Manchester City Council
Report for Information

Report to: Health Scrutiny Committee – 8 September 2016

Subject: Health and Wellbeing Update

Report of: Strategic Director Adult Social Care, Manchester City Council; Joint Director, Health and Social Care Integration, Manchester City Council and Head of Corporate Services, Manchester Clinical Commissioning Groups

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Summary

This report provides Members of the Committee with an overview of developments across health and social care.

Recommendations

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

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Background documents (available for public inspection): None

1. Manchester Locality Plan – A Healthier Manchester

1.1 At the July meeting Members requested further update on implementation of the Locality Plan acknowledging the critical development period currently underway.

Attached as an appendix is the most recent report submitted to the Health and Well Being Board (31st August 2016) detailing actions currently in-train. Additionally attached as requested from the previous meeting of the Health Scrutiny is the milestone plan for the development of the Local Care Organisation

In addition to the information attached it is important that the following points are emphasised:

- The Locality Plan represents a major change programme across the health and care economy of Manchester and includes all health and care partners;
- Work is underway to develop a consultation and engagement plan that includes the public/patients as well as stakeholders within all of the organisations involved;
- Investment is required from the Greater Manchester Transformation Fund (GMTF) to enable capacity to be established to undertake all strands of work associated with implementation.

To secure investment and support the submission of the investment proposition to GM the following will be required:

1.2 Local Care Organisation (LCO)

- Further shape to integrated models of care for the 5 targeted cohorts have been undertaken, details of the interventions requiring investment and expected benefits;
- These will have been subject to Cost Benefit Analysis with an evidenced basis for determining investment required to stand up new models of care and the expected return on investment;
- Clarity on targets/benefits to be delivered and the associated financial impact
- Detail of the phasing required to implement the care models and an implementation plan with milestones detailing the incremental build up of those care models;
- Clarity on the investment ask and the deliverables against that ask (delivery of improvements against agreed metrics);
- A clear commissioning prospectus detailing what will be commissioned from the LCO ;
- Clarity on the potential LCO organisational form;
- Consideration of shadow LCO executive arrangements

Key questions/challenges that will need to be addressed include:

- The extent to which any of the investments should be funded from mainstream budgets
- The availability of local monies to contribute towards the investment ask;
- The extent to which the care models are sufficiently transformational to secure the benefits we need
- Whether the CBA analysis will inform decommissioning opportunities from 'as is' arrangements
- The extent to which the investment requested will deliver benefits in a specified time period;
- The extent to which they contribute towards achieving clinical and financial sustainability;

1.3 Single Commissioning Function

- Clarity on the emerging commissioning landscape and a forward plan to progress;
- Clarity on emerging contractual arrangements developing for Locality Care Organisation and Single Hospital Service and a forward plan with key milestones to progress;
- Clarity on any investment required to re-shape the commissioning landscape and the benefits associated with that investment;
- A forward plan with key milestones;

1.4 Single Hospital Service

- Clarity on revisions to investment requirements from phase 1 submission;
- Agreed assumptions for activity shift
- A forward plan with key milestones

Finally at the July meeting, members requested information about the milestones for the Local Care Organisation (LCO) and these are now attached. The next substantive report on the LCO that is presented to the Committee will provide further detail on each of the components contained within the Milestone Plan.

2. Dementia Strategy Refresh[1]

2.1 Since late 2015, a small group of relevant professionals (Health and Social Care Dementia Commissioning Leads, Alzheimer's society, Age-friendly Manchester as well as the University of Manchester) and two citizens living with Dementia formed an Editorial Group to refresh the Dementia Strategy for Health and Care. Co-production is a vital strand of new work in health and social care and so it was vital that we heard the voice of people living with Dementia to shape and influence this work. Alongside this, we have been very fortunate that Professor Nigel Hooper, Director of Dementia Research, at the University of Manchester, has been involved in this editorial group alongside the Alzheimer's Society. We are extremely grateful for their input and contribution to this important work.

2.2 The group have now produced two products:

[1] http://dementiaunited.net/

- A refreshed succinct Dementia Strategy ready for consultation

- A newsletter for Professionals (across the whole health and social economy, but also including Housing and the Voluntary and Community Sector) which sets out the range of different services provided for people living with Dementia in Manchester and their carers. A key element of this newsletter will be the voice of Connie and Maria, our citizens who volunteered to be part of this group and advise the group of what's important and what's not. This newsletter is currently with the City Council's Design Studio and will be ready late September/early October.

2.3 At present, the draft Dementia Strategy is being prepared for consultation. It will be hosted from the City Council's website and a short questionnaire will accompany this to obtain valuable feedback on the Strategy, what's missing and other areas for inclusion.

2.4 At a future Health Scrutiny, the final draft of the Strategy will be presented alongside the new Dementia Newsletter, which it is envisaged that Members of the Scrutiny Committee will find useful and informative.

