

## Manchester City Council

# MLDP North Network

### Inspection report

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### 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

This inspection took place on 9 and 10 January 2018 and was unannounced. MLDP North was last inspected in November 2016 where we found a breach of legal requirements with regard to risk assessments not being robust. 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 question of safe to at least good. At this inspection we found improvements had been made and all legal requirements were being met.

MLDP North provides support for 48 people living in their own homes. Some people lived in their own bungalow in a complex of several bungalows together and received a range of support each day. Other people lived in shared houses with staff support 24 hours per day. Each house or group of bungalows had a designated staff team. The staff teams were managed by a care co-ordinator. There were seven care co-ordinators in total.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered manager who had been in place since May 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

At this inspection we found that the improvements seen at our last inspection in November 2016 had been sustained and built on.

Risks had been identified for each person and risk assessments were in place to mitigate these risks. All risk assessments we saw were current. Risk assessments detailed why any restrictions were in place, although one required further clarity which was evidenced as being completed straight after our inspection. Staff were aware of the reasons any restrictions were in place.

Behavioural support plans were in place and current for those people who may display behaviours that challenge staff. Person centred care plans were in place, had been reviewed and were up to date.

Quality assurance systems were in place. Trackers were used to monitor that care plans, risk assessments, staff training, staff supervisions and service audits were being completed. Incidents and accidents were reviewed by the care co-ordinators and any action taken recorded. These were logged onto a tracker so an

overview of all incidents across the service could be reviewed for trends or patterns.

The registered manager had completed audits for each of the properties. A schedule of audits of MLDP North were to be undertaken by care co-ordinators from MLDP North's sister services in the south and central areas of the city was in place. However, due to reasons outside of the registered manager's control these audits had not been completed as planned in 2017. Action plans were produced following the audits and were signed off as the actions were completed.

The number of incidents had reduced across the service, linked to having more stable staff teams and a reduction in unfamiliar agency supporting people. People's needs had been re-assessed by social services as part of the procedures of applying to the court of protection under the Mental Capacity Act (2005) when people had constant staff supervision or had restrictions in place. This had led to an increase in support hours for several people which had enabled people to participate in additional activities.

A system was in place to recruit staff who were suitable to work with vulnerable people. Staff training had been identified and had increased. More training had been booked for the forthcoming months. The registered manager was now able to identify and specify the training their staff required and book courses just for MLDP North staff. Previously the service had been offered places on courses booked by the central Manchester City Council human resources department.

Relatives we spoke with were very complimentary about the staff teams and care co-ordinators. We observed positive interactions between the staff and the people they were supporting. Information about people's likes, dislikes and preferences was recorded meaning staff were able to form meaningful relationships with the people they supported.

People were supported to maintain their independence where possible, for example travelling to activities on their own.

Medicines were well managed by the service. Protocols were in place for any 'as required' medicines.

Staff said they felt well supported and that morale had improved. Care co-ordinators were more visible in the properties, staff had supervisions with their line manager and regular team meetings were held. Staff focus days had been held where staff discussed what was working well and where improvements were needed.

An out of hours on call system was in place so staff were able to speak with a manager outside of office hours. Staff told us this system worked well; however a care co-ordinator said there had been some occasions when the on call manager had not responded to a call in a timely manner which had affected the administration of an 'as required' medicine. The registered manager told us the 'as required' medicine policy was being re-written so that senior staff were able to make the decision as to when an 'as required' medicine was needed.

Capacity assessments had been completed and applications to the court of protection made through the relevant social service department where people had been assessed as not having the capacity to consent to their support. Where people lacked capacity and did not have any family members involved in their care advocates were used to ensure that people's best interests were taken into account. We have made a recommendation to follow best practice guidelines to record where people are assessed as having the capacity to consent to their support.

People were supported to maintain their health. Health action plans were in place to record the support each person required with their health needs. People were supported with their nutritional needs.

