

# Manchester City Council

# South Network

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on the 29 and 30 June 2016. This was the first inspection of the service since being registered in November 2013.

South Network provides support for 62 people living in their own homes. 37 people live in shared supported accommodation with staff support 24 hours per day. 25 people with physical disabilities live at Alsager Close, 16 of whom live in their own flat with a range of different support hours each day and nine who live in two shared bungalows with staff support 24 hours per day. Each house or set of flats had a designated staff team. The staff teams were managed by a care co-ordinator. There were eight care co-ordinators in total.

Manchester City Council has two other similar services covering the North and Central areas of the city. Following a Care Quality Commission inspection at South Network's sister service, MLDP North, Manchester City council formed an improvement team covering all three supported accommodation services in the city. An improvement plan covering the three services had been agreed. We were shown minutes from the weekly leadership meetings held to monitor the implementation of the improvement plan.

The service had an acting registered manager in place at the time of our inspection who was in the process of applying to become the registered manager. 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. They were supported by the Interim Team Manager for Manchester City Council Supported Accommodation Services, who had been recruited to develop and oversee the implementation of the improvement plan across the three supported accommodation services in Manchester.

People we spoke with, and their relatives, said that they felt safe being supported by South Network staff. Staff told us that they had completed safeguarding training and could describe the action they would take if they witnessed or suspected abuse. We were shown a new escalation policy to ensure any referrals made to other professionals and agencies with regard to a safeguarding concern were responded to in a timely manner.

We found some risk assessments were in place to identify and mitigate risks people may face. However not all risks had been identified and the risk assessments were not always up to date. Behavioural support plans were in place for people with complex needs. These gave guidance for staff to manage people's behaviour; however they had not been regularly reviewed and kept up to date.

Incident and accident forms were being monitored by the acting registered manager to ensure all actions required following an incident had been completed and any learning from the incident could be applied across teams.

We saw care plans included people's likes and dislikes. However care plans had not been reviewed and updated. An audit of all care files had been completed as part of the improvement plan and the service was aware of the need to update the information in the care files.

We found the care plans were not all written in a person centred way. Some staff we spoke with were not able to describe what person centred care was. We have made a recommendation about training and guidance for staff in person centred care.

We found agency staff were employed on temporary contracts to provide more consistent support for people. We saw a recruitment plan was in place as part of the improvement plan to reduce the need to use as many agency staff.

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.

A safe system for recruiting staff suitable for working with vulnerable adults was in place.

Staff we spoke with demonstrated a limited understanding of the Mental Capacity Act (MCA) and how this legislation was relevant to their practice. The service had not taken the necessary action to assess people's capacity to consent to their support and apply for authorisation for any deprivation of liberty; for example locking doors so people could not leave the property without staff support. This had been identified in the improvement plan and the lead for safeguarding was part of the Manchester City Council improvement board.

Staff we spoke with said that they had completed training courses relevant to their role. Training records were being collated onto a tracker spreadsheet so the acting registered manager could more easily see the training courses staff required. We found staff needed refresher training to be completed.

We found that people were supported to maintain their health. Health action plans were being written. However we did not see records of any medical appointments attended. Systems were in place to monitor people's nutritional intake where required; however not all of these detailed the quantity of food or fluid the person had consumed.

All the people we spoke with, and their relatives, were complimentary about the regular staff supporting them. We observed positive interactions between staff and people who used the service during our inspection. Staff we spoke with had a good understanding of people's needs.

We saw people were referred to advocacy services if they did not have any family members involved in planning and reviewing their care. We noted that some people had end of life care plans in place and their wishes in the event of their death documented.

Some people at Alsager Close had access to assistive technology in order to maintain their independence.

Staff said they enjoyed working at the service. However we found staff supervisions and team meetings were inconsistent across the service. Vacancies at the care co-ordinator level had recently been filled. The care co-ordinators aimed to visit the properties more frequently and complete staff supervisions, including observations of staff practice, every six weeks.