2.5 It is essential that Manchester has a current and relevant Dementia Strategy as it is closely aligned to the work on the Manchester Locality Plan and the work taking place at a Greater Manchester level on "Dementia United". This is a programme for the Greater Manchester devolution programme that aims to build on existing strengths in the area and out a strong focus on early diagnosis and post diagnosis support, to improving hospital care and creating dementia-friendly communities. There are 5 proposed domains of dementia care:

- Preventing Well – reducing the risk of dementia in the local population, particularly vascular dementia.
- Diagnosing Well – developing a robust seek and treat system that offers early, comprehensive, evidence based assessment for all.
- Living Well – establishing dementia friendly communities, networks and support AND ensuring EVERY person has access to tailored post diagnostic advice/ support.
- Supporting Well – regular access to the health and social care system as required which reduces the number and duration of emergency admissions, re-admissions and care home placements. Ensuring care continuity, irrespective of the location of the individual.
- Dying Well – Focusing on understanding where people with dementia are dying and continuously striving to ensure that place of death is aligned with the person and family preference.

3. Pre- Exposure Prophylaxis (PrEP)

3.1 Members will be interested to know that NHS England is consulting on a clinical commissioning policy proposition on pre-exposure prophylaxis for HIV (PrEP). PrEP is a new method for preventing the transmission of HIV. NHS England is proposing that PrEP should be made available for adults at high risk of exposure to HIV.

3.2 PrEP is a course of antiretrovirals - the drugs that are used to treat HIV - prescribed for HIV-negative people to reduce their risk of contracting HIV. Several studies have demonstrated that, if an HIV-negative person takes this treatment before and after possible exposure to HIV (e.g. through sex without a condom), this is more than 80% effective at protecting them from acquiring HIV.

3.3 NHS England is proposing that PrEP should be provided for people at high risk of exposure to HIV including:

- gay and bisexual men who self-report condomless anal sex
- trans women and trans men who self-report condomless anal sex
- partners of people living with HIV
- heterosexual women and men assessed to be at similar high risk to gay and bisexual men

3.4 NHS England is proposing that PrEP should be made available at sexual health clinics. Clinicians will be responsible for deciding if a patient is at high risk of exposure and therefore eligible to be prescribed this treatment. It must be noted that PrEP does not prevent transmission of other sexually transmitted infections. Therefore, patients are advised to continue to use condoms and to screen for infection on a regular basis. Concerns have been raised as to whether more widespread provision of PrEP will reduce condom use and lead to increases in other STIs.

3.5 Members should note that NHS England is proposing to fund some but not all of the costs associated with PrEP. NHS England is proposing to pay for the drugs. NHS England expects local authorities to commission their sexual health clinics to treat patients attending for PrEP (Patients will need to attend once every three months for monitoring and to obtain a new prescription). NHS England has reached this position because the Health and Social Care Act 2012 requires local authorities to fund sexual health services and NHS England to fund HIV treatment and care.

3.6 NHS England has consulted and engaged with a number of stakeholders including clinicians and public and patient representatives. However, there has been little or no formal consultation or engagement with local authorities or providers of sexual health services to date. Therefore, NHS England is assuming that local authorities will be willing and able to fund the additional costs associated with providing PrEP.

3.7 Members will be interested to know that NHS England spends, on average, £360,000 to treat each person living with HIV over their lifetime. It is estimated that the cost of providing PrEP could be as high as £5,000 per person per annum. PrEP is considered cost effective and could be cost saving for NHS England over the long-term.

3.8 Clearly, there is a strong argument for providing PrEP. It is an extra method for HIV prevention and can be used in addition to condoms and regular testing.

3.9 However, if NHS England concludes that PrEP should be introduced and agrees to fund the costs of the drugs, local authorities will be forced to consider if and how the associated service costs - that is, the costs of the clinic visits - could be met. PrEP could be a significant, unfunded burden for local authorities. Members will know that the ring-fenced public health grant has been reduced and that sexual health services have been re-tendered to achieve savings.

3.10 There is a risk that demand will increase if this treatment is made available and capacity to respond could be an issue. There is a concern that resources used to provide, for example, other sexual health services or services to reduce the late diagnosis of HIV could be diverted or stretched. Late diagnosis of HIV remains a significant issue, both for population health and for the individuals involved.

3.11 Members also need to be aware that sexual health services operate on an open-access basis; people can attend a sexual health clinic of their choice, not just the service in their own area of residence. Local authorities have developed their own arrangements for paying out-of-area clinics who have provided services for their residents. Similar arrangements would need to be developed to allow clinics to bill for attendances related to PrEP. It is conceivable that some but not all local authorities will agree to pay for PrEP.

