

Manchester City Council

# Hall Lane Resource Centre (Respite Care, Short Breaks Service)

## Inspection report

157-159 Hall Lane  
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Date of inspection visit:  
29 July 2019  
30 July 2019  
07 August 2019

Date of publication:  
30 September 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hall Lane Resource Centre (Respite Care, Short Breaks Service) (Hall Lane) is a residential care home providing short breaks and longer-term placements to people with a learning disability, and/or autism. The service is registered to support up to 10 people at a time. At the time of our inspection there were between five and 10 people staying at Hall Lane. The service was accessed by up to 94 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

The service was larger than most domestic style properties and accommodated up to 10 people. This is larger than current best practice guidance. The service was also located within premises that set it apart from normal domestic properties. It was based on part of the first floor of a larger council building that also contained council offices and a day centre. The main entrance to the premises was via a reception area for the whole building.

### People's experience of using this service and what we found

The provider had recognised and acted to address potential safeguarding concerns they had found in the service. Staff and people using the service spoke about there now being a 'better atmosphere' in the service and they told us they would feel comfortable raising any concerns they had. Whilst staff understood how to keep people staying at the service safe, robust risk assessments were not always in place.

Staff were able to meet people's dietary needs and preferences. However, other improvements since our last inspection relating to good food hygiene practices had not been maintained. The provider had checked staff were competent and able to meet people's needs. Training was ongoing, particularly as a large proportion of the support staff had been recently recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice.

The service didn't always apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people did not always fully reflect the principles and values of Registering the Right Support for the following reasons; The service supported people for both short breaks and longer-term 'emergency placements' that we were told were not always time limited and were not always a good 'match' with other people using the service. The service was located in a building that potentially isolated people

from the rest of the community.

The service had relied heavily on agency staff, although they ensured that the same members of agency staff were used when possible. The service had recently recruited more staff to permanent positions and people using the service and their families were positive about the kind and considerate approach of staff. Carers/relatives told us communication with staff in the service was good, and that they provided them with useful information.

People's care plans were person-centred and noted people's preferences. However, they sometimes lacked detail about how the service would meet particular needs and contained little information about any goals or aspirations people might have. Whilst people felt involved in care planning, the provider's systems for reviewing people's care annually and prior to each stay had not been followed consistently. We have made a recommendation in relation to person-centred care planning.

Due to priorities relating to staff recruitment and safeguarding, some of the systems and processes for monitoring and improving the quality and safety of the service had not been maintained. Staff told us they worked well as a team and felt there was a positive and improving culture within the service.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 09 August 2018). At our last inspection we found one breach of the regulations. The provider completed an action plan to tell us what they would do and by when to improve. At this inspection we found improvements had not been sustained and the provider was still in breach of the regulations.

This will be the third consecutive time the service has been rated requires improvement or inadequate.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to good governance and assessment and management of risk at this inspection. Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to more serious concerns is added to reports after any representations and appeals have been concluded.

#### Follow up

We plan to meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an improvement plan and revisit the service as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hall Lane Resource Centre (Respite Care, Short Breaks Service)

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

Hall Lane Resource Centre (Respite Care, Short Breaks Service) is a 'care home' that provides both short breaks and 'emergency placements' of varying lengths to people with a learning disability and/or autism. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

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

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Prior to the inspection we reviewed information we held about the service. This included information received through our routine monitoring and previous inspection reports.

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

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who were staying at the service at the time of our visit. We spoke with the relatives of three people who used the service by phone service shortly after our visit on 07 August 2019. We spoke with five members of staff including the registered manager, three support workers and a service manager.

We carried out observations of interactions between staff and people using the service in communal areas and look around all areas of the home. We reviewed a range of records relating to the care people received and the running of the service. This included staff rotas, records of training and supervision, audits, three people's care files and three people's medication administration records (MARs).

