

Manchester City Council

DSAS- South Network

Inspection report

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Date of inspection visit:
07 May 2019
10 May 2019

Date of publication:
18 June 2019

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service:

DSAS South provides care and support to 44 people living in 13 'supported living' properties or in individual flats within one block, so that they can live in their own home as independently as possible. People lived on their own or in small groups, each person having their own bedroom and sharing lounge, bathroom and lounges. Where required staff either slept in the house to be available in the event of an emergency, or stayed awake throughout the night.

The size of properties meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

People's experience of using this service:

Improvements had been made at DSAS South, with stable staff and care co-ordinator teams in place, resulting in less short notice agency cover being required. Temporary cover was being arranged for a care co-ordinator so the rest of the team would not have to cover their role during their absence.

Quality auditing systems had been strengthened and the registered manager had more oversight of the service. Matrices were used to monitor staff supervisions, review dates for person-centred plans, risk assessments and health action plans. Further matrices to monitor additional documents were being introduced.

The majority of person-centred plans, risk assessments and health action plans had been reviewed and were current. Plans written by external professionals, for example positive behaviour support plans, eating guidance and epilepsy support plans, had been reviewed by the staff teams. Where there were changes referrals had been made for a re-assessment of people's needs.

However, two person-centred plans and a health action plan had not been reviewed on time. We were told this was because they were waiting for a formal review meeting to be arranged with social services and family to review the documents. The registered manager agreed these would be reviewed immediately by the care co-ordinator and staff team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received their medicines as prescribed.

People said they felt safe supported by DSAS staff. The staff knew people and their needs well.

People were supported to maintain their health and nutrition.

New staff were safely recruited and received the training and support to fulfil their roles. Most care co-ordinators visited the homes they were responsible for at least once each week. One co-ordinator said they were planning to do this going forward.

All accidents and incidents were recorded and reviewed by the care co-ordinators and registered manager.

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 9 November 2018) and there were three breaches of regulation. At this inspection we found improvements had been made, which meant that there were no breaches of regulations. However further improvements were identified to ensure all care plans, health action plans and risk assessments were reviewed on time.

Following the last inspection, we took enforcement action which included issuing two warning notices relating to care plans, health action plans and risk assessments not being up to date and the governance of the service. We met with the provider to discuss the improvements they were making to improve the service and address the shortfalls we had identified.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

DSAS- South Network

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by an inspector and an assistant inspector.

Service and service type:

This service provides care and support to people living in 13 'supported living' settings and individual flats within one block, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

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

We reviewed the information we held about the service. We looked information the service is required to send us about important events.

On the first day we visited four of the supported living properties. On the second day the inspector visited

the service's offices to review records and speak with the registered manager and four care co-ordinators.

During the inspection we observed interactions between staff and people who used the service. We spoke with five people and six care staff.

Following the inspection, we spoke with one relative of a person who used the service.

We looked at records relating to the service, including nine people's care records, daily record notes, medicine administration records (MAR), quality assurance systems and records of incidents.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

At our last inspection the risks relating to the health safety and welfare of people had been inconsistently reviewed and assessed across the different properties. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Each person had a risk assessment and management (RAMP) plan in place. This identified the known risks a person may face and where staff could find guidance in how to manage and reduce these known risks. However, in one property one RAMP had not been reviewed since February 2017, although their individual risk assessments were current. In the same property, one person's risk assessment for living safely in their home had not been reviewed since February 2017.
- Positive behaviour plans written by the community learning disability team (CLDT) were now being reviewed by the care co-ordinators and registered manager to assess if there had been any changes in the person's behaviours, triggers or response to the strategies used to reduce their anxieties. Where there had been changes in people's needs, referrals were made to the CLDT for further assessment and review. One staff member said, "We go through the plans at a team meeting day with everyone's input."
- A weekly health and safety check was carried out in each property. Some fire alarms were tested by DSAS South staff and others were tested by the landlord of the property.
- Doors were propped open in one property at people's request. The registered manager said they would ensure that the fire risk assessment for the property took this in to account.

Staffing and recruitment

- Staff said their teams were stable, with regular agency staff (called R1s) being permanently on the rota to provide consistency.
- There were sufficient staff on duty to meet people's identified needs.
- A safe system of recruiting staff remained in place, with all pre-employment checks being completed before a new member of staff started work. Checks with the Disclosure and Barring Service were completed every three years to ensure they were current.

Using medicines safely

- People received their medicines as prescribed. Clear medicine administration records were in place, including the time the medicine had been given.
- Guidelines for when any medicines that were not routinely administered (PRN) was to be given. However,

in one property these did not detail how people would inform the staff that they needed the PRN medicine. Staff told us all the people in the property were able to verbally communicate if they were in pain or needed a PRN.

- Staff received regular refresher training in medicines administration and their competencies were observed annually.

Preventing and controlling infection

- The properties we visited were visually clean.
- Staff had access to personal protective equipment.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding vulnerable people and were able to explain what they would do if they suspected any abuse had taken place.