The acting registered manager had introduced a range of monitoring tools. Regular audits of properties by

the care co-ordinators had been re-introduced and action plans written of their findings. The service improvement plan included the contracted agency workers having regular supervisions, a review of all care plans and risk assessments, a timetable for the completion of annual reviews with each person and the application for Deprivation of Liberty Safeguards.

During this inspection we found eight 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 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

Not all risks had been assessed or reviewed. Behaviour support plans had not been reviewed in a timely manner.

Staff had been safely recruited. Staff had received training in how to protect people who used the service from the risk of abuse.

Records of medicine administered were complete and there were clear instructions to guide staff in the safe administration of 'as needed' (PRN) medicine.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

Staff did not clearly understand the principles of the MCA. Records of best interest meetings applications to deprive a person of their liberty were not seen.

Regular agency staff were used to try to provide consistency in the support provided.

Staff told us they had received an induction and training for their role. However training records showed refresher training was required and supervisions had not regularly been held.

People were supported to meet their health and nutritional needs.

### Is the service caring?

**Good** 

The service was caring.

We observed positive interactions between staff and the people who used the service.

People's privacy and dignity was respected. Advocates were sought for those people who did not have family to support them during reviews and care planning.

End of life care plans were in place for people who needed them.

### Is the service responsive?

The service was not always responsive.

Care records were not always written in a person centred way, had not been regularly reviewed and were not up to date.

Not all staff could describe person centred care to us. We have made a recommendation to source best practice guidelines and training for staff in person centred care.

A complaints policy was in place and relatives said that staff were approachable.

**Requires Improvement** 

### Is the service well-led?

The service was not always well led.

A service improvement plan had been developed and quality monitoring systems had been recently introduced. These were in the process of being implemented to improve the quality of the service.

An audit of all care files had been completed.

Staff had been inconsistently supported by their line managers. New care co-ordinators had recently been appointed to fill vacancies, with the aim to enable more consistent support to be provided.

The service had an acting registered manager who was applying to the Care Quality Commission to become the registered manager.

**Requires Improvement** 

# South Network

## **Detailed findings**

### Background to this inspection

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

This inspection took place on the 29 and 30 June 2016 and was unannounced. The inspection team consisted of two adult social care inspectors on the first day of the inspection and one adult social care inspector on the second day. We contacted families of people who used the service after the inspection to gather their views.

Before the inspection we reviewed the information we held about the service, including notifications the service had made to us. We used this information to plan our inspection.

During our inspection we spoke with four people who used the service and nine members of staff. We also spoke with four care co-ordinators, a visiting social worker, the clinical learning disability nurse, a student nurse on placement at the service, the acting registered manager and the Interim Team Manager for Manchester City Council Supported Accommodation Services. Following the inspection we spoke with three relatives of people who used the service.

We looked at the care records, including care plans and risk assessments, of ten people who used the service and observed how people were being supported and their interactions with staff. We also looked at a range of records relating to how the service was managed, including four staff personnel files, staff training records, quality audits, policies and procedures.

# Is the service safe?

## Our findings

People we spoke with at Alsager Close said they felt safe supported by South Network staff. One said, "I feel very safe now I've moved to a ground floor flat." Another told us that the staff knew him well and knew how to support him safely. Two of the relatives we spoke with said they thought their loved one was safe living in the shared supported accommodation. One said, "[Name] is definitely safe; she's a different person now with a better quality of life." However a third relative told us that their loved one had not settled in their new home following their move there 18 months ago.

Staff members told us they received training in safeguarding vulnerable adults. They were able to explain the actions they would take if they witnessed or suspected any abuse had taken place. They were confident the care co-ordinators and acting registered manager would respond to any concerns raised. We were shown a new 'escalation procedure' for care co-ordinators to follow to ensure any referrals made to other professionals and services were acted upon in a timely manner. This involved informing senior members of the management team so they could intervene if required to ensure referrals were responded to by the other agencies. The care co-ordinators we spoke with knew about the escalation policy and how it would work.