After the inspection

We asked for feedback from professionals with recent experience working with the service. We asked the provider to send us records that were not available to view during our visit to the service, including recruitment records and records relating to the servicing and maintenance of the premises and equipment.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Staff were aware of the support they needed to provide to help keep people using the service safe. However, processes for assessing risks and recording plans to manage risks were inconsistent.
- Staff used risk 'screening tools' to identify potential hazards to people's health, safety and welfare. However, this was missing in one person's care file and their risk management plan referred to a person with a different name. The registered manager provided evidence that any missing risk screening tools were put in place shortly after our inspection.
- One person was at risk of pressure ulcers and staff told us bed-rails were used to help keep them safe at night. However, there were no risk assessments in relation to either of these potential hazards, and no documented evidence that staff supported this person to reposition at night to reduce the likelihood of them developing pressure ulcers. The registered manager told us they were in discussion with commissioners of this person's service to clarify their support needs.

Risks to people's health, safety and wellbeing were not consistently and adequately assessed. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recorded accidents and incidents on reporting forms. The registered manager reviewed these and recorded any immediate actions that staff had taken or would take to help ensure people were safe.
- Required checks, servicing and maintenance of the premises and equipment had been completed. The service's fire risk assessment had been recently reviewed and advised that some improvements were needed to how fire safety was managed in the premises. The registered manager had responded to the findings of the risk assessment, including taking some immediate actions to reduce potential risk such as reviewing staffing levels at night whilst other required work was undertaken.
- During the inspection we found a cupboard containing cleaning products unlocked. Staff told us they did not feel this put anyone at risk, and this had been whilst staff were carrying out cleaning. We also found the laundry (which also contained some cleaning products) was left open to encourage people's independence in taking their clothes to be washed. The registered manager told us staff would be mindful of anyone staying that this might pose a risk to and said they would review how cleaning products were being stored.

### Systems and processes to safeguard people from the risk of abuse

- The provider had reported a high number of safeguarding incidents to us since our last inspection. The registered manager had identified poor practice within the service along with a number of specific safeguarding concerns. They recognised that together, these issues may have indicated institutional abuse and they had taken effective action to address these concerns. This had included suspending staff when

necessary and whilst investigations were ongoing.

- Staff understood their responsibilities in relation to safeguarding, including how to identify and report any concerns of abuse or neglect. Staff told us they were confident any concerns they reported would be taken seriously.

#### Staffing and recruitment

- Relatives, staff and people who used the service all agreed there were always enough staff on duty to meet people's needs, although one relative commented that they thought additional staff would allow people to be taken out on more trips. One staff member said, "We always have enough staff, sometimes more than enough. Today there are four citizens to four or five staff. When I first started I requested more staff for a shift and they got more in."
- Staff told us staffing levels were varied dependent on the needs of people using the service. However, it was difficult to check how many staff had been on duty as agency staff on duty were not reflected on the main rota. This has been an issue we have identified at previous inspection.
- The service had relied heavily on agency staff to cover long-term absences and vacancies within the service. However, there had been recent recruitment of new staff, including some previous agency staff who had worked for the service long-term. The registered manager told us they always tried to ensure consistent agency staff were used and that agency staff worked alongside permanent staff. Staff we spoke with confirmed this was the case.
- We saw most required checks had been carried out prior to recruiting staff. This including obtaining a criminal record check, proof of identity and evidence of satisfactory conduct in previous health/social care employment. However, the provider was not able to show us evidence that a full employment history had been sought, nor that gaps in employment history had been explored with applicants as is required by the regulations.

#### Using medicines safely

- The service had notified the CQC of five medicines errors that they had considered to be safeguarding concerns since our last inspection. The registered manager had recognised that improvements needed to be made to the safe management of medicines and had introduced safeguards such as requiring two staff members to check and sign medicines that were administered.
- We saw evidence that medicines errors were identified, and advice sought from relevant professionals such as a GP or pharmacist. The registered manager had investigated any errors and taken appropriate actions such as suspending staff from administering medicines until an investigation had been completed, and staff member's competencies re-assessed.
- Medicines were kept in a locked room and staff monitored the temperature medicines were kept at to help ensure this did not go above recommended limits. We saw the controlled drugs cabinet was not secured to the wall as required by legislation, although no controlled drugs were being kept at the time of our inspection. The registered manager told us they would review this, but noted the service rarely managed any controlled drugs. Controlled drugs are medicines that are subject to additional legal requirements in relation to their storage, administration and destruction in settings such as care homes due to risks associated with their misuse.
- Some administration records did not have people's photos on them, which could increase the risk of medicines being given to the wrong person. The registered manager told us they had recently updated people's photos and that new photos would be placed on the administration records.
- Staff kept accurate records of the medicines they supported people to take. We saw there were plans in place to inform staff when they should administer any medicines prescribed on a 'when required' (PRN) basis.

