Manchester City Council

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

Inspection report

157-159 Hall Lane
Baguley
Manchester
M23 1WD

Tel: 01612192413

Date of inspection visit:
05 July 2022
11 July 2022

Date of publication:
20 September 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Hall Lane Resource Centre (Respite Care, Short Breaks Service) is a residential care home providing accommodation with personal care to up to 10 people. The service provides support to people on a short-term basis providing respite support including people with learning disabilities and autism. At the time of our inspection there were three people using the service.

The layout of the service is based on the first floor of a resource centre. The service is situated above a day centre. There are offices relating to this service and the provider's other services located on the same floor. The layout of the service does not meet the current best practice guidance for supporting people with learning disabilities.

People's experience of using this service and what we found
At the time of the inspection the service had identified areas of improvement and an action plan was in place. Areas of improvement identified included training and care planning. We found audits carried out at the service were not always reflective of the service being provided. Audits were not always followed up to show that necessary improvements had been made. At this inspection, we found that further improvement was required in relation to care planning. Medicines were not stored in line with current guidance. We have recommended the provider reviews guidance in this area. Staff wore personal protective equipment (PPE) appropriately and the service conducted regular audits in relation to COVID-19.

Relatives of people using the service gave positive feedback about the support they received from staff. We observed people receiving support from staff in line with their assessed needs. The provider did not have effective systems in place to assess the suitability of agency staff at the service. The training matrix showed gaps in staff's training around safeguarding and deprivation of liberty. Records relating to staff training had not been accurately maintained.

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; the policies and systems in the service supported this practice.

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 statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe, effective and well-led, the service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: Staff supported people to have choice and control. People's independence was supported by staff. People living at the service were mainly supported on a short-term basis and lived in the local area. There were also people living at the service as an emergency placement for several months. People were supported to access the community independently, where possible. The service was used by people, living in the local area, for respite support.

Right care: Care records did not consistently contain sufficient information to support people. Staff at the service appeared to know people well and the management acknowledged that this information was not consistently recorded in care plans. People's cultural beliefs were respected.

Right culture: The service acknowledged previous concerns and had developed an action plan to drive improvement. The registered manager had arranged a meeting with relatives and people using the service. People and their relatives spoke positively about the new management team.

During the inspection, the registered manager discussed the services plans for refurbishment to create a more homely and welcoming environment at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 1 October 2019). At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

At our last inspection we recommended that the provider implemented person-centred care planning. At this inspection we found care plans continued to lack specific details in some areas. The necessary improvement had been highlighted on the service's action plan and staff were in the process of updating care plans to a more person-centred format.

Why we inspected
The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to initial inquiries to determine whether to commence a criminal investigation. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of enteral feeding and medication administration. This inspection examined those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hall Lane Resource Centre (Respite Care, Short Breaks Service) on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staffing and good governance 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 the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will 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 work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
Hall Lane Resource Centre (Respite Care, Short Breaks Service) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hall Lane Resource Centre is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
The first day of the inspection was unannounced. The second day was announced shortly before the visit.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 14 June 2022 to help plan the inspection and inform our judgements. We reviewed information we had received from the service since our last inspection. We used all this information to plan our inspection.

During the inspection
We reviewed care plans, staff files, risk assessments and audits relating to the running of the service. We observed and spoke with two people who used the service, two relatives and contacted two health and social care professionals. We spoke with eight staff including the registered manager, coordinators, support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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
At our last inspection risks to people's health, safety and wellbeing were not consistently and adequately assessed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made and the provider remained breach of regulation 12.

- Risk assessments were not always available. For one person we found their risk assessments were not stored in their care plan. Staff had not realised this documentation was missing.
- Risk assessments relating to the service were in place; however, these were not readily available to the registered manager during the inspection.
- The provider identified that systems to monitor the safety of the premises required improving. New documentation was drafted; however this documentation had not been shared with staff to implement and use. For example, water temperature checks were not being recorded.
- During the pandemic, the occupancy and frequency of use of the service had significantly reduced. The coordinators were in the process of assessing people to update care plans with any potential changes to their care needs. Relatives of people using the service told us they were contacted prior to their relatives staying at the service.
- Care plans for one person who was due to stay at the service, lacked sufficient detail regarding the care and support they required from staff. The care plan did not clearly identify who was responsible for their complex care needs. Staff acknowledged that further information was required in the care plan.

Risks were not consistently assessed. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
- The provider had a safeguarding policy in place. The registered manager responded appropriately to concerns.
- Staff were not all up to date with safeguarding training. Staff understood what safeguarding concerns were and felt confident to raise any concerns.

Staffing and recