

Manchester City Council

MLDP Central Network

Inspection report

Minehead Resource Centre
Dermot Murphy Close, Withington
Manchester
Lancashire
M20 1FQ

Tel: 01614462551
Website: www.mldp.org.uk

Date of inspection visit:
07 February 2019
11 February 2019

Date of publication:
21 March 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- MLDP Central provides supported living services for people with a learning disability, autism or mental health needs so they can live in their own home 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 has nine properties, ranging from small homes for three or four people sharing the kitchen, lounge and bathrooms, to 13 single person flats / bedsits in one building with a communal lounge.
- Each property had either a sleep-in room for staff to use at night or staff who were awake all night (waking night staff).
- At the time of our inspection the service supported 42 people.
- For more details, please see the full report on the CQC website at www.cqc.org.uk.

People's experience of using this service:

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

- A new registered manager had been appointed in May 2018. They had made improvements to the quality assurance and oversight of the service.
- All risk assessments and person centred plans had been reviewed and updated where necessary, including positive behaviour plans where required. People, relatives and staff had been involved in reviewing the care plans.
- The health and safety checks system had been reviewed and was being completed in all properties.
- Staff enjoyed working at the service and received the training and support to carry out their roles.
- The care co-ordinator team was stable and were positive about the changes the registered manager had made at the service.
- There were sufficient staff on duty to meet people's identified needs. Regular agency staff were used to cover gaps in the rota.
- People had an activity planner in place. People had agreed goals they wanted to achieve and staff supported them to achieve them.
- People and relatives said the staff were kind and caring. The members of staff knew people's needs well.
- People's communication needs were assessed and communication passports and aids were in place where required.
- People were supported to maintain their health and received their medicines as prescribed.

- Referrals were made to health care professionals when required.
- All incidents, accidents and complaints were investigated and analysed to reduce the likelihood of the same issue happening again.

Rating at last inspection:

Requires Improvement (Report published 24 March 2018). The overall rating has improved at this inspection.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective and well to at least good.

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.

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?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

MLDP Central 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:

One inspector and an assistant inspector visited four properties on the first day of the inspection. One inspector returned to the service's offices on the second day of the inspection.

Service and service type:

This service provides care and support to people living in nine 'supported living' settings, so that they can live in their own home 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 new registered manager who had been in post since May 2018. 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:

We gave the service 24 hours' notice of the inspection visit. We needed to be sure that the registered manager would be in and we would be able to visit the properties we wanted to.

What we did:

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as abuse. We reviewed the information the provider had sent us in their provider information return (PIR). The PIR gives some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with eight people about their experience of the care provided. We spoke with nine members of staff, six care co-ordinators and the registered manager.

We looked at a range of records, including ten care plans and medicines records. We also reviewed four staff recruitment files, training and quality assurance and other records in relation to the management of the service.

Following the inspection we spoke by telephone with four relatives and an advocate. An advocate is an independent person who ensures any decisions taken on a person's behalf are in their best interests.

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.

At our last inspection in January 2018 this key question was rated as "requires improvement." We had found the risks people faced had not been assessed in all properties. We had also found that Manchester City Council (MCC) had delayed providing firefighting equipment in one property and safety checks were not completed in all properties. At this inspection improvements had been made in all these areas. Therefore, the rating for this key question has improved to "good."

Assessing risk, safety monitoring and management

- A risk management tool was used to identify the risks each individual may face and where guidance for staff to manage the identified risk could be found, for example in the person centred plan, health action plan or a specific risk assessment.
- The risk management tool and associated risk assessments had been reviewed and updated.
- Where people may have complex behaviours that may challenge a service, positive behaviour support plans were in place, written by the community learning disability team (CLDT). These were reviewed by members of staff to ensure they were still current.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- Health and safety checks were being completed and firefighting equipment was in place in all four properties we visited. A new standardised health and safety monitoring form had been introduced in each property.
- Equipment was serviced in line with national and legal guidance.