#### Preventing and controlling infection

- The premises were visually clean and tidy. However, some improvements were needed to how the service prevented and controlled the risk of infection.
- Staff were aware of the importance of good hygiene and other steps to help control risks of infection. Staff told us they always carried out a 'deep clean' of bedrooms between people's stays. The care staff were responsible for cleaning the premises and told us most tasks were completed by the staff working overnight.
- Whilst the kitchen was visibly clean, there was a lack of documentation to demonstrate good practice in relation to hygiene and cleanliness were followed. We have discussed this issue in more detail in the effective section of this report.
- There had been no infection control audit completed within the past year. This would help the provider and registered manager ensure reasonable steps were being taken to maintain good standards of hygiene and cleanliness and to prevent the spread of infection.

#### Learning lessons when things go wrong

- We saw evidence that the registered manager followed up any incidents or accidents and made recommendations about how to prevent a similar future occurrence.
- The provider had recognised and acted upon issues they had recognised relating to the safety and quality of the service. For example, they had made changes to how they managed medicines to help ensure this was done safely.

# 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we found issues with the safe management of food and meeting people's preferences. We recommended the provider reviewed how the kitchen was managed. We found some improvements had been made, whilst other issues remained.

- There were adequate stocks of food to enable staff to provide people with a choice of meal. People told us they enjoyed the food staff prepared and were able to help themselves to drinks when they wanted. One person told us, "The food is good, I like it. You can choose something different if you want. I had eggs this morning. They [staff] ask me if I want to choose what I want to eat. At lunch they ask what I want and show me."
- Staff put together a weekly meal planner, which they told us took into account the preferences and dietary requirements of anyone who was booked to stay that week. One of co-ordinators told us an aim of planning meals in advance was also to encourage more home-made, healthy cooking, although we saw the evening meal was a ready meal on the first day of our inspection.
- We saw staff recorded people's food and fluid intake when needed. However, these records could be improved by stating the actions taken if low intake was noted and by recording how any food had been modified.
- At our last inspection we found a lack of documentation and processes to help ensure good food safety standards were maintained. We saw the registered manager had introduced improved recording in relation to food safety following our last inspection. However, these records had not been used by staff since March 2019; For example, there were no clear records of cleaning of the kitchen or food temperatures.

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

- Staff assessed people's needs in relation to a range of areas, including their physical and mental health and social support needs. Despite relatively comprehensive assessments, some areas of people's care plans lacked detail.
- The care plans we looked at contained limited or no details about how staff should support people to meet any needs relating to continence or oral hygiene. Sometimes there was detail about these needs in social services assessments in people's care files. However, the service had not put together their own plan of how they would meet these identified needs. Despite this, staff we spoke with were aware of people's needs and the support they needed to ensure such needs were met.
- Care plans did not give staff details about people's aspirations, goals or what they wanted to get out of the

time they spent living or staying at Hall Lane. There was little information about any hobbies or interests' people would want to pursue whilst staying at the service.

We recommend the provider reviews and implements good practice guidance in relation to person-centred care planning.

Staff support: induction, training, skills and experience

- Staff completed a range of relevant training. This included courses that would support staff to effectively understand and meet people's needs, including training in autism, epilepsy and positive behaviour support. Staff, people using the service and relatives we asked, all felt staff were competent and able to meet people's needs.
- The service's training matrix showed some staff were overdue refresher training and approximately one third of the thirty staff still needed to complete the majority of their training. These staff were within the first four months of their employment and the provider was arranging their training.
- The provider had reviewed the competence and previous training and experience of newly recruited staff and agency staff. They took this into account when deploying staff to help ensure there was an appropriate mix of skills and experience to meet the needs of people using the service.
- Staff, including agency staff who regularly worked at the service received supervision. Staff we spoke with told us they felt supported and said they received regular supervision. However, records of staff supervisions did not reflect that all staff had received recent supervision, and the frequency of supervisions had decreased from the end of 2018.
- There was a structured induction programme for new staff. This included giving staff time to read people's care plans and set time-scales for completing required training relevant to their role.

