments and best interest meeting records.  Regulation 11 (1)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Not all risks, accidents and incidents were assessed reviewed and managed appropriately.  Regulation 12 (2) (a) (b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Lack of managerial oversight or analysis of the audit process to drive improvements in the service.  Regulation 17 (1) 17 (2) (a) (b) (c)