We saw finance assessments had been completed with some people and the support people required to manage their money agreed. We were told financial assessments for other people had been requested. Where staff supported people with their money we saw that all transactions were recorded and the totals checked to bank statements. This should help ensure people are protected from abuse and any suspected abuse is responded to in a timely manner by all agencies involved.

We looked at the risk assessments in place for ten people who used the service. We found not all of these had not been reviewed within the last 12 months. For example we saw a choking risk assessment from February 2013 and a falls risk assessment dated September 2013. It was therefore not possible to know if they were still current and correct. One person had manual handling guidance in place from March 2015 but no other risk assessments had been written; for example eating, drinking and health. This meant that staff did not have up to date information about the risks a person may face and how to mitigate those risks. Staff told us one person had one to one support throughout the day due to their behaviours which presented as challenging. There were no risk management plans in place to guide the staff in how to support the person to reduce their anxiety and behaviours.

One person had moved from one shared supported accommodation to another following a hospital admission and a change in their mobility needs three weeks before our inspection. There were no risk assessments in their file from their previous home and no new risk assessments had been developed for their new support needs following their move. However support staff from the person's previous home had supported them when they first moved to Alsager Close to help them settle in and hand over information to the new staff team. This meant information had verbally been given to the new staff team, however it had not been written into new risk assessments for staff to follow.

We also saw some people had up to date risk assessments in place; for example a risk management plan



had been written in January 2016 for one person. We were also made aware of a current multi-discipline team approach to planning the support and risk management for a new tenant at Alsager Close.

We saw some people had behavioural support plans in place to guide staff to manage potential behaviours. Not all of these had been reviewed. For example we saw a behaviour management plan for one person dated February 2013. The learning disability nurse we spoke with said that they re-wrote the positive behaviour support plans if people's needs and behaviours changed. However it was not possible to know if the plans were still current and correct at the time of the inspection.

We found that because not all risks were assessed, reviewed and managed appropriately there was a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We saw an audit of all files had been completed as part of the Manchester City Council service improvement plan and the issues we found with the risk assessments had been identified during the audit. A plan was in place to review and update people's risk assessments. We will check at our next inspection if the risk assessments have been reviewed and updated where required.

We looked at the incident reports completed following an instance of challenging behaviour. These were submitted to the care co-ordinators who responded to the information provided. We saw these were now being monitored and tracked by the acting registered manager. This should ensure actions are taken and followed up across the team. Lessons learnt can also be used in different properties across the service. We were told there were more incident reports raised when agency staff were working than when regular staff were on shift. This had reduced recently as regular agency staff had been contracted and were being used as part of the rota. They therefore knew the people who used the service and how to support them to diffuse any potential situations and manage their behaviours.

We looked at how medicines were managed and administered in the service and found that a safe and effective system of administering medicines was in place. The medicine administration records (MAR) were fully completed and guidelines were in place for any 'as required' medicines to inform staff when they should be administered. The time medicines were administered was recorded. Medicines were stored appropriately. Staff received training for the administration of medicines and we saw observations of practice were made on an annual basis. We saw medicines assessments had been completed for people living at Alsager Close; however we did not see that these had been completed for people living in the shared supported accommodation. We noted the care co-ordinators checked the completed MARs sheets at the end of each month. The care co-ordinators followed up with the staff concerned when any errors or signature omissions were seen.

We asked about the staffing levels at the service. Care co-ordinators and staff told us where there were vacancies, regular agency staff had been contracted to fill them. They were considered as part of the team, were on the rota and attended team meetings. This meant that the regular agency staff knew the people they were supporting.

Where additional agency cover was required the care co-ordinators ensured they had the correct training required to support the people who used the service; for example able to use a hoist or training in managing challenging behaviour. Regular staff were moved between houses so new agency staff worked alongside regular staff whenever possible. We observed this being arranged for one property during our inspection. Staff and care co-ordinators told us unfamiliar agency staff were needed less than previously. This was confirmed by the relatives we spoke with. One said, "They are now trying to keep the same agency staff

working at the house" and another told us, "There are regular staff and any agency staff are always the same ones."