3.12 The Director of Public Health and the Public Health Manager (Sexual and Reproductive Health) will submit a response on behalf of Manchester City Council in consultation with the Executive Member for Adults, Health and Wellbeing. Members of Health Scrutiny Committee are invited to contribute their views. Members can find the consultation document at:

https://www.engage.england.nhs.uk/consultation/specialised-services

4. Cancer survival rates

4.1 Committee members may have seen recent media coverage about significant increases in the survival rates of people diagnosed with cancer in Manchester.

4.2 NHS data has been analysed to identify which areas of the country have seen the biggest improvements in survival rates between 1998 and 2013. The analysis shows that:

- In the Central Manchester Clinical Commissioning Group (CCG) area, only 54.2% of people were still alive a year later in 1998 but in 2013 71% of people were. This is the biggest increase in the country.
- In the South Manchester CCG area, the increase is from 55.4% in 1998 to 69.9% in 2013.
- In the North Manchester CCG area, the increase is from 52.7% to 66.9%.

4.3 Reasons for these improvements include local people identifying symptoms and presenting earlier to healthcare services, and an increased range of services

available to those who have received a diagnosis. Further updates on the development of cancer services will come to future Committee meetings.

5. Care Quality Commission (CQC) GP services reports

5.1 Since the last Committee meeting, a number of CQC inspection reports have been published regarding GP services in the city.

5.2 Charlestown Medical Practice (Blackley), Al-Shifa Medical Centre (Withington) and Princess Road Surgery (Withington) have all been rated as 'Good'.

5.3 Dr Hotchkies' surgery (Merseybank) has been rated as 'Requires Improvement'. This is an improvement on last year's 'Inadequate' rating but the CQC has identified a number of issues which still require resolution.

5.4 Lime Square medical centre (Openshaw) has been identified as 'Inadequate'.

5.5 When any practices in the city are identified as 'Requiring Improvement' or 'Inadequate', the relevant Manchester CCG and NHS England meet with the Practice to consider the report and their improvement plan which is monitored as it is implemented. Decisions are also made as to any immediate actions which are required above and beyond the Practice's proposals.

5.6 Links to the full report for each Practice are included in the Overview report to this Committee. If Committee members would like further information, please contact n.gomm@nhs.net.

Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 31 August 2016

Subject: Manchester Health and Social Care Locality Plan Update

Report of: Lorraine Butcher, Joint Director Health & Social Care Integration

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Summary

The purpose of this report is to give an overview of progress towards implementing the Locality Plan, and work that is progressing in determining investment requirements to enable transition to new arrangements.

Recommendations

The Board is asked to:

- Note the update and progress on each of the 3 Pillars;
- Note the developing work on the investment proposition for Greater Manchester Transformation Fund for submission in September.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The Manchester Locality Plan aims to support the Health and Wellbeing Strategy by identifying the most effective and sustainable way to improve the health and social are of Manchester people
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

The Manchester Locality Plan (April 2016)

1.0 Implementation of the Locality Plan

1.1 At the meeting of the HWBB held on 8th June the Board received a progress update on: actions underway to progress implementation of the '3 pillars'; the transformation priorities identified in the Plan; actions to secure first stage investment to support implementation of the single hospital service; and, the arrangements for supporting key work programmes through the deployment of the programme management resources currently available.

1.2 This report seeks to provide a further update including: on investment support received to date from the GM Transformation Fund (GMTF); work underway to submit a second stage investment proposition; and, further update on the progress towards implementation of the '3 pillars' acknowledging their interdependencies.

2.0 Investment / Implementation Planning - Greater Manchester Transformation Fund

2.1 The scale and complexity of the change programme required to deliver the ambition of the Locality Plan is significant. Consequently, it will be necessary to align investment planning with the implementation plan. This will require a phased approach to securing investment from the GMTF.

2.2 First Phase Submission – June 2016

Since the previous report to HWBB feedback has been received on the first phase submission for investment from the GMTF. Interim funding has been provided by the GMTF to the SHS programme to allow the establishment of the SHS Programme Team and also to secure external legal and health economist advice. This is necessary to enable the programme to progress key actions against the challenging timeframes and milestones identified. Further liaison is ongoing with GM regarding other identified costs associated with the development of the clinical interface and care pathways that will need to be scoped across the out of hospital and acute sectors.

2.3 Second Phase Submission – Sept 2016

The second phase submission in September for investment support from GM remains the focus to ensure key development work is completed on each of the 3 pillars to support implementation. This submission will enable some revision ('course correction') on the investment required for the Single Hospital Service but will primarily focus on the investment requirements for delivery of the integrated care models and the establishment of the Locality Care Organisation. It will additionally identify as appropriate one off investment that may be required to re-shape the commissioning landscape.

The intention is to submit the investment proposition to GM by the week beginning 26th September. The proposition will then be subject to (a) independent evaluation; (b) consideration by the Transformation Fund Oversight Group (TFOG); (c) decision by the Strategic Partnership Board Executive. Confirmation is awaited from GM for the scheduling of TFOG.

The second phase submission must demonstrate benefits associated with the LCO and the delivery of the out of hospital care models. It is recognised that future phasing into the integrated models of care governed through the LCO will require future submissions to the GMTF for future tranches of investment that aligns with the implementation plan.

3. Single Hospital Service

3.1 A report setting out the high level implementation requirements for the Single Hospital Service, primarily in relation to the creation of a new city wide hospital Trust, was considered at the meeting of the HWBB on the 22nd July 2016.

3.2 Since that meeting the Single Hospital Service work programme has progressed well. Progress is outlined below:

3.2.1 Engagement with NHS I and the Competitions and Markets Authority (CMA)

Liaison with national and regional NHS I colleagues has been established and continues to mature. A positive introductory meeting took place with the CMA on Monday 1st August. This meeting provided an opportunity for the Trusts/Programme Team to present the background of SHS proposals, to discuss the wider context and to explore further the CMA processes.

3.2.2 Greater Manchester Transformation Fund

As indicated above interim funding has been provided by the GMTF to the SHS Programme. Further work is underway to support the development of the investment proposal required to comprise the second stage wider submission in September 2016.

3.2.3 Programme Team Structure and Recruitment

The Programme Director has now taken up his role and a structure for the Programme Team has been developed and costed. A Programme Management Office (PMO) function and clinical lead posts are being established, part of which includes lead posts for Communications / Engagement, HR/OD, IMT, Finance and other areas related to the transaction work. Processes are in place to appoint suitable individuals and it is hoped that successful candidates will be able to join the team at the beginning of September, at the latest. Once the team is fully established it is anticipated that a formal programme plan will be developed and that progress against this plan can be reported.

3.2.4 External Advisor Procurement

A specification for external legal and health economic advisors has been developed and a formal procurement process is underway. It is expected that this process will be concluded by Friday 26th August and that a contract will be awarded on this date. Securing advisor expertise will allow the process of developing the CMA Benefits Case to move at pace.

3.2.5 Governance Structure

Work is being undertaken to develop a robust governance structure to support the work of the Single Hospital Service programme and the delivery of key outputs. Alignment with the governance structures for the delivery of the Locality Plan is a key consideration in this area. The Programme Director (SHS) is working with the Joint Director (Locality Plan) to ensure this coherence.

3.2.6 Stakeholder Engagement

Contact between the Programme Director and key stakeholders including senior representatives from: Manchester City Council; Trafford Metropolitan Borough Council; Healthwatch; Commissioners as well as individual clinician based groups across all three Trusts has been established. The development of a structured engagement plan is underway.

4. Locality Care Organisation

4.1 The ambition within the Locality Plan is to establish an LCO which is capable of holding a single contract with commissioners for out of hospital care from April 2017. Work is underway to identify the investment required to request from GMTF in September to enable implementation of new models of care through the LCO.

4.2 In the report to the HwBB on 8th June a number of milestones were identified which outlined the work that was required to be delivered. Below is a summary against each of these milestones.

4.2.1 Joint Commissioner/Provider engagement and scope of LCO

A provider/commissioner steering group is established and meets on a weekly basis. Through this forum work has been ongoing to define the scope of the LCO and phasing of services into it. A budget mapping exercise articulating the scope of the LCO has been completed and endorsed by the Joint Commissioning Executive. Phasing is being finalised and is being informed by the ongoing work around models of care.

4.2.2 LCO – Models of Care

To date, a series of 10 workshops have taken place focussing specifically on high priority population cohorts who are consuming a very high amount of health and care resources. There has been strong engagement with on average 25-30 attendees for each workshop. The outputs of these workshops have been consolidated and are informing the Cost Benefit Analysis which is currently taking place. This will be completed in early September and inform the developing investment proposition.

4.2.3 LCO – Organisational Architecture

To date there have been 4 workshops, 2 focussing upon the functional components of the LCO, namely the ‘front door’ and ‘neighbourhood teams’, and 2 focussing upon organisational form. There is a strong emerging consensus regarding the functional components of the LCO and this has been

aligned with the care model work. A further workshop on the shape of the LCO is scheduled for early September.

4.2.4 Greater Manchester Transformation Fund

A single document business case identifying the investment requirements for the LCO is currently being developed incorporating the elements identified above. This will be finalised in September and will include the output of the Cost Benefit Analysis. This will be a key element within the investment proposition.

4.2.5 Ongoing work alongside the NHS England National Team

There continues to be weekly dialogue between the NHS England National Team and the LCO Programme Director and senior clinicians.

5.0 Single Commissioning Function

5.1 As indicated previously, a coherent and strong commissioning function is a pre-requisite for the effective commissioning of a transformed health and care system in Manchester, with the aim of improving outcomes and delivering clinical and financial sustainability. From April 2017 progress is required within the commissioning pillar to enable the effective commissioning of the first stage Single Hospital Service, and the Locality Care Organisation.