## 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.

Up to date risk assessments and behavioural support plans were in place.

Stable staff teams were in place, with a reduction in the use of unfamiliar agency staff. This had reduced the number of incidents occurring at the service.

A system of recruiting staff suitable for working with vulnerable people was in place.

### Is the service effective?

Good ●

The service was effective.

Staff training had increased and was monitored. The registered manager was now able to book the training specifically for MLDP North staff.

Staff supervisions were being completed. Team meetings and staff focus days had been held.

Capacity assessments had been completed and applications made to the court of protection when required. We have made a recommendation about recording when people have been assessed as having capacity to make decisions.

### Is the service caring?

Good ●

The service was caring.

Relatives were very complimentary about the MLDP staff.

We observed positive interactions between staff and the people supported by MLDP North.

People were supported to maintain their independence where possible.

### Is the service responsive?

Good ●

The service was responsive.

Up to date person centred care plans were in place.

People were supported to participate in a range of activities throughout the week.

### **Is the service well-led?**

The service was well led.

Staff said they enjoyed working at the service and the care co-ordinators were more visible in the properties.

A range of trackers were in place to monitor and evaluate the service, including for care plans, staff supervisions and incidents.

The registered manager audited all properties in MLDP North. A system where care co-ordinators from MLDP North's sister services South and Central had not been fully implemented. A schedule of audits was in place for 2018.

**Good** ●

# MLDP North Network

## Detailed findings

### Background to this inspection

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

This inspection took place on 10 and 11 January 2018 and was unannounced. The first day of the inspection was carried out by two inspectors, with one inspector returning for the second day.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

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

We visited three properties and both bungalow complexes. We spoke with or observed 10 people who used the service. We spoke with five relatives, 13 staff members, five care co-ordinators, a union representative and the registered manager. We looked at records relating to the service, including nine care plans, three staff recruitment files, daily record notes, medication administration records (MAR), health and safety records, quality assurance records, accidents and incidents records.

## Is the service safe?

### Our findings

At the last inspection in November 2016 we found a breach of the Health and Social Care Act HSCA 2008 (Regulated Activities) Regulations 2014 as some staff were risk averse and risk assessments did not give details of why restrictions were in place.

At this inspection we saw that improvements had been made that met this regulation. A risk screening tool was in place which identified the risks applicable for each person living at the service. Risk assessments were up to date and gave details about the measures in place to mitigate each risk, including guidance for staff. Where restrictions were in place, for example not having access to the kitchen, staff were clear why this restriction was in place. Risk assessments detailed why the restriction was necessary; however one risk assessment we saw was not precise about the control measures in place with regard to access to knives in the kitchen. The staff were fully aware of the risk and how this was mitigated. We discussed this with the registered manager who evidenced that the risk assessment had been reviewed and amended immediately following our inspection.

Where required monitor sheets were used to track the number of occasions a person displayed any behaviour that may challenge. For one person we saw there was a monitoring sheet in their care file and also on the notice board in the staff sleep-in room. This meant that people looking at the records may not have had a complete log of the behaviour as it was in two places. The registered manager confirmed on the second day of our inspection that the monitoring form was now kept in the care file only.

Where people displayed complex behaviours that may challenge, referrals had been made to the community learning disability team (CLDT) and positive behaviour support plans had been written. These provided details of potential triggers for people's anxiety and techniques for staff to use to de-escalate these anxieties and how to manage any potential behaviour, including any agreed physical restraint that could be used if necessary. The CLDT only review people's positive behaviour support plans if there has been a change in people's behaviour. We saw that the care co-ordinators had reviewed the plans and noted that they were still current where needed. This meant that it was clear to staff that the positive behaviour support plan remained relevant for the person they were supporting.