We were told handover sheets were used to inform any new agency staff about the people they were supporting. However some of the information in the care files and risk assessments was not up to date. Therefore the new agency staff would not have the information required to support people safely and effectively if they worked on their own. We were shown a recruitment schedule over the next three months for staff at all grades within the service. This should reduce the need for agency staff to be used in the future.

We looked at the recruitment process for four staff members. All the information was held electronically by the central Manchester City Council Human Resources department. We saw an application form with a full employment history and two written references. A criminal records check from the Disclosure and Barring Service (DBS) had been obtained. The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. We saw staff DBS checks were renewed every three years. If staff members did not submit their application and receive a new DBS in time contingency plans were seen so that they did not work on their own until the DBS clearance had been received. This meant that the service had a system in place for recruiting staff who were suitable to work with vulnerable people.

We saw people's homes were clean and personalised. We were told the re-decoration of some properties was planned with the housing provider. We saw personal protective equipment (PPE) such as gloves were available for staff to use as required.

We saw Personal Emergency Evacuation Plans (PEEPS) had been written; however in one property staff were not aware that they were in place. The inspector found them in a 'health and safety' file. The PEEPS gave guidelines on how a person could be evacuated from the building in an emergency and should be easily accessible for the emergency services and frontline staff.

We were told that the Housing Association who owned the properties completed all the annual gas, electricity and fire alarm safety checks. All documentation was held by the housing association so we could not evidence that all checks had been completed and were up to date. We recommend that copies of all safety checks made are requested. The care co-ordinator was aware when these checks took place as they co-ordinated access to the building with the Housing Association. We were told meetings had been arranged with the Housing Association to discuss these issues.

We saw evidence of weekly tests being made for the fire alarm and emergency lighting systems. Monthly health and safety checks were being completed by staff. However at the Alsager Close flats there had been a gap in checks for four months due to the care co-ordinator being off work. They were being completed again at the time of our inspection. The Housing Association had been aware of this and had undertaken the checks themselves on two occasions during this period. This meant staff cover had not been found to complete the regular safety checks required to ensure the safety systems were working correctly during the absence of the care co-ordinator.

We saw that Manchester City Council had a business continuity plan in place in case of an emergency that would affect the running of the service. The plan did not contain information specific to South Network or about each individual property in the service. The plan did not contain detailed information to guide staff in an emergency which could affect the running of the service. This meant that the correct actions may not be followed, and the correct people informed, in the event of an emergency which could put the safety of the people who used the service at risk.

## 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 (DoLSiDS). We checked whether the service was working within the principles of the MCA.

We found that staff had a limited understanding of the requirements of the MCA. We found that people who used the service had restrictions in place, such as doors being locked and people not being allowed to access the kitchen in the home. We asked staff why the restrictions were in place for two people. They told us, "Doors are kept locked to keep people safe: they can only go out with staff" and "It's always been done that way." Staff did not recognise that this needed to be authorised as it was a deprivation of the person's liberty. Staff told us they thought they required more training about the MCA and DoLSiDS. We were told this was being organised and saw minutes from the weekly leadership meeting that this was a regular agenda item.

We saw that some people had completed mental capacity assessments and best interest meetings for locked doors and the use of restraints. However other people had not had the required mental capacity assessments completed. We found no evidence of corresponding best interest meetings being held or applications for DoLSiDS being made in people's files.

We were told by the Interim Team Manager for Manchester City Council Supported Accommodation Services that people who may be subject to a DoLSiDS were being identified and prioritised. We saw from minutes of the weekly leadership meeting that the issue of capacity assessments required for people is being escalated to the social services team. The Manchester City Council's head of safeguarding sits on the service improvement board and provides updates on the status of capacity assessments across the three network services.

Although we saw plans in place to increase staff awareness of the MCA and to complete capacity assessments we found the current lack of capacity assessments, best interest meetings and DoLSiDS was a breach of Regulation 11 (3) of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014.