5.2 Since the previous update to the HWBB on 8th June 2016 the work programme for the single commissioning function has progressed as follows:

a. Options Appraisal

External support has been secured to undertake an independent options appraisal to support the North, Central, South Manchester Clinical Commissioning Groups (the CCGs) and Manchester City Council (MCC) to move towards a more formal single commissioning function/system in Manchester.

The options appraisal is as a minimum covering the following areas:

- Description of current arrangements;
- Summarising the key features of a single commissioning function utilising evidence based examples from elsewhere appropriately recognising the local, city wide and GM context;
- Developing options that would potentially meet the key features and requirements and appraising the options against the key features and requirements; and
- Providing a report that includes all of the above with a recommendation for more formal commissioning arrangements in Manchester.

b. Progress to date

A series of stakeholder interviews have taken place with MCC and CCG colleagues as well as with wider stakeholders within the Manchester and GM

system. Focus groups have been held with the Joint commissioning Executive and staff in the CCGs and MCC. A joint board session was held in July which was attended by governing body members of the 3 CCGs and colleagues and Lead Member (Adults) from MCC. The interviews and focus groups have highlighted a number of areas of progress, where integrated processes are already in place for specific areas or projects. This provides a good foundation for further formalising single commissioning. The external advisors are currently finalising a road map for commissioning transformation and will be presenting their findings and high level options back to the CCGs and MCC w/c the 22nd of August.

c. Next Steps/Timeline

- 25/7 – 12/8 - all engagement and work on options completed
- 23/8 – options presented to CCGs Chief's and Chairs Meeting, with invited representation from MCC
- 24/8 – options presented to the Joint Commissioning Executive (JCE)
- 30/8 – options presented to MCC Executive Team
- 31/8 – options presented and recommendations to the Joint Board Session (with MCC colleagues)
- 31/8 - update on progress to HWB Board
- Preferred option ratified by CCG board/MCC boards during September 2016
- Final paper presented to HWB Board on 2nd November 2016

6.0 Next Steps

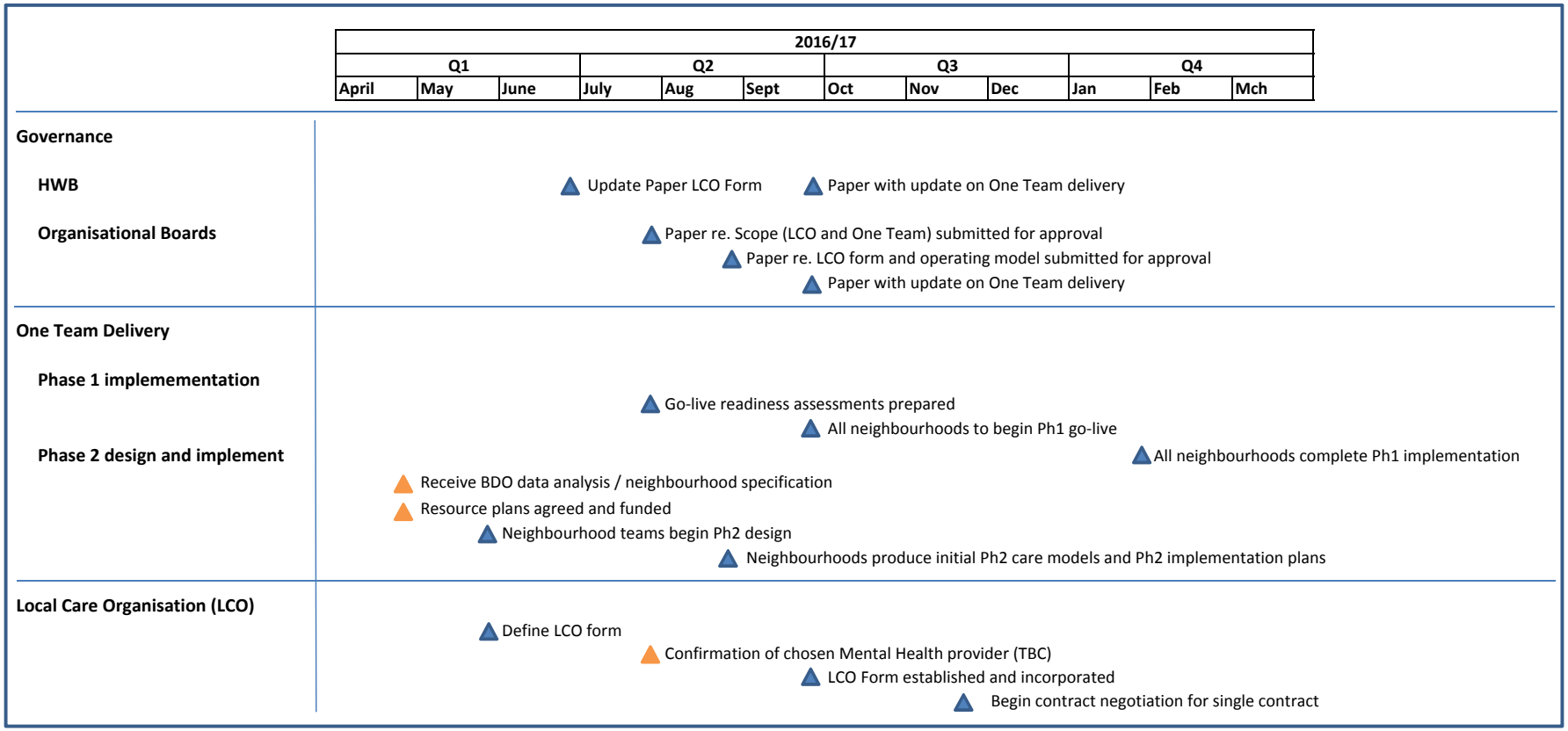
6.1 Work is progressing to co-ordinate the key actions to support implementation detailed in this report and to secure submission of the investment proposition to GMTF by the end of September. These are:

