

# Manchester University NHS Foundation Trust

# Short Break Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The short break service is a care home providing planned and unplanned respite care for up to three adults. The service specialises in providing support for people living with complex needs associated with autism and/or a learning disability. At the time of our inspection visit, two people were using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. We saw the model of care and setting maximised people's choice, control and independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people who used the service lead confident, inclusive and empowered lives.

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

A more joined-up, cohesive and responsive approach to safety and risk management had been embedded into everyday practice.

Practices for the prevention and control of infection were operated effectively.

Medicines were managed safely. This included systems for receipt, storage, administration and disposal of medicines. Medicines systems were organised, and people received their medicines when they should.

Systems which sought to protect people from the risk of abuse were operated effectively. Relatives told us they were confident their loved ones were as safe as possible when using the service.

Environmental improvements had been made to better reflect national best practice guidance. Rooms were individualised to people who used the service on a visit by visit basis to ensure an appropriate environment. The communal garden had been transformed into a space that was safe, accessible and welcoming.

Improvements had been made, and sustained, to strengthen management oversight and quality assurance. Roles, responsibilities and staffing structures were better defined. A new registered manager was in post, along with a new deputy manager and a new service-wide Matron for learning disabilities.

#### Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced comprehensive inspection of this service in May 2019. Breaches of legal requirements were found in respect of safe care and treatment and premises and equipment. Consequently, the service was rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Short Break Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Short Break 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by an Inspector from the CQC.

#### Service and service type

Short Breaks Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or manager would be available to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### What we did during the inspection

We reviewed a variety of records related to the management, quality and safety of the service. This included risk assessments, policies, procedures and audits.

During the site visit element of the inspection, we were unable to speak with people who used the service. Therefore, we spoke with four relatives by telephone about their experiences of the care provided.

We also spoke with five members of staff including the head of service, matron and support workers.

# 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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider had failed to ensure the premises were safe to use for their intended purpose and were used in a safe way. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- A more joined-up, cohesive and responsive approach to safety and risk management had been well embedded into everyday practice.
- Fire safety risk assessments were robust and up-to-date.
- Grab rails in the upstairs wet room had now been fitted.
- Environmental risk assessments had been completed. These were updated on an annual basis and in response to any changes
- The outside garden area had been made safe with all environmental hazards removed. Individual garden risk assessments were in place for everyone who used the service.
- Other major improvements had been made to the garden area. These are detailed in the 'effective' section of this report.
- In respect of all other areas of building and premises safety, regular safety audits were completed, appropriate records were maintained, and compliance certificates were up-to-date.

How well are people protected by the prevention and control of infection?

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely into the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

### Using medicines safely

- Staff followed safe protocols for the receipt, storage, administration and disposal of medicines. Medicines systems were organised, and people received their medicines when they should.
- The service was committed to stopping the over medication of people with a learning disability, autism or both, with psychotropic medicines. This is known as STOMP and is a national project involving many different organisations. STOMP is about helping people to stay well and have a good quality of life.

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

- Systems which sought to protect people from the risk of abuse were operated effectively. Staff had received appropriate safeguarding training and understood how to recognise the signs of abuse and the ways to report this.
- Relatives told us they were confident their loved ones were as safe as possible when using the service. Comments included, "I'm never worried when [Person] goes to the service.", and, "If there is ever an issue, the staff contact me straight away. Communication is very good."

### Staffing and recruitment

- A new registered manager had been recruited since our last inspection. A wider staffing review had also been completed which meant the skills and experience of staff were better utilised across the short break and day centre services. This also now provided staff with a clear line of sight in terms of career progression.
- Systems for the safe recruitment and selection of staff were operated effectively.

# 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 as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection, the provider had failed to ensure the premises and equipment were suitable for the purpose for which they were being used. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

Adapting service, design, decoration to meet people's needs; assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Environmental improvements had been made to better reflect national best practice guidance.
- The communal garden had been transformed into a space that was safe, accessible, and welcoming.
- Rooms were individualised to people who use the service on a visit by visit basis to ensure an appropriate environment and this was reflected in the Positive Behaviour Support plans.
- Damaged and worn seating had been replaced and redecoration had been undertaken.
- People who used the service and their carers/families had been consulted throughout. Comments included, "Colour scheme is calming"; "Beautiful, looks much better"; and "I like my room and colour."
- Systems to support information communication technology had been improved. Broadband internet and WIFI was fully functional and people spoke positively of the benefits and difference this had made.

Staff support, induction, training, skills and experience

- Staff had the required knowledge, experience and skills to meet people's needs. Staff received a range of appropriate training applicable to their role.
- There was an operational structure in place to support delivery of supervision. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they may have and any training and development they may wish to undertake. Staff also participated in an annual performance appraisal.

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

- Dietary needs were clearly detailed in care plans and staff had good working knowledge of people's dietary requirements.
- Nutritional intake was monitored in line with people's weight and any changes in presentation was responded to appropriately.
- People were encouraged to make healthy food choices in line with their assessed needs.

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

- A range of health and social care professionals were involved with people who used the service at various stages. Information was shared and recorded within people's care records which helped to ensure continuity of care.
- Should a person be required to attend hospital, a hospital passport provided a 'snapshot' of information concerning the supported person.
- If a person had a planned medical appointment to attend whilst using the short break service, staff were effective in providing support and ensuring people's needs were met.

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.

- Appropriate authorisations to deprive people of their liberty had been obtained from the relevant authority. Requirements set out within DoLS were being met.
- The service had clear procedures for assessing people's ability to make decisions and to ensure any decision was in a person's best interest. This meant people's rights were being protected.

# 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 as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Improvements had been made, and sustained, to strengthen management oversight and quality assurance. For example, a monthly cycle of 'quality rounding' was now in place. Quality rounding covered a variety of key topics and fed into the providers wider risk and quality assurance framework.
- Roles, responsibilities and staffing structures were better defined. A new registered manager was in post, along with a new deputy manager and a new service-wide Matron for learning disabilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Involvement had been at the heart of service improvements since our last inspection. Comments from relatives of people who used the service included, "We were sent information about the garden transformation and asked for our views. I think it looks amazing now!", and, "Throughout the pandemic, whilst [Person] hasn't been able to attend the service, the staff have kept in touch and I've been informed of all developments."
- Staff spoke positively about their level of involvement and the culture within the service. Comments included, "There is definitely a new sense of inclusion and belonging.", and, "As a support worker I feel much more empowered and valued as a member of the team."

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; continuous learning and improving care

- As the service was part of a larger NHS trust, the provider fully understood their responsibilities around duty of candour.
- There was a well-established incident reporting framework in place which included overarching analysis to identify themes and trends.
- The provider had responded swiftly and effectively to concerns highlighted following our last inspection. A culture of continuous learning and development had clearly been well embedded within the service.

### Working in partnership with others

- People who used the service benefited from the skills and expertise of the in-house team. In addition to this, the service worked collaboratively with a range of different health and social care professionals to help ensure people received the right support at the right time.
- The service actively participated in a range of partnerships. For example, the Harm Free Care Forum and Inequalities in Health Care Group.