We looked at the training staff received in order to carry out their role. Staff told us they had completed training in manual handling, infection control, administering medicines, food hygiene and first aid. The acting registered manager told us that a lot of the staff training required refreshing, although records we saw

at Alsager Close showed most staff had completed their safeguarding, MCA and manual handling training. We also saw that all the staff at Alsager Close had achieved a nationally recognised qualification in health and social care.

A training tracker had been set up to monitor the training staff had completed and what they required. We saw that the courses each staff had completed was available from a central database and was being used to populate the tracker so it was easier to see across the whole staff group the training courses required. The Interim Team Manager for Manchester City Council Supported Accommodation Services told us they had prioritised safeguarding, MCA, medicines, first aid and physical intervention training.

We were told all training had been cancelled during the first four months of 2016. Therefore staff were waiting for new courses to be arranged. The acting registered manager told us courses can be arranged centrally at short notice which means it can be difficult to plan rotas and release staff from their support duties to attend the training.

Staff told us when they joined the service they shadowed experienced staff to get to know the people they were supporting. One staff said, "I moved from another service so I shadowed staff for two weeks before going onto the rota." We were told that the new apprentices currently being recruited would shadow experienced staff for a total of eight weeks in order to complete their mandatory training and get to know people and their support needs.

We asked staff if they received regular supervisions. Some staff said they had received regular supervisions and others said they had not. The care co-ordinators told us they had been unable to complete regular staff supervisions until recently as there had been vacancies at the care co-ordinator level. We saw the acting registered manager had introduced a supervision monitoring tracker. This meant they could see who had completed a supervision and who had not. They would use this information in the care co-ordinators supervisions. The tracker showed that regular supervisions had not been held but were re-starting at the time of our inspection.

Care co-ordinators told us they had recently completed a workshop on undertaking 'observational' supervisions. This meant they observed a staff member complete their support tasks and then discussed what they had done with the staff. These would be combined with formal supervisions. A new recording format had been introduced to guide staff and care co-ordinators on key topics to discuss during the supervisions.

The regular, contracted agency staff had not been receiving supervisions from the care co-ordinators, even though they were classed as part of the team and staff rota. This had been recognised as an issue by the Interim Team Manager for Manchester City Council Supported Accommodation Services and acting registered manager. Supervisions were being arranged for all the contracted agency staff.

We were told team meetings were held regularly for some teams. Other teams had not had consistent team meetings. Care co-ordinators we spoke with said they aimed to visit each property every week. However due to the vacancies at the care co-ordinator level they had not been able to do this, with one care co-ordinator saying it had been four to five weeks between visits to the staff teams in the properties in the recent past. The care co-ordinators vacancies had been filled at the time of our inspection. The care co-ordinators hoped this would mean they could visit each property weekly and complete all staff supervisions every six weeks. We will check this at our next inspection. The care co-ordinators told us that their supervisions had become more regular with the appointment of the acting registered manager.

Although we saw plans in place to monitor and improve the training and supervision provided for staff; the lack of up to date training to ensure staff development needs were met and the lack of supervision's completed with staff means that the service is not able to ensure that people using the service are supported by suitably qualified, competent skilled staff. This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw from the care records referrals to the Speech and Language Team (SALT) had been made. Eating and swallowing guidelines had been written by the SALT team and eating or choking risk assessments and guidelines were in place. We were told the staff would inform the SALT team if there were any changes in a person's needs; however the SALT team would not routinely visit to review the guidelines. Therefore staff continued to follow the guidelines given to them. This meant systems were in place to meet people's nutritional needs.

We saw health action plans and 'hospital traffic light' booklets had started to be completed for people. These detailed the person's health needs, the support they needed to maintain their health and key information required for hospital staff if they were admitted to hospital. Important details about people's medical conditions, including symptoms and traits, were recorded to inform staff about the health needs of the people they supported. We saw health appointments had been arranged for people; however we did not see records of the healthcare professional visits and appointments which meant staff could not easily monitor and plan for people's welfare. We noted that the commissioned support for people living at the independent flats at Alsager Close did not include support to medical appointments. People would attend on their own or with family and friends. This meant that people received support and treatment to maintain their health; however better records of medical appointments attended were required.

We saw the Alsager Close properties were adapted for the needs of people with a physical disability with track hoists in each bedroom and accessible wet rooms for bathing. This meant the property had been adapted to meet people's needs.

## Is the service caring?

### Our findings

All the people we spoke with were complimentary about the staff who supported them. One said, "Staff will listen to me, [Name of staff] knows me really well – he's known me for years." A relative said, "[Name] sees the staff more as friends." Another told us, "The staff know [Name] and her needs well; we're very lucky she's so well looked after."

Throughout our inspection we observed warm and caring interactions between the people who used the service and staff members. Staff knew the people they were supporting well and were aware of the different ways in which they communicated - both verbal and non-verbal communication.

Staff were clearly able to explain how they maintained people's privacy and dignity when supporting people with personal care. We witnessed staff knocking on people's doors and waiting to be asked to come in. This helped to ensure people's privacy and dignity were respected.

We saw details of people's likes, dislikes, interests and background included in their personal files. This should help staff form meaningful and caring relationships with the people they supported.

We saw some people had an independent advocate to support them during assessments and reviews. One care co-ordinator told us that if a person did not have any family who would be involved in reviewing a person's care plan they would make a referral to an advocacy service. We also saw a sign language interpreter had been arranged to ensure one person could be involved in their meeting with a social worker. This showed that the service supported people to be involved or represented in their meetings.

We spoke with a visiting social worker who was supporting a person to use assistive technology to maintain their independence in administering their own medication at Alsager Close. A care co-ordinator explained the people living in the independent flats at Alsager Close used a community alarm call system to alert staff in the neighbouring bungalow if they needed support during the night. This was for emergency support only. This meant people were supported to maintain their independence at Alsager Close by using assistive technology, which was a good way of promoting their sense of wellbeing and self-esteem.

We saw one person had an end of life plan in place. This provided staff with information about the support the person wanted and needed to make them comfortable at the end of their life. Staff also explained how a care manager had arranged the end of life care for someone they had supported. This enabled the person to remain in their home at the end of their life. We were told support for staff was provided through supervisions and peer support when they were supporting people at the end of their lives. We also saw a document detailing a person's wishes in the event of their death. We noted these plans were not in place for every person supported by the service but were completed as people required them.

We saw that care records were held securely in the staff office at each property. People living in the independent flats at Alsager Close kept their personal files in their own flats. This helped to ensure that the confidentiality of people who used the service was maintained.

## Is the service responsive?

### Our findings

The care records we reviewed were variable in the level of detail contained. Some were comprehensive and contained detailed information about people's care needs and daily routines. Others were less detailed, one containing only an assessment of need, a manual handling assessment, a medicines assessment and a weekly planner. We noted that one person had recently moved to Alsager Close and little information had been available to the service prior to their move. The staff were in the process of completing information as they got to know the person. However they had lived at the property for two months and care plans and risk assessments had not been written to guide staff.

We found the information in people's care files in the shared supported accommodation had not been updated in a timely manner. For example we saw an 'approaches and guidelines to support me' dated October 2013, a mealtime plan dated February 2013 and information about routines when the person was living in a different house to where they lived at the time of our inspection.

We saw not all records were kept daily. For example one person's fluid, bowel and urine charts had been completed up to September 2015 and then were not completed again until June 2016. People at Alsager Close had daily recording charts in place stating the personal care support provided and the food and fluid intake for the day. However the quantity of the food or fluid was not recorded, therefore it was not possible for staff to know if the people they were supporting had eaten or drunk enough during the day.