- Actions to ensure alignment between LCO and SHS as a single system week commencing 5th September;
- Confirmed direction of travel with senior leaders week commencing 12th September;
- Drafting of the over-arching investment proposition including a single implementation plan for the Locality Plan; and
- Meeting of the Executive Health and Well Being Group 21st September to review the submission;

7.0 Conclusion

Work is continuing at pace now to bring to fruition key actions regarding to implement the ambition contained within the Locality Plan. This financial year was intended to secure the establishment of the foundations of the key change programmes (the '3 pillars'). To-date the work programmes are on schedule for achieving key milestones acknowledging that investment support is required to support those deliverables.

Manchester Provider Board
Draft Milestone Plan - March 2016 V1



Gold milestones are dependencies or inputs to the plan
Blue milestones are MPB owned

1. Manchester City Council Monitoring

Update on public CQC reports on residential care homes released during August 2016.

Provider Name	Maureen Murphy and Ann Catherine Smith	Zinnia Healthcare Ltd	Northern Life Care Ltd	United Response	Unity Homes Ltd	Methodist Homes
Provider Address	Lindenwood Residential Care Home, 208 Nuthurst Road, New Moston Manchester M40 3PP	Yew Tree Manor Nursing and Residential Care Home, Yew Tree Lane, M23 0EA	7 Fairmile Drive, East Didsbury, M20 5WS	Cornish Close Respite Unit, 1 Cornish Close, M22 0GJ	Oakbank Care Home, Oakbank, off Rochdale Road, M9 5YA	Laurel Court Didsbury, 1a Candleford Road, Didsbury, M20 3JH
Registered Beds	16	43	4	6	55	91
Current Occupancy	16	43	3	3	50	73

1.1 Further to details submitted in the July Scrutiny Report, The Quality, Performance and Compliance Team undertakes contract monitoring based on risk analysis informed by a range of qualitative and quantitative sources, including complaints and safeguarding investigations. In addition, quality is monitored through hearing the views and experiences of citizens who use services. The Quality, Performance and Compliance Team (QPC) meet regularly with Care Quality Commission (CQC) representatives to share intelligence on a quarterly basis or more often if required. Officers in the team also speak with CQC Inspectors on a frequent basis to share concerns and progress about providers across the City. CQC is invited to partake in safeguarding strategy meetings and the relationship between the council and CQC is a positive one.

1.2 Quality and Review Officers undertake additional visits to Care Homes to assess them against a Bronze, Silver and Gold quality framework, where providers achieve a recognised level of care, promoted by financial reward. Additionally, the QPC team identifies and promotes training opportunities with providers and regularly invites speakers to the provider forums to help services meet ongoing citizens' needs.

1.3 This briefing updates Health Scrutiny Members on the monitoring of providers Since March 2016 CQC published three provider requiring improvement as follows:

2.0 Lindenwood Care Home

2.1 The Quality, Performance and Compliance Team have Lindenwood as an Amber risk rated home. The home had been monitored by Contracts and Compliance on, 12th July and a spot visit in February 2016, the home has been making steady improvements including the recruitment of a new manager. Lindenwood owner is committed to sustaining improvement

2.2 The CQC inspection took place on 5 and 6 May 2016 Lindenwood Residential Care Home. The home provides accommodation and personal care for up to 16 people.