Since our last inspection the CLDT had relocated the learning disability nurse co-located at MLDP North to their community offices. We were told that there was still a close relationship with the learning disability nurse who would answer any queries the care co-ordinators may have. The change meant that in future people supported by MLDP North would have to be formally referred to the CLDT rather than the learning disability nurse being able to respond directly to a request for input from the care co-ordinators. We were told that this should not be an issue for the service and was the same as the referral process for all other people who needed CLDT input.

People and their relatives said they felt safe being supported by MLDP North. One person told us, "I feel really safe here because the staff look after me" and a relative said, "[Name] is in good hands."

We saw staff had received training in safeguarding vulnerable adults, with refresher training being completed in December 2017 and in January 2018 after our inspection. This was confirmed by the staff we spoke with, who were able to describe the process they would follow if they suspected any abuse had taken place. All safeguarding issues were logged on to a database and raised with the care co-ordinators and registered manager. Any action taken or referrals made were noted. An 'escalation policy' was in place which provided a framework to inform members of Manchester City Council management if referrals made had not been responded to by third parties, for example social services. A 'high risk register' was also used to monitor those people who presented as a high risk; for example due to their behaviour or due to them refusing support. The high risk register was shared with the Manchester safeguarding board, meaning that they and senior managers were aware of the risks. This meant a robust system was in place for reporting, recording and following up on any safeguarding incident was in place.

Where staff managed people's finances we saw an assessment had been completed to agree the support each person required. Each transaction was recorded and people's money was checked at each staff handover. We had been informed by the service when a discrepancy in one person's money had been found. This had been investigated by the service and appropriate action taken. This meant a system was in place to protect people from financial abuse.

We saw there had been a reduction in the number of incidents recorded at the service. This was confirmed by the staff we spoke with. We were told this was related to having more stable staff teams in place and a subsequent reduction in the use of unfamiliar agency staff. Where the service did have vacancies regular agency staff were used who knew the people they were supporting. The rotas we saw confirmed that regular staff were in place. One staff member said, "The staff on duty now are all permanent but we do have an agency staff on this afternoon but he has worked here before – we use the same agency" and another commented, "I now feel relaxed when I finish my shift, previously I was worried as agency staff were on." A relative told us, "[Name] has a stable staff team who all know her."

Relatives also commented that the staff teams were more stable which had had a positive impact for their loved ones. One told us, "[Name] now has a stable staff team and it's paid dividends; she's calm and can join in things. I feel like I've got my sister back."

A new system for requesting an agency member of staff had been introduced at the service. One agency had been appointed as the lead agency. When agency cover was required the care co-ordinator rang this one agency, who would then liaise with other approved agencies to find the cover required. The care co-ordinators told us this was working well as they now had to make only one phone call to cover a shift instead of four or five.

This meant regular staff (including regular agency staff) who knew people's needs were in place, which also reduced people's anxiety.

There was also a system in place where a manager or care co-ordinator was on call outside of office hours. This was so staff were able to ask for advice at any time. Staff said this system worked well; however one co-ordinator told us that there had been occasions when the on call manager had not answered the call, delaying the administration of a person's 'as required' medicine used when they became anxious. We discussed this with the registered manager who said that sometimes the on call manager could be driving home and so not be able to immediately answer their phone. They said they were in the process of re-writing the 'as required' medicine policy so that experienced staff were able to administer this medicine without requesting permission from the on call manager first. The staff would report any 'as required' medicine administered as they do now via an incident report. This would ensure that people received their

'as required' medicine as soon as they needed it and that the care co-ordinators were able to monitor how frequently the 'as required' medicine was being used.

At the last inspection in November 2016 we found that people were not always able to access impromptu activities due to the staffing levels in the property. The registered manager said, confirmed by the care co-ordinators and the staff we spoke with, that people had had their support hours re-assessed by social services and several had received additional hours of support. This meant that people were able to access more activities than previously.

The registered manager held files for all staff as well as records being held centrally by Manchester City Council. We saw all relevant checks had been made prior to a staff member being appointed. This included a Disclosure and Barring Service (DBS) check and two references. The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. This meant that the service had a system in place for recruiting staff who were suitable to work with vulnerable people.