We saw people had not had regular reviews of their care. One person had an undated 'Citizen's Review' documented that referred to the latest medical appointments being in 2013. Most care files contained no information about any formal reviews being held. This was confirmed by the relatives we spoke with who told us that they had not attended any reviews for a long time. We saw a plan for all people who used the service to have an annual review. Care co-ordinators told us they would invite the person's social worker, family or an advocate to the review. We were told the review would be undertaken whether the social worker was able to attend or not. The purpose was to ensure all care plans and risk assessments were reviewed and updated where required at least on an annual basis and ensure that the support provided was meeting the person's current needs. If required a re-assessment would be requested to be completed by social services so the correct number of support hours were being funded to meet each person's needs. We saw this had happened for one person whose care file we looked at. We will check at our next inspection that this is being completed for all people who use the service.

Care co-ordinators and staff told us a key worker system was being introduced. This is where a member of staff who knows a person well is given the role to ensure all care plans, risk assessments and medical appointments are up to date and current. A guide pack of documents that should be included in a person's care file was being compiled by the improvement team. This should help ensure people's care files include all relevant documents, are monitored and reviewed regularly and any changes needed are notified to the relevant care co-ordinator.

We found the records were not all person centred. For example we saw all people had a risk of drowning risk



assessment in place, even where there was no bath in the property and the person did not go swimming. One person had good person centred goals in place whilst others had no goals identified in their care plans at all. Some staff we spoke with were not able to describe what person centred care was. They did not recognise the need to involve the people who used the service in planning their own care and in the general household tasks such as cooking and cleaning. However one relative told us, "[Name] helps with the cleaning and cooking sometimes." This meant some people were not supported to be involved in activities around their home. We saw a document for one person detailing how their food should be prepared on a 'good' or a 'bad' day. The staff who supported this person were not aware that it was in the person's care file.

Although we found plans in place to improve the standard of care plans and ensure they are regularly reviewed we found the current lack of clear care plans and goals which had not been regularly reviewed with the people who used the service and their families to be a breach of Regulation 9 (3) (a), (b) and (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted the paperwork used at Alsager Close was different to that in use in the shared accommodation. This was a result of the two types of service being separate at one time. We saw draft copies of standardised paperwork that was going to be introduced across all parts of the service. This would help ensure consistency of record keeping across the different parts of the service.

We saw weekly activity sheets were in place for people in the shared supported accommodation, with activities outside of the properties taking place. People who lived at Alsager Close did not have any support funded for social activities. They were able to purchase additional support from an agency for support to attend any social activities they wanted to. Staff supported them to arrange this.

We saw that a complaints policy was in place. This detailed who to contact with a complaint and the process and timescales that would be followed to assess the complaint. A central complaints team ensured that complaints were dealt with in a timely manner. We saw one person who used the service had made a complaint and this had been dealt with through the complaints procedure.

We saw tenants meetings were held at Alsager Close every four months. People were able to raise any issues they had. The care co-ordinators used the meetings to keep people informed about any issues at Alsager Close such as maintenance or refurbishment work due to be completed. The acting registered manager told us relative surveys and meetings had not been organised as yet. They said they were prioritising other tasks before undertaking these. We saw a communication plan from the improvement team to keep relatives informed of the changes being implemented as part of the improvement plan. This meant some people who used the service and relatives were informed, and could make comments, about the service.



## Is the service well-led?

### Our findings

The acting registered manager had applied to become the registered manager for the service. They were being supported by the Interim Team Manager for Manchester City Council Supported Accommodation Services to implement the Manchester City Council service improvement plan. The management team at the service recognised improvements were required following the Care Quality Commission inspection of the sister service in the north of the city.

Throughout the inspection we saw examples of care files and risk assessments which had not been reviewed and were not up to date. We found staff had not been supported through regular supervisions and being provided with refresher training. We found some care workers were not fully aware of how to support people in a person centred way; support was provided 'because it has always been done that way.'

The service improvement plan included contracted agency workers having supervisions, a review of all care plans and risk assessments, a timetable for the completion of annual reviews with each person and making applications for the Deprivation of Liberty Safeguards.

We saw that an audit had taken place of all the care files in the service. This had identified the care plans, risk assessments and other information that was in place, required reviewing and updating or needed to be completed. We noted that the vacancies for care co-ordinators had been filled which should enable them to be more visible in the properties and support the people and staff team more. Care co-ordinators had been trained to complete quarterly audits at properties they did not personally manage and to write action plans following these audits.