Systems and processes to safeguard people from the risk of abuse

- All the people and relatives we spoke with said they thought the support provided by MLDP Central was safe. One relative said, "[Name] is very happy there, she's safe."
- The service had safeguarding procedures in place and staff received training in safeguarding vulnerable adults.
- The registered manager reported and investigated any safeguarding allegations appropriately.

Staffing and recruitment

- Staff teams were more stable, with regular agency staff being used to cover vacancies on a long term basis to provide people with consistency in their support.
- Staff recruitment had recently been completed, with some regular agency staff becoming permanent staff members.

- There were sufficient staff on duty to meet people's needs. Where people's needs changed the staffing levels were increased accordingly.
- Safe recruitment procedures continued to be used. New staff were unable to start work until all pre-employment checks and references had been received and verified.

Using medicines safely

- People received their medicines as prescribed, administered by trained staff.
- Staff competencies were observed annually by the care co-ordinators.
- Medicines administration records were fully completed, including the time of administration and a daily stock count for each medicine.
- Guidance was in place for when medicines that were not routinely administered (PRN) should be given.
- Any medicines errors were reported and investigated. Staff were re-trained where required before being able to administer medicines again.
- A monthly medicines audit had recently been introduced for each house.

Learning lessons when things go wrong

- The registered manager had a tracking matrix for all incidents and accidents. This included details of what action had been taken to reduce the risk of the same incident happening again.
- The matrix enabled any patterns in the incidents to be identified.
- All safeguarding allegations, incidents and complaints were investigated and actions identified, where possible, to improve the support provided.

Preventing and controlling infection

- The homes we visited were visibly clean.
- Staff had access to personal protective equipment such as disposable gloves and aprons.

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.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to carry out their roles. One member of staff said, "The training has increased since last year."
- New staff completed an induction and shadowed experienced staff before starting on the rota.
- If staff were new to working in care they were enrolled on the care certificate, which is a nationally recognised set of principles that all care staff should follow in their working lives.
- Staff had training specific to people's individual needs, for example epilepsy, positive behaviour support and diabetes awareness.
- The registered manager and care co-ordinators were able to identify and organise the training the service needed. A training matrix was used to monitor when refresher training was required.
- Agency staff had training arranged through their agency. They also completed the specific training required to support individuals arranged by the service.
- Care co-ordinators held regular supervisions (called job consultations) and an annual appraisal with their staff team. Staff said they found these useful and were able to freely discuss ideas or concerns they may have.
- The registered manager had a tracker in place so that they had oversight of planned and completed supervisions across the service.
- Care co-ordinators were visible within the properties, with staff telling us that the care co-ordinators usually visited their property at least twice a week.
- Care co-ordinators completed observations of practice for medicines and finances with staff. They also told us they were able to observe staff supporting people when they were visiting their properties.

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

- People were supported with meals to meet their dietary needs.
- Care plans detailed people's dietary needs, including the texture of the food needed to reduce the risk of choking. Staff were able to explain people's nutritional needs.
- People's food and fluid intake was monitored where they were at risk of poor nutrition.
- Referrals were made to the speech and language team appropriately.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain their health. Each person had a health action plan in place which detailed the support they required.
- Hospital traffic light assessments were also used to provide hospital staff with key information about the person and their needs if they needed to be admitted to hospital.
- Referrals were made in a timely manner to medical professionals, for example GPs, district nurses, speech and language team, psychiatry and community learning disability nurse team.

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

- An assessment of people's support needs was completed prior to people moving to the service.
- People and their families visited the proposed property, including for meals or staying overnight, before deciding if they wanted to move there.
- People's needs were re-assessed before any discharge from hospital and staffing requirements reviewed.

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.

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 was working within the principles of the MCA.
- An Individual Scale Tool (IST) for domestic settings was used to assess if people had the capacity to make decisions about their care and support.
- Where people were assessed as lacking capacity, they had been referred to the local authority for a formal capacity assessment and a best interest decision to be completed. The social worker would then make an application to the Court of Protection where people did not have the capacity to consent to their care and support.
- Best interest meetings were recorded where people did not have capacity to make a decision, for example for medical treatment or managing their own finances.
- Staff had received training in the MCA and were aware of why any restrictions were in place.