Learning lessons when things go wrong

- All incidents and accidents were recorded and reviewed by the care co-ordinators. Any actions required to reduce a re-occurrence of the incident were noted.
- Co-ordinators graded each incident into three levels according to their severity and informed the registered manager of any incidents assessed at level two or three.
- Co-ordinators and the registered manager reviewed the incidents to establish if there were any patterns emerging at a property or across the service.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure all health action plans and 'hospital traffic light' information had not been reviewed and was out of date. This was a breach of Regulation 9 (person-centred care) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 9.

- Care co-ordinators and the staff teams now reviewed people's health action plans (HAP). All but one HAP and hospital traffic lights (which provide important details about people's needs and how to communicate and support them) had been reviewed and were up to date.
- New, shorter, health action plans were being introduced so the information was more easily accessible and clearer.
- Health plans written by external professionals, for example epilepsy care plans and swallowing guidelines, were now being reviewed by the care co-ordinators and registered manager to assess if there had been any changes. Where there had been changes in people's needs, referrals were made to the relevant professionals for further assessment and review.
- People were supported to attend regular appointments with medical professionals, including GPs, dentists and opticians.

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

- People's needs were assessed prior to them moving to the service. Staff completed any specific training to meet their needs before they moved to the property so the staff were able to safely support them.
- The relative we spoke said they had been able to visit the property their relative was moving to before they moved in.

Staff support: induction, training, skills and experience

- Staff said they felt well supported in their role and had the training they needed to support people effectively. Most care co-ordinators visited their properties at least once per week; however, at one property we were told that this hadn't been happening, but their care co-ordinator was planning to do this going forward. This was confirmed by the care co-ordinator. One member of staff said, "Yes, I am lucky, really there is always somebody I can ask if I need anything."
- The training matrix showed most staff were up to date with their training. Computer based training was now being used, although not all staff were confident using computers to access this training. Care co-

ordinators were supporting them to increase their confidence.

- Care co-ordinators were able to arrange specific training courses for their staff teams to meet individual's needs, for example epilepsy training. We were told this could be time consuming but allowed more flexibility to arrange the training that staff teams required. Staff were positive about a recent 'dementia bus' for dementia awareness training.
- A training plan for the three sister services across Manchester City Council had been written, identifying the staff training required for this financial year.
- Staff said they received supervisions (called job consultations) and attended team meetings. They found these useful and could raise any concerns or ideas they had about the service.
- The registered manager now had oversight of when job consultations had been held using a matrix to record the dates of all job consultations.

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

- People's nutritional needs were being met. Where possible, people were involved in the planning of their meals.
- The support people required to eat their meals was identified, for example guidance on the texture of the food a person needed to reduce the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- Where required, the service worked with other professionals, for example community learning disability team, district nurses and local authority social workers.

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

- Where required, properties had been adapted to meet people's needs. Accessible bathrooms, showers and hoists were available to meet people's needs.
- One property had created an activity room for people to use.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service continued to meet the principles of the MCA.
- Each person's capacity was assessed using the 'deprivation of liberty, individual scale tool' Where a person was assessed as not having capacity to consent to their support a referral was made to the local authority for a formal assessment to be completed.
- Any restrictions in place that was a deprivation of liberty, for example locked front doors or closed kitchen doors, were documented for each person, with the reason why the restriction was required. Staff could

explain why these restrictions were in place.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with said they were happy living in their houses and they liked the staff team who were supporting them. One person said, "It's good, I like it here."
- We observed positive interactions between staff and the people they were supporting throughout our inspection.
- People's preferences for their support, for example only female staff, were recorded and the staffing in the houses reflected this. People's religious and cultural needs were also included in their person-centred plans, for example one person did not eat beef or products made from cows.
- People's communication needs were being met. Where required people had communication dictionaries which detailed what different gestures may mean. Some people used a communication board or pictures, so they could indicate what they wanted. We saw some staff using sign language to communicate with people.

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

- Advocates were used to support people and ensure decisions made were in their best interests. For example, one person's needs had changed and an advocate was part of a multi-disciplinary meeting to assess if it was in their best interests to move to another property where their needs could be safely met.
- People, and their families, were involved in reviewing their care plans with staff.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to explain how they maintained people's privacy and dignity. One said, "We give the guys choices every day, the privacy of having their own space in their own home, personal care. We try not to take away any of their skills which is important I think."
- Staff explained how they supported people to do some things for themselves. For example, one person liked helping with the laundry and another enjoyed going with staff for the weekly food shopping.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection, not all care plans had been reviewed and updated to reflect people's current needs. This was a continued breach of Regulation 9 (person-centred care) of the Health and Social Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made; however not all care plans in one property had been reviewed when they were due.