Although an initial audit of care files had been completed and an improvement plan was in place, we found information kept about people was not up to date or accurate. We found this to be a breach of Regulation 17 (2) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw the acting registered manager had introduced a range of monitoring tools; for example a track of the essential paperwork in place for each person, a record of all incidents and accidents including the action taken, a record of all completed supervisions, a track of service audits completed by the care co-ordinators and training courses completed / required. A weekly meeting was held with all the care co-ordinators to share information and monitor the implementation of the service improvement plan.

This meant auditing systems had been recently introduced to monitor the quality of the service and drive improvement. The acting registered manager told us she would use the data from the monitoring tools during the care co-ordinators supervisions. We will check how these systems are working at our next inspection.

Staff we spoke with were positive about their role and said they were able to access support from their care co-ordinator. We asked staff if they were aware of the service improvement plan that was being implemented. Staff at Alsager Close knew that changes were being introduced, such as the key worker

system and annual reviews for people and felt positive about them. Staff in the shared supported accommodation we spoke with were less clear about any of the changes due to be introduced. This meant the staff had not seen the briefing information the improvement team had produced, been told by their care co-ordinator about the changes or had not fully understood the implications of the improvement plan to them and the service they worked in.

The care co-ordinators we spoke with recognised the changes being introduced were needed and were supportive of the acting registered manager. We were told that they now had more direction in what they needed to achieve and the acting registered manager was approachable and would listen to them. They raised some concerns about the number of initiatives required to improve the service being implemented simultaneously.

We were told there had been vacancies at the care co-ordinator level which meant the care co-ordinators had been unable to complete all the staff supervisions, visit the properties regularly and update people's care plans. At the time of our inspection two new care co-ordinators had been appointed to fill the remaining vacancies. We discussed with the Interim Team Manager for Manchester City Council Supported Accommodation Services and the acting registered manager the importance of maintaining the full number of care co-ordinators in place to enable the actions of the improvement plan to be successfully implemented. They recognised that the care co-ordinator role was key for the successful implementation of the improvement plan and explained how they were developing the role so the care co-ordinators would be able to spend more time in the properties with the people who used the service and the staff teams.

We saw a new policy file was being compiled for each property. This included 19 key policies and directed staff to the Manchester City Council website for other policies not included in the file. The policies in the file included safeguarding vulnerable adults, record keeping, emergency procedures, medication, missing persons and managing finances. Some of the policies were under review at the time of our inspection. The Interim Team Manager for Manchester City Council Supported Accommodation Services told us they were in the process of reviewing all the care policies as part of the improvement plan.

We checked our records before the inspection and saw that the CQC had not been notified of all the accidents or incidents that we should have been made aware of. We saw a briefing note from the Interim Team Manager for Manchester City Council Supported Accommodation Services detailing what incidents the CQC needed to be informed of and the process to do this. We discussed this with the acting registered manager who had recently submitted their first notification to us. They told us they were planning to involve the care co-ordinators when making future notifications so they became more knowledgeable about notifications to the CQC. We will check notifications are being made appropriately at our next inspection.

Overall we could see that plans were in place to improve the service. The gaps in people's care file information had been identified, reviews for each person who used the service were planned, staff supervisions were due to be completed regularly, a recruitment plan was in place to reduce the need for agency staff and staff training requirements were being identified. We will check on the implementation of these plans at our next inspection.

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  Lack of clear up to date care plans with agreed goals.  Regulation 9 (3) (a) (b) (c).
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Best interest meetings and DoLSiDS assessments and application had not been made.  Regulation 11 (3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments were not completed or were not reviewed. Regulation 12 (2) (a).  The provider did not take reasonable steps to mitigate the risks to people who used the service. Regulation 12 (2) (b).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Information kept about people was not easily accessible, up to date or accurate.

Regulation 17 (2) (c).

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Lack of up to date training and consistent staff supervision.

Regulation 18 (2) (a).