- People and their relatives told CQC Lindenwood provided a safe and friendly environment in which to live.
- Staff had been trained in safeguarding principles. CQC found that risk assessments were not always in place and, when they were, they did not have sufficient and specific details to guide staff to support people safely. There were examples of poor practice regarding the storage of prescribed 'thickener' medicines and the lack of information for people with special diets such as diabetic meals. CQC found at certain times during the day there were not always enough staff to effectively attend to everyone's needs, the care home had recruited two new care workers but another worker had recently left the service.
- The service had safe recruitment procedures in place and CQC were satisfied that all necessary criminal records and reference checks had been done to ensure that care staff were fit for the job they were recruited to do.
- The CQC had not been notified of all safeguarding incidents that had occurred at the home.
- CQC observed that the home was clean and well maintained with no malodorous smells. CQC looked at the service's maintenance and safety records and were satisfied that all checks had been done and these were up to date.
- The service did not always work within the principles of the Mental Capacity Act 2005 (MCA). The service did not undertake assessments on people known or suspected to lack mental capacity to consent to care and treatment. There seemed to be a lack of knowledge and understanding about the impact this legislation could have on people's consent to care and support. Applications under the Deprivation of Liberty Safeguards had been made.
- People were supported to eat and drink healthily at the care home. CQC observed that meals were freshly prepared and that people were always offered a variety of options.
- People's access to health care professionals was good. CQC noted that the owner ensured that people received the right care at the right time.
- Person-centred plans were not yet fully embedded at the service. The manager told CQC that they were in the process of updating these.
- There were few structured activities or recreation offered at the home. Several people told us they were bored.
- Since the last inspection, the service had made some improvements and these were either fully or partially completed. However, in other areas, improvements were not made; this was evidenced by on-going breaches of

the regulations identified within the report, such as quality assurance systems, staffing levels and rota management.

3.0 Yew Tree Manor

3.1 The Quality Performance and Compliance Team have rated Yew Tree Manor "Red". The last monitoring visit was on 21 August, with previous visits taking place in February, March and May. A number of ongoing concerns have been improved by the home, but concern remains over the leadership and direction of the home, it is anticipated the new deputy manager will be able to support in these areas going forward.

3.2 Yew Tree Manor Nursing and Residential Care Home can accommodate up to 43 residents. The CQC Inspection carried out on 3 and 4 May 2016.

- People living in the home told CQC they felt safe. The physical environment was safer than at the last inspection. However, CQC had been contacted by two families who were unhappy about the level of safety in the home. In one case a vulnerable person had left the building unobserved due to a fire door alarm not working.
- The other family had complained about many aspects of their loved one's care, including the hygiene of their bedroom. At inspection CQC found the home was clean, with some areas for improvement, and the latest infection control report had given the home a high rating.
- There was a range of risk assessments. One person was known to be susceptible to pressure ulcers. The relevant risk assessment was incomplete which meant that the risk had not been managed properly. This had contributed to a delay calling in the specialist nurses.
- Some recording on the Medicine Administration Records was inaccurate. Since the last inspection some guidelines were in use for giving 'as required' medicines. However, CQC found several examples where these guidelines were not in use. Staffing levels had improved and were now adequate. There had been a safeguarding incident when someone went to hospital over the Christmas period and there was no staff available to go with them. On a later occasion staff had accompanied the same person to hospital.
- Recruitment processes were safe. Staff were trained in safeguarding and knew what to do if they witnessed or suspected abuse.
- CQC found that relatives had been allowed to sign consent forms on behalf of people who lacked capacity to consent to care and treatment. This was not in accordance with the Mental Capacity Act 2005.
- Most people living in the home and their relatives expressed satisfaction with the care provided. CQC noted that some people were untidy and unkempt. This matched information received prior to the inspection from a number of sources. CQC found this to be a breach of the Regulation relating to personal care.
- CQC found that Yew Tree Manor was now more ready to care for people at the end of life instead of sending them to hospital. There were examples where due to poor record keeping people had been sent to hospital despite an agreement that they would not be.

- People knew how to make complaints. Recent complaints had been investigated and responded to appropriately.
- CQC were aware of concerns that the home had not responded effectively to a serious allegation of abuse. The registered manager had not kept adequate records, although disciplinary measures had been taken.
- The system of audits was more rigorous than it had been, including a new medication audit. Staff meetings and relatives' meetings took place.
- There had been criticisms made of the leadership of the home, but a deputy manager had recently been appointed who was working well alongside the registered manager.

4.0 7 Fairmile Drive

4.1 The Quality, Performance and Compliance Team have visited 7 Fairmile Drive and completed 1 full monitoring visit and 2 shorter spot visits in the last 12 months. Following the publication of CQC's report on 13/07/16 a copy of the action plan required as a result of the inspection outcome has been received from the provider and progress against this will be checked on the next visit to the service.