The three Manchester City Council supported living services were working with the department of work and pensions (DWP) to recruit staff who had not been in work for a period of time. This involved the potential employee completing training in health and social care and shadowing existing staff. This enabled the applicant to decide if they wanted to work in social care and gave the service an opportunity to assess the applicant's aptitude for the role over an eight week period. The registered manager and the care co-ordinators said that this system had worked well, with good staff having been recruited.

Medicines were well managed by the service; people received their medicines as prescribed from trained staff. Medicine Administration Records (MARs) were fully completed with the time each medicine had been administered recorded. Guidelines were in place for all 'as required' medicines. Staff told us they received annual training for the administration of medicines, which included an observation of their competency when administering medicines. This was confirmed by the training records we saw.

We saw people had Personal Emergency Evacuation Plans (PEEPS) in place. These gave guidelines on how a person could be evacuated from a building in an emergency. The service had a corporate Manchester City Council business continuity plan in place. The registered manager verbally told us the detailed plan for MLDP North and how the service would cope if a property was not habitable for a period of time. This was currently in the process of being approved by the council. We will check that it has been agreed and is available for the staff teams to refer to at our next inspection.

We noted that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks.

Weekly and monthly checks of the fire safety systems were carried out in each property. Regular fire drills were also held. Where people required equipment such as hoists we saw these were regularly serviced in line with the manufacturer's instructions. This should help to ensure people were kept safe.

## Is the service effective?

### Our findings

At our last inspection in November 2016 the service was in the process of populating a training matrix so that staff training needs could be clearly identified. At this inspection we found that this was now in place and showed that staff had received training in the courses considered essential by the service or were booked on courses within the next three months. These included safeguarding, the mental capacity act, moving and handling, first aid and fire awareness.

We noted that the registered manager had arranged courses in moving and handling, food hygiene and fire awareness for December 2017 running up to March 2018. They told us they now identified the courses their staff teams required and were able to request or arrange these. Courses were now being arranged for MLDP North staff only which guaranteed the places for the service. Previously courses were arranged centrally with MLDP North being allocated a number of places. Care co-ordinators told us that this was a much better system as it enabled the service to arrange the training they needed. Staff we spoke with confirmed that they had attended training or had courses booked on their rota to attend.

Staff also confirmed that where required they had completed specific courses to meet individual's needs, for example physical intervention, dementia awareness and epilepsy training. Staff in one team were very positive about their recent physical intervention training, saying that they had had input into what the training covered. This had included looking at the potential triggers to people's behaviour and how to prevent the behaviour escalating and not just concentrating on the physical interventions that may be required.

Staff told us that they shadowed experienced staff if they had moved properties so that they could get to know the people they would be supporting. New staff were enrolled on the care certificate. The care certificate is a nationally recognised induction programme for staff new to a caring role to meet the fundamental standards of care.

Training was provided for new care co-ordinators, including buddying with an experienced co-ordinator and completing a three month management training course which introduced them to the role of the care co-ordinator.

This meant that staff had received or were booked onto training courses relevant to their role.

Where one person had moved into their own flat from another MLDP North property staff told us, "Staff have been picked from other sites who had training and a background in autism which has really helped." This meant the service had ensured the new staff team had the skills and knowledge to meet the person's needs when they moved.

A tracking matrix was also in place to monitor staff supervisions and team meetings. Staff confirmed they had regular supervisions with their care co-ordinator. The tracker showed all staff had had at least four supervisions in the previous year, with some staff receiving additional supervisions if required. All staff said

the care co-ordinators visited the properties at least weekly and that they could ask for a supervision if they had any issues or concerns they needed to discuss.

Staff told us regular team meetings were held. These were monitored using a tracker. Staff said these were open meetings where they could raise any ideas or concerns with the care co-ordinator.