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

- Properties were adapted to meet people's needs, for example track hoists and accessible bathrooms.
- People rooms were personalised with photographs and their own personal items.

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; equality and diversity

- All the people and relatives we spoke with said that staff were kind and caring. Comments included, "I get on well with all my staff and I like to talk and joke with them" and "All the staff seem to be of high quality; they interact nicely and are really good."
- People's life history, hobbies, likes and dislikes were recorded in their care plans.
- Staff knew people and their needs well. We observed kind and positive interactions between people and staff.
- People's cultural needs were recorded in their care plans. People were supported to meet their cultural needs, for example attending church every Sunday.
- The rota at one property was organised so that one person was able to be supported to attend the local mosque. Culturally appropriate meals were also prepared where people wanted them.
- Where required, for example if a person did not have any family involvement, people were referred to advocacy services. An advocate is an independent person who ensures decisions made about the person's care and support are made in their best interests.

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

- People and / or their relatives were involved in agreeing and reviewing people's care and support needs.
- People's communication needs were assessed and alternative communication methods used where required, for example a visual timetable and activity cards to let one person know what was planned each day.
- People had communication passports in place where required to record how people communicated and what their gestures or behaviour may mean.
- Staff knew people well and were able to interpret people's signs and body language where they could not verbally communicate.

Respecting and promoting people's privacy, dignity and independence

- Staff could explain how they maintained people's privacy and dignity when supporting them within the home and in the local community. One staff member told us, "[Name] will tell us when they want some time on their own, so we give them some privacy."
- The care plans included information about what people were able to do for themselves as well as the support they needed. One staff member said, "We teach people new skills, or how to maintain the skills that

they already have."

- People were encouraged to participate in the running of their homes, for example doing the food shopping or tasks around the house such as washing up with staff support.
- People were supported to make choices in their day to day lives. One person said, "I like it here as I can make my own choices; I couldn't before (moving to the service)."
- Relatives were able to visit people at any time. Relatives said that they were made welcome by the staff when they visited people.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At our last inspection in January 2018 this key question was rated as "requires improvement." We had found not all care plans had been reviewed and some were not up to date. At this inspection improvements had been made. Therefore, the rating for this key question has improved to "good."

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

- Each person had a person centred plan which detailed their current support needs and how staff should meet these identified needs.
- People's regular routines were described so people received consistent support. This is especially important where people may become anxious with changes in their daily lives.
- At one of the properties, called Marillac House, where there are 13 single person flats, a separate file had been created for agency staff with each person's one page profile and key support plans, for example behavioural support plans. Agency staff could refer to this to gain a quick overview of people's needs before they supported them.
- Goals had been identified for each person which staff were supporting them towards achieving, for example attending more football matches or going on a holiday to Blackpool.
- When people moved to the service their care plans were developed over the first six months. We discussed this with the staff teams, care co-ordinators and registered manager as certain key information, for example dietary needs, mobility support, health needs or any complex behaviours need to be known by staff as soon as people join the service. The staff said they had received an initial handover when the person moved in and used information from the pre-admission assessment and the previous care provider (where available) until the care plans had been written. The registered manager told us they would develop timescales for key care plans and risk assessments to be in place after people moved to the service.
- Staff told us they were involved in reviewing and updating people's care plans with the care co-ordinators.
- Relatives also said that they were involved in reviewing people's care and support plans to ensure they met people's needs.
- Relatives said that the staff and care co-ordinators kept them up to date with any changes, for example if their relative was not well.
- Each person had a weekly activity planner in place. Rotas were planned to provide support for these identified activities. Staff were now more focused on supporting people to access their local community.
- Some people had been able to access 'dream days' organised through an external organisation. People had visited Harry Potter World and football matches through this scheme.
- At Marillac House there were two 'floating' staff who supported people to access the local community or health appointments where required.
- Some information was produced in an easy read format and included pictures to enable people with a

learning disability to be able to understand them better.