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

- Staff planned to call people or their carers to confirm forthcoming stays in advance. There was a form for staff to record any changes to people's care needs and preferences since their last stay. However, we saw some forms were not fully completed, or stated a message had been left with the person or their carer.
- This meant we could not tell that there had been an effective handover of information to ensure staff were aware of any changes to people's care needs. Following the inspection, the registered manager informed us they had introduced new procedures to help ensure this information was updated prior to each person's stay at the service.
- Basic information about people's health care needs was recorded in health action plans. We saw staff had completed 'hospital passports.' These detailed key information about people's needs and how they should be supported that would be useful for other professionals and to ensure continuity of care.
- Records showed that staff worked with a range of health and social care professionals to meet people's needs. For example, we saw staff had supported people to see their GP, dentists and psychiatrists. We received feedback from one healthcare professional who told us staff recognised when they needed support from the learning disability team and worked with them to help meet people's needs.

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

- The service was located on the first floor of a council building next to offices and above a day-centre. This gave the service less of a 'homely' feel and potentially isolated people using the service from the surrounding community. The registered manager recognised the setting was not ideal and said there were long-term plans to consider if a more appropriate location could be found for the service.
- There was a secure garden area attached to the building. However, staff told us this was not accessible during the week days when it was used by the day service in the same building.
- There were some adaptations to the environment to help ensure it was able to meet people's needs. This

included accessible wet-rooms, tracking hoists and wide corridors that people using wheelchairs would be able to navigate. There was some accessible signage on doors such as bathrooms and bedrooms that would help some people find their way around.

- One person told us they would have liked a bedside lamp in their room when there was none. Having a light to hand would also help reduce risks of people tripping and falling. Shortly after the inspection the registered manager sent us a checklist they had asked staff to complete to check rooms had the correct furnishings and working equipment in them.

#### 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Whilst we did not find evidence that people's care was provided against their wishes, as at our last inspection, the service still needed to strengthen their processes in relation to how they worked within the requirements of the MCA.
- The service had not completed any recorded capacity assessments where there might be reason to believe people lacked capacity to make decisions about their care. There were also no consent forms in place for those able to provide consent to show they agreed to the care they received. The registered manager told us there were plans in place to introduce new procedures in relation to recording consent and best interest decisions and showed us a new form that had been devised for this purpose.
- Staff understood the principles of the MCA and DoLS and were able to give us examples of how they applied the principles in their day to day work. Records showed there was discussion between staff and their manager's in relation to how the MCA applied in relation to the people they were supporting, including in relation to making best interest decisions.
- Applications for DoLS had been made to the supervisory body (local authority), one of which had been approved.
- We asked the registered manager the reason one DoLS application had been made, as our conversations with this person and the information in their file suggested they would have capacity to make decisions about their care. The registered manager told us they had made DoLS applications for most people when they took over management of the service as they did not know most people at that time. However, they recognised some DoLS applications may not be appropriate and said they planned to put a note in people's files to explain this.

## 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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with told us they liked staying at Hall Lane and got on well with the staff and other guests. We were told staff were kind, caring and treated them with respect. Comments included, "Staff are useful, polite, kind and make me laugh... they are really caring you know," and "I like the staff and know them. They are always nice and respectful. I like [staff member] and get on well with people here."
- The service used agency staff, but this tended to be agency staff that worked at the service on a long-term basis. Some long-term agency staff had been recruited to permanent positions, which would help improve consistency within the service. One relative told us due to the needs of their family member, the manager as requested, always ensured there were staff on duty that knew them well.
- Relatives told us both they, and their family members were treated well. One relative told us, "They [staff] are approachable and understanding. I can pop-up and see any of the staff. [Family member] is happy here; If she wasn't she would show it. They have been very supportive to us." A second relative said, "They're all lovely to [family member]. I'm happy leaving him there as I know he's well looked after."
- People's care plans outlined any needs they had in relation to their culture or religion. The registered manager spoke about a person that had recently stayed at the service and how they had been able to meet their cultural needs by involving staff who spoke a shared language and knew how to prepare traditional dishes. One person using the service told us, "Staff treat everyone the same; Respectful and kind."

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

- People using the service and their relatives told us staff discussed their care and support with them and let them know about any choices they could make in relation to their care.
- One relative we spoke with told us they were grateful for the information the deputy manager had given them about a local service their family member now used. They told us the manager of the service was knowledgeable about the care system and local services and resources.