- In three of the houses we visited all care plans had been reviewed and contained up to date information about people's needs and the support they needed. However, in one house two person-centred plans were due to have been reviewed in March 2019 but had not been and one was not dated. The staff team was stable and staff knew people and their needs well.
- The registered manager's matrix for monitoring when person-centred plans were due to be reviewed showed all other person-centred plans were up to date.
- We were told that the person-centred plans were due to be reviewed when a formal review meeting (with relatives and social workers) could be arranged. This could take a considerable time to arrange. We discussed this with the registered manager who acknowledged that the plans should be reviewed by the staff team, involving the person where possible and telephoning relatives if appropriate, without waiting for a formal meeting to do so.
- Immediately following our inspection, one of the two outstanding person-centred plans had been reviewed and updated where required. The undated person-centred plan was being reviewed on time as it was due to be reviewed in May 2019.
- In one house, the person-centred plans had also been written in easy read format. This would enable people with a learning disability to be more involved in understanding and agreeing their care plans. This is in line with the accessible information standard and was due to be rolled out to all properties.
- A one-page profile was in each person's file. This gave details of what was important to the person, their likes and dislikes. This would enable staff to quickly get to know the person they were supporting.
- People had a weekly planner to identify the activities they did on a regular basis. Staff arranged further activities and trips out around these regular activities. Activity logs had been completed in the properties we visited to record what people had been done. A member of staff told us, "It's all about activities in this house."
- The relative we spoke with said the staff had been pro-active in ordering a wheelchair for their relative so they would be able to go out for longer.
- Where assessed as being required, sensors were used to alert staff if people had got up or were trying to leave the property.

Improving care quality in response to complaints or concerns

- There was a formal complaints procedure in place, however no formal complaints had been received since our last inspection.
- Any concerns were resolved informally, usually by the care co-ordinators, without the need to progress to a formal complaint.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- We saw a detailed, personalised end of life care plan for one person the service had recently supported. The person's known preferences were included in the plan and an advocate had been involved to ensure the decisions made were in the person's best interests.
- Clear guidelines for staff had been written with the help of community learning disability nurse and the palliative care team, including what to do immediately following the person's death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

At our last inspection management systems had not ensured all care plans and risk assessments had been reviewed and updated in all properties. The provider had not ensured that there was consistent continuity across the care co-ordinator team to complete the review of all care files. This was a continued breach of Regulation 17 (good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17; however not all person-centred plans had been reviewed in one property. Additional tracker matrices were being developed to provide the registered manager with more oversight of the service and these needed to be fully implemented and embedded within the service.

- The registered manager had developed matrices to monitor staff supervisions, training and the review dates for person-centred plans, risk assessments and hospital traffic lights. When these were due to be reviewed they were highlighted. These were on the computer system and were accessible to the care co-ordinators.
- Person-centred plans, risk assessments, health action plans and hospital traffic lights had been reviewed and were current, apart from two person-centred plans, one person's risk assessment and one person's health action plan. We were told they were due to be reviewed when a formal review meeting could be arranged. The registered manager agreed that these need to be reviewed as they were due to be done and the formal review meetings could take a long time to arrange. One person-centred plan was in the process of being reviewed and was put in the person's file immediately after our inspection.
- To improve the oversight of the service additional tracker matrices were being introduced for documents written by external agencies, for example epilepsy plans, positive behaviour support plans and health action plans. Matrices were also being developed for medicines assessments, financial assessments and capacity assessments to ensure they were regularly reviewed and updated.
- The registered manager had completed audits at some properties since our last inspection. One property audit was scheduled each month, with additional spot checks being carried out if concerns were raised.
- The care co-ordinator team was fully staffed at the time of our inspection. The registered manager was in the process of interviewing to cover a care co-ordinator role during a period of planned time off for one co-ordinator.
- Therefore, care co-ordinators would not have to cover their colleague for an extended period of time and

so there should be no impact on their support for their own properties, enabling greater consistency of care and support for both the people using the service and the staff teams.

- Staff teams were more stable with less short notice agency staff being used, providing greater consistency for people using the service. There had been a reduction in the number of staff on sick leave or alternative duties. A regular recruitment programme meant that there was not a long wait for new staff to be recruited if a care staff member left the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were involved in reviewing their care plans where possible. If families were not able to attend a review meeting, their views were obtained by phone prior to the care plans being reviewed.
- A new survey had recently been sent to six families. This included a survey for people using the service to try to encourage families to support them to complete it so that staff were not involved in supporting people to fill in the survey.
- Manchester City Council were developing a new build property with the aim for some people from DSAS South to move there when it is completed. A meeting had been held for families of people who may move to inform them of the plans and seek their views on whether their relative should be considered for moving to the new property.
- Staff felt involved in the homes they were working in, through team meetings, reviewing people's care plans and job consultations.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff told us they enjoyed working at the service and felt well supported by the care co-ordinators.
- The registered manager notified the Care Quality Commission of all incidents they were required to do. The number of notifications had reduced over the last 12 months. The registered manager told us this was down to more consistent staff teams and care co-ordinators being in place.

Continuous learning and improving care; Working in partnership with others

- A plan had been agreed with the local authority social service department for a re-assessment of each person's current needs. The registered manager said the re-assessment would look more closely than previously at people's social /activity needs and hopefully enable the service to provide additional social opportunities for people.
- Incidents and accidents were recorded and reviewed to reduce the risk of a re-occurrence.