We also saw that team focus days had been held. Some were for a single staff team and others for two teams managed by the same care co-ordinator. Minutes from these focus days showed that the teams discussed the people they supported, what was working, what was not working. This enabled the staff teams to spend a longer period of time discussing and agreeing how they could improve the support they provided.

This meant the staff teams received the support required to carry out their roles.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards in Domestic Settings (DiDS). Applications to deprive a person of their liberty have to be made to the court of protection. We checked whether the service was working within the principles of the MCA.

The service was working within the principles of the MCA. In the supported living properties 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 assessment and an application had been made to the court of protection. We saw where these had been granted a copy of the court order was included in people's care files.

In the bungalow complexes we noted that the IST had not been used. The registered manager said that the IST was only used where it was thought people may lack capacity to make decisions. When it was judged that people did have capacity there was no record of this. We recommend that best practice guidelines are followed for recording where people do have capacity as well as when they do not.

The registered manager said they were currently querying with social services about some people's capacity. The service assessed that the person had variable capacity and there were some decisions they did not have the capacity to make and the staff needed to support them. However the social services had said that they did have capacity. A meeting had been arranged to discuss this, involving the social services and advocate. This showed that the service was prepared to question the decisions made on people's behalf where they thought it necessary to do so.

A capacity assessment was also in place where people were not able to manage their own finances. Formal assessments were in place to specify the support each person required. Best interest decisions had been made where people had needed a medical procedure and were not able to consent themselves.

Staff were able to explain the restrictions that were in place at each property, for example the front doors

being locked and why these were required. People's care plans and risk assessments provided details of the restrictions in place and the reasons they were in place.

People were supported to maintain their health by the service. Each person had a health action plan and a hospital traffic light assessment in place. Health action plans contained details of people's health needs and how these were to be met. The hospital traffic light assessment contained details of important information about people's health needs, likes and dislikes that would be needed by medical professionals if the person had to be admitted to hospital.

Health appointments and referrals to specialists, for example the learning disability team, Speech and Language Team (SALT) and district nurses were made when required. One person told us, "The staff know all about me and if I needed a doctor or an appointment they would arrange it for me." A relative said, "Staff know the service users so if they don't look right they call the GP. Staff go to appointments with [name] and they know all the background and their behaviours."

Where appropriate eating and drinking guidelines were in place for staff to reduce the risk of a person choking due to their swallowing difficulties. The professionals will only review these guidelines if the person's needs change. We noted that the care co-ordinator had reviewed and signed the documents to state that they were still current.

Where required care plans were in place with regard to maintaining people's skin viability. One person confirmed that staff supported them to change position as per their care plan; however this was not recorded. Staff said they used to make a record of the position changes but this had stopped as the district nurse said they did not need the information. The care co-ordinator said they would re-introduce the turn chart.

People were supported to plan and cook their meals. If required people's weight was monitored.

Some of the properties we visited were in need of re-decoration and repair. The registered manager showed us the plan for work to begin at one of the properties in January 2018, with two other properties to be re-decorated following this. We were told that some of the housing associations the properties were rented from were working with the service to ensure repairs were completed in a timely manner; however others took longer to complete necessary repairs and re-decoration. The appropriate managers within Manchester City Council had been made aware of this issue.

We saw, where required, properties were adapted to meet the needs of the people living there, including accessible bathrooms and track hoists.

Prior to a person moving to the service a full assessment of need was completed. The assessment involved the people due to be supported, their family, social services and any other medical or care staff involved in the person's support. The person centred care plan and risk assessments were developed from this initial assessment.

## Is the service caring?

### Our findings

People and their relatives were complimentary and positive about the care staff. One person said, "All the staff are great and the manager is the best; I know all the staff very well and I talk to the manager nearly every day." A relative told us, "The staff are very open and honest with me; I have a very good relationship with the staff team."