Respecting and promoting people's privacy, dignity and independence

- Everyone we asked felt staff respected their or their relative's privacy and dignity. One person told us, "When I need a shave they help me. They respect my privacy, and always ask me first." During our inspection we observed staff interacting positively with people in a friendly and respectful way.
- People felt staff supported their independence. Staff we spoke with understood their role in supporting people to gain independence, and when staying at Hall Lane for longer stays, to move onto other settings that met their needs. For example, one staff member spoke about supporting people to gain independence by encouraging them to be involved in daily household activities such as cooking and doing their laundry.

One of the rooms in the service had a self-contained kitchen and bathroom, which allowed the person using that room to have more independence.

- Staff told us there had previously been issues of people going home from Hall Lane with incorrect or missing clothing. A new system had been introduced to try and address this issue, which both staff and a relative we spoke with felt was working well.
- We saw staff pro-actively offered people pain relief when they might need it, as well as responding to any requests from people for pain relief.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans included information on people's social histories, likes, dislikes, usual routines and preferences in relation to how they received care and support. This would help staff deliver person-centred support. Staff told us they were given time to read people's care plans
- People told us staff involved them in making choices about their care and support, and said staff respected the choices they made. The service aimed to carry out annual reviews of people's care with them and when appropriate their family/carers. However, we saw these had not always been completed or were overdue.
- Staff supported people using the service to put together 'scrap books' as reminders of their stays. These books were used for people to record things that were personally meaningful or to place things to help them remember what they had done whilst staying at Hall Lane. The scrap books were initially being used for people staying at the service longer-term, but the registered manager said the intention was to make them available to all people using the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication support needs and developed plans for how any such needs should be met. For example, we saw care plans noted any equipment needed to help people communicate effectively. There was information recorded to help staff understand how people who did not communicate verbally were able to communicate their needs and emotions through other means such as facial expressions, body language and vocalisations.
- People's preferred ways of communicating and their support needs were recorded in 'hospital passports.' These could be shared when appropriate, with other professionals to help ensure their communication support needs continued to be met when moving to other care settings.
- We saw a range of information in easy read format was available to people using the service. This included information on the accessible information standard and what people should expect from the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Many people using the service also went to the day service that was run in the same building. People had got to know one another and had made friends both through their stays at Hall Lane and through attending the day service together.

- We saw evidence of activities taking place; for example, during our visit staff had arranged a party for someone who was going to be moving out of the service. We also saw staff supporting people to go to the local shops and staff told us they had recently supported people to museums, the cinema and discos.
- People told us they were not bored when staying at Hall Lane and said they had enough to keep them occupied. Staff told us they had also explored opportunities such as voluntary work for people staying at the service longer-term. However, there was a lack of structure and planning of activities, and one person and one relative felt there should be more trips out.

#### Improving care quality in response to complaints or concerns

- People using the service told us they would be happy to let staff know if they were unhappy about something or had any concerns/complaints. One person told us they had let staff know the TV in their room was not working and that they had replaced it. Relatives told us they would feel comfortable and confident raising a formal complaint if they felt it was necessary.
- There had been one formal complaint raised since our last inspection. We saw this had been thoroughly investigated and an apology given to the person raising the concerns.
- Two relatives told us they had raised concerns about aspects of the service with staff. Neither of these concerns had been formally recorded in the complaints records; However, both relatives told us they had been very satisfied at the outcome of their complaints, which had resulted in improvements being made to the service.

#### End of life care and support

- The registered manager told us the service had not supported people requiring end of life care. Although the service did not expect to provide end of life care to anyone, the registered manager told us any referrals or emerging end of life care needs would be assessed and appropriate professionals involved as required.
- The service had not explored people's end of life wishes with them. We discussed this with the registered manager for further consideration.

# 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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection we found the provider and registered manager did not have adequate oversight of the service, and processes to monitor the service's safety and quality were not robust. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had not been made, and the service remained in breach of this regulation.