- Technology was used, for example pressure mats to alert staff when someone got up, where it had been assessed as reducing the risks people may face.

Improving care quality in response to complaints or concerns

- Relatives told us they would speak with the staff teams or care co-ordinator in the first instance if they had an issue. This usually resolved the concern they raised.
- The service had a formal complaints policy in place. All complaints had been recorded, investigated and responded to appropriately.
- The registered manager had a complaints matrix to monitor the complaints received, ensure they were progressed within the policies timescales and to identify any consistent themes to the complaints received.

End of life care and support

- Care files contained brief information about people's wishes for the end of their life, including funeral plans and if they wished to remain at home at the end of their life.
- When a person neared the end of their life the service worked with relatives, medical professionals, for example GPs, MacMillan nurses, district nurses and the staff team to develop an end of life care plan.
- We saw evidence of the comprehensive support provided for one person so they were able to stay at their home at the end of their life.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in January 2018 this key question was rated as "requires improvement." We had found the registered manager did not have a full overview of the service and quality assurance systems were not robust as not all risk assessments and care plans were up to date. At this inspection improvements had been made. Therefore, the rating for this key question has improved to "good."

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

- Quality assurance systems were in place to monitor and improve the service, including audits for care files and medicines.
- The registered manager had compiled an improvement plan from the last CQC inspection when they had been appointed. This included a rationale as to why the identified changes and improvements were needed.
- All care files had been audited since the registered manager had been appointed and actions completed where short falls had been identified.
- The registered manager had introduced full oversight of the service through tracker matrixes for example for care plan review dates, staff supervisions, medicines, incidents and accidents.
- Action plans were written to address any issues identified in the audits. These actions were being completed to a planned timescale and priority.
- The registered manager had visited each property at least once since their appointment in May 2018 and had reviewed and signed off all risk assessments.
- There was a stable care co-ordinator team in place who were clear about their role and responsibilities. They were positive about the changes made by the new registered manager. One care co-ordinator said, "We've got happy staff and co-ordinators as we've got a good manager; things flow through from the top."
- A fortnightly management meeting was held with the care co-ordinators to discuss developments in the service and any issues across the houses.
- An auditing system, introduced by Manchester City Council (MCC), where registered managers and care co-ordinators from MLDP Central's sister services in the north and south of the city completed an audit tool had been agreed. The scheduled audits had not taken place as planned, with one being completed in December 2018. A plan of audits for 2019 was in place.
- The registered manager welcomed these audits as they provided a more independent view of the service.
- The registered manager from MCC services met each week to share good practice and discuss developments in each service.
- The registered manager said they felt well supported by the nominated individual. A Nominated Individual

has responsibility for supervising the management of the regulated activity.

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

- The care co-ordinators held regular staff meetings with their staff teams. Staff said they were able to discuss any ideas or concerns they may have.
- The registered manager held a monthly meeting open to all staff to share information about the service and enable staff to directly raise any topics they wanted with him.
- A monthly newsletter was produced and issued to all properties. This included people's achievements and updates for staff, for example on recruitment or training.

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

- Staff told us they enjoyed working for the service. They spoke positively about the care co-ordinators and the support they received. One member of staff said, "There's more support from the managers; we support each other as a team."
- A care manager said, "Staff morale is up as well as we can all see the improvements being made."
- Person centred goals had been agreed with people. Staff said they were now more focused on supporting people to meet these goals. We saw that some goals had already been achieved at the time of our inspection.
- The registered manager notified the CQC appropriately of any accidents and incidents at the service.

Continuous learning and improving care; Working in partnership with others

- The service used matrices and audits to monitor and improve the service by identifying patterns and themes across the service.
- A training plan to develop staff knowledge had been agreed. This included offering staff at all levels a recognised qualification in health and social care.
- The service worked with medical professionals, community learning disability team and local authority social workers. Information was shared appropriately where required.