The interactions between the people living at the service and the care staff we were able to observe were positive. People had built a relationship with the staff teams supporting them. Relatives confirmed this, saying, "[Name] is well looked after and cared for" and "I couldn't speak highly enough of them (the staff team); they know the service users and their routines."

Pen pictures had been written for each person. These gave details of the person's life history, key people in their lives and the things they enjoyed.

People's preferences, likes and dislikes were clearly recorded in their person centred plans. The staff who spoke with knew the people they were supporting well and were able to describe their routines and activities.

People's communication needs were assessed and recorded. For one person, staff used a white board to record key information about the day, for example the staff who would be on duty and the activities planned. Another person used a communication book to good effect to ensure they were understood by the inspector. This enabled people to communicate their needs to the staff team even if they were non-verbal.

Where people lacked capacity and did not have any relatives who were able to advocate on their behalf we saw that a professional advocacy agency was engaged. An advocate is independent of the funding authority and the service provider and speaks on behalf of the person living at the service to ensure that their views are considered and their rights are protected. One care staff said, "We consult with [name's] advocate about any changes; for example their activities are due to change so we spoke to the advocate."

Where possible people were encouraged to complete tasks for themselves. Care plans identified when people were independent and when they required staff support. For example one person travelled on their own to their activities, using the local ring and ride service and taxis. This had followed the person requesting to travel without staff. A risk assessment had been completed stating that staff would provide the exact address of where the person was going and would be contacted by phone when they arrived at their destination so staff knew the person had arrived safely. Other people were able to assist with their own personal care or go food shopping. This meant people were encouraged to maintain and where possible increase, their independence.

People's religious and cultural needs were recorded in their person centred plans. Support required to meet these needs was noted. Any dietary requirements, either for medical or cultural reasons were noted.

In most properties people's files were kept in the staff office or sleep-in room, meaning that their confidential information was securely stored. However in one property we visited the files were stored in an unlocked kitchen cupboard. The cupboard was not accessible to the people living at the house; however it would be accessible to visitors. We recommend best practice guidelines are followed to ensure that all confidential information is securely stored.

## Is the service responsive?

### Our findings

Each person had an up to date person centred plan in place. This detailed a person's assessed needs and the support they required. These contained detailed guidance on people's support needs and routines. These were reviewed every year, or when people's needs changed.

Individual goals people wanted to achieve had been incorporated into the person centred plans. For example going on day trips, seeing a show and making their flat more homely with photographs.

One person had recently moved to a new property within the service. The person centred plans had been updated to reflect this change.

Relatives we spoke with confirmed that they had been involved in agreeing and reviewing the person centred plans. One relative said, "I've got a review for [name] this month."

The registered manager had a tracker which showed when the person centred plans had been reviewed. This was colour coded so they were aware of any that were due to be reviewed or were past their review date. We saw that all the plans for the service were in date.

Care co-ordinators told us, confirmed by the care staff, that some of the people living at the service had had an increase in their support hours following a review by social services. This review had been part of the process to apply for Court of Protection where people did not have capacity to consent to their care and support (see details in the effective domain in this report). This had enabled the staffing levels to increase and provide people with more opportunities to take part in activities of their choice. One staff member said, "[Name] is to get extra hours; he'll be able to go out whenever he wants to." A care co-ordinator told us, "One person got an extra 49 hours per week which means staff aren't drawn to them and can give more support to the other service users."

Each person had an activity plan detailing what they did each day. We saw that people were busy, with some attending day centres and others having regular activities such as walks in the local woods with staff. Time was planned for completing household activities and socialising.

People's care files had been standardised across the service with information split into three separate files, each with a clear contents list. This enabled staff to quickly locate the information they required in any property they worked at.

Information about people's communication needs were included within the person centred plans. Care plans were written in an easy read format and included pictures where appropriate so people who used the service would be more able to understand what they contained. Staff supported people to attend any appointments so they were able to assist the person to communicate with other people or professionals where required. Information about people's communication needs was provided to other professionals when required; for example staff had informed staff at a new day centre how one person communicated and

the support they would need.