4.2 Fairmile Drive is owned by Northern Life Care Ltd and provides respite care services to people with a learning disability and other associated needs and can accommodate up to four people at a time. Respite care is planned or emergency care provided to a person in order to provide temporary relief to family members who are caring for that person. The Home was inspected on 08 and 11 April 2016 and found the service overall to require improvement in a number of areas;

- Risk assessments were not always complete and did not always give clear and specific guidance as to how staff should manage people's risks.
- Staffing levels were not always adequate to support the varying levels of needs of the people staying at the service.
- The administration of medication was not always safe. We found improvements were needed in several areas including the recording and receipt of medication, 'as required' medication, homely remedies and the administration of liquid medications.
- CQC did not see evidence that the service had embedded the principles of the Mental Health Act 2005.
- Some staff were not always attentive to people using the service who were unable to communicate verbally.
- Robust systems were not in place to effectively monitor the safety and quality of the service. This meant that the registered manager had limited oversight of the service's operations.

5.0 Cornish Close

5.1 The Quality Performance and Compliance Team have rated Age Concern rated as "Amber". The last monitoring visit took place on 19 November 2015 with a further spot visit being due now. QPC team received a copy of the provider's action plan and updates from Age Concern will be gathered during the next visit.

5.2 Cornish Close is a small emergency respite service and was inspected 17 and 23 May 2016

- Cornish Close Respite Unit is registered to provide emergency respite services for a maximum of six adults with learning disabilities. People may also have mental or physical disabilities.
- CQC were told that the registered manager had been absent since August 2015. We had not been notified of this.
- Some people CQC spoke with had limited verbal communication. However, everyone clearly indicated they felt safe, were happy living in the service and liked the staff.
- Staff had received training in safeguarding vulnerable adults and could clearly describe the action they would take if they suspected any abuse had taken place.
- We found that medicines were safely administered and staff received training in the administration of medicines.
- The home was clean and tidy and there were effective health and safety checks in place
- The service had a safe system in place for the recruitment of new staff.
- People's care records and risk assessments contained personalised information about their needs The support plans CQC looked at included risk assessments, which identified any risks associated with people's care and had been devised to help support people to take positive risks to increase their independence.
- Staff told us that the upper management structure was currently blurred, given the long term absence of the registered manager, but they felt supported by the team manager of the unit. Regular team meetings were held and staff were able to raise any issues or concerns.
- A system was in place for responding to complaints. CQC were told by relatives and staff that the team manager was approachable and would listen to their concerns.
- There was evidence of some audits being undertaken at the service but we identified that overall, the systems in place to assess, monitor and improve the quality and safety of the service were not sufficiently robust.

6.0 Oakbank Care Home

6.1 The Quality, Performance and Compliance Team have Oakbank as a Amber risk rated home The home had been monitored by Contracts and Compliance on 17/03/2015, 10/05/2015 and 21/06/2016. There has also been 3 spot visits carried out 03/03/2015, 07/07/2015 and 11/01/2016 Oakbank has now a registered manager to post, whom has been very engaging and committed to making the necessary improvements to the homes operation. The Manager has implemented a number of systems and checks in the home and The QPC team are monitoring how successful these are, in making the necessary improvements required

6.2 CQC inspected the service on the 11, 12 and 15 April 2016. Oakbank Care Home is owned by Unity Homes Limited and is in the Harpurhey area of Manchester. The home is registered to provide accommodation for up to 55 people including those who need nursing care.

- At the time of the inspection there had been no Registered Manager in post who was registered with the Care Quality Commission (CQC) since 2012. This was due to person who was in the process of being registered as manager, going off on long term sick. However, the current manager was in the process of registering with CQC.
- Care records contained person centred information to guide staff on the care people needed and had agreed to. However, these were not always reviewed and updated when changes occurred.
- Staff CQC spoke with staffs that were knowledgeable of the needs and preferences of the people they cared for.
- Observations during the inspection showed us that people were not always supported by sufficient numbers of staff.
- During the inspection CQC saw staff were attentive and patient when supporting people and people were encouraged to eat and drink to meet their needs.
- CQC did not speak with the manager until the third day as they were not present due to planned leave.

7.0 Laurel Court

7.1 The Quality, Performance and Compliance Team have the home rated as Amber and visited Laurel Court and completed 2 full monitoring visits and 2 shorter spot visit in the last 12 months. Following the publication of CQC's report on 12/08/16 a copy of the action plan required as a result of the inspection outcome has been requested from the provider and progress against this will be checked on the next visit to the service.

7.2 Laurel Court is situated in Didsbury, Manchester and is owned by Methodist Homes. It provides residential and nursing care as well as care for people living with Dementia. The home provides single occupancy rooms with en suite facilities and is registered with the Care Quality Commission (CQC) to provide care for up to 91 people. The Home was inspected on 2 and 7 June 2016 and found the service overall to require improvement in a number of areas;

- Measures were in place to prevent the spread of infection but these were not always adhered to by staff.
- People were supported to receive nutrition and hydration however feedback about the food on offer was mixed.
- The service was meeting the legal requirements relating to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) although some staff's knowledge of the legislation was basic.
- At the time of the inspection the home manager was not yet registered with CQC and was going through the application process. They had been in post since April 2016.