- There were some audits and checks carried out to help the registered manager and provider monitor the quality and safety of the service. However, these were not completed consistently and there was no schedule setting out when certain quality checks should be completed.
- Some checks and audits previously completed had not been reviewed for over one year. For example, the infection control audits had not been reviewed since May/June 2018, the last manager's audit was dated May.
- Audits were not always effective at driving improvement, or improvements were not sustained. For example, we saw improvements had been made to food hygiene procedures since our last inspection but had since lapsed. The registered manager's audit recognised shortfalls in infection control procedures in May 2018, and similarly any improvements had not been sustained. The audits had not identified some of the issues we found during our inspection such as missing risk assessments, lack of full documented employment histories for staff and gaps in the assessment and review processes.
- Accidents and incidents had previously been entered on a 'tracker.' However, the registered manager had not updated this since March 2019 and outcomes/actions taken had not been recorded where prompted on the electronic record since October 2018. This meant the provider could not demonstrate that they had oversight of accidents and incidents and that they were monitoring any potential trends.

The provider was not operating effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People we spoke with and their relatives were happy with the service they received. People were given opportunity to provide feedback about their last stay when staff contacted them to update their records

before their next booked stay.

- However, there was little other evidence that staff, people using the service, or their representatives had been involved in developing the service. There had been no surveys carried out to help the service understand the views of people using the service, their representatives or staff.
- There were no involvement groups or forums in place for people using the service to put across their views of the service or suggest improvements. The registered manager told us they planned to introduce such meetings now the service was getting to be in a more stable position and other priorities such as recruitment had been completed.
- The provider aimed to offer people an annual review of their service. However, in the care files we looked at, there was either no evidence of any annual review having been completed, or in one case, it was overdue by around four months. There was no overview of what annual reviews staff had completed, or when they were due.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had recognised cultural issues within the service that were contributing to poor quality care and safeguarding issues. They had taken clear action to address these concerns. Staff, people using the service and relatives all felt there was an improved 'atmosphere' that was more welcoming and inclusive since changes had been made to the staff team. One staff member told us, "Staff attitude is much different now. You can see the difference in how staff approach someone."
- Staff told us they felt comfortable raising any suggestions, challenging poor practice and reporting any concerns to their supervisor or the registered manager. One staff member told us they thought the staff team were quite 'outspoken now.'
- Staff felt the service had improved over the past year. The staff we spoke with were clear about the values of the service and told us they were doing their best to continue to make improvements for the benefit of people that stayed at Hall Lane. One staff member told us, "They're a good team here. We are trying to make things better. I think it's coming together now. I feel it's a lot better compared to this time last year... I'd recommend it to a family member now; I wouldn't have done a year ago."
- The registered manager had run a workshop for staff and people using the service focussing on the service's values and personalisation. They told us that feedback from people using the service had been insightful and helped them understand the perspective of people staying at Hall Lane.

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

- The registered manager recognised that some of the services audits, checks and processes had not been maintained. They explained that this had been due to their attention having been focussed on managing safeguarding issues, maintaining a safe service and recruiting new staff. As a large proportion of the staff were also new to the service, this meant they were not always aware of the service's policies and procedures.
- Staff felt that managers, including the registered manager were visible and that they were listened to. The registered manager had been registered to manage Hall Lane since March 2018 and was also the registered manager for two other short breaks services run by the provider.
- The registered manager told us there was supposed to be one bed at the service reserved for 'emergency placements.' However, at the time of our inspection, the service was providing support to four people on such placements who had been staying at the service for up to 15 months. Three of the long-term placements had plans in place to move on from the service at the time of our inspection.
- The registered manager told us the number and complexity of referrals received for emergency placements appeared to be increasing. One professional we spoke with told us people placed at the service for

emergency placements did not always seem to be 'compatible' with others using the service and that such placements could have an impact on others using the service. The registered manager recognised the service needed to review how they provided effective support to people staying longer-term, which the newly recruited manager would be partly responsible for progressing.

#### Working in partnership with others

- We received feedback from a professional that worked in the community learning disability team. They told us that communication with the service had been good and that relevant persons were kept informed of people's progress.
- The provider had worked in partnership with others including government departments and a charity on initiatives to support people, including care leavers into care work. They told us these programmes had been very successful and that a number of staff previously working at Hall Lane had been recruited this way.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people's health, safety and wellbeing were not consistently and adequately assessed.  Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider was not operating effective systems to assess, monitor and improve the quality and safety of the service.