The service had a complaints policy in place. A record of all formal complaints, notes of the investigation into the complaint and the response to the complainant was kept. Relatives told us they would speak directly to the staff team or care co-ordinator if they had a concern. All said that anything they had raised had been dealt with quickly. One relative said, "The management team seem to be okay; I've raised little things and they've been dealt with."

The care files we looked at included information about funeral plans in place in the event of the person's death. We were told that where ever possible people were supported at their home at the end of their lives. The end of life support would be discussed and agreed with the person and, where appropriate, with their family when they became unwell. In 2017 one person had been supported at the end of their life by their regular staff team in their own flat. Support from other medical professionals, such as district nurses, was also available. This showed the service provided appropriate support at the end of people's lives.

## Is the service well-led?

### Our findings

At this inspection we found that the improvements seen at our last inspection in November 2016 had been sustained and built on.

The registered manager and the care co-ordinators had a range of trackers to monitor the status of the service, including for person centred plans and risk assessment reviews, staff training and supervision, incidents and safeguarding referrals. We saw from the minutes of the fortnightly care co-ordinators meetings that ensuring the trackers were up to date and monitored was discussed.

A system of audits was in place for the service. The registered manager completed audits of the care files and properties every six months. Action plans were written following these audits. The registered manager said, "From my audits I've seen a progression in the service." Care co-ordinators also told us they checked that everything was current and in place in people's care files as part of their visits to the properties.

An auditing system had also been introduced where care co-ordinators and managers from MLDP North's sister services in south and central Manchester completed an annual audit tool at properties in the North. The North co-ordinators also completed audits in either the south or central services. This meant a more independent audit was completed. We noted that, for various reasons such as co-ordinators being off sick, not all these audits had been completed for the services in the North. A schedule of audits for 2018 had been agreed. The care co-ordinators we spoke with confirmed they had audited properties in other areas.

At the time of our inspection the auditing tool being used was being evaluated by the Manchester City Council auditing department, who would suggest potential improvements to the auditing tool.

The care co-ordinators checked the medicine administration records and any monitoring charts used had been correctly completed each month.

This meant a system of checks and audits were in place to ensure information was in place, accurate and current.

Since our last inspection the care co-ordinators have recommenced writing the staff rotas for their own services. The resources team role is to arrange cover for any remaining shifts. All the care co-ordinators were positive about this change. They now had a computerised version of the rota which they could adapt each rota period to take into account any training or annual leave. This meant that the rotas did not take long to compile.

All the staff and care co-ordinators we spoke with were positive about their role and working for MLDP North. Staff confirmed that moral had improved and the care co-ordinators were more visible within the properties. Staff from different teams all said that the staff were supportive of each other and flexible to meet the needs of the people they supported; for example starting their shift early if a person needed support to attend an appointment.

Manchester City Council (MCC) had recently completed a staff survey; however the results were not available at the time of our inspection. The registered manager had also issued their own staff survey; however this had been at the same time as the MCC survey and only seven replies had been received, where as 56% had responded to the MCC survey. The seven replies were positive.

Staff focus days had also been introduced which enabled the staff team to discuss their service and any issues they had. Minutes had been written for the focus days and actions delegated. For example staff at one property told us they had been asked for their input when a regular agency member of staff was required in the staff team. They had made a recommendation based on who had a good relationship with the person living at the property, which was accepted by the registered manager. Care co-ordinators had also had their own focus days to discuss issues appertaining to their role. This meant the service sought the views of the staff members to improve the quality of the service provided.

We were told that the registered manager visited the properties and was known by the care staff. The care co-ordinators felt well supported by the registered manager.

Weekly meetings were held with the registered managers from the other MLDP services. This was used to share ideas and good practice.

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

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. The registered manager had also been pro-active in contacting CQC if they had any queries or issues they wished to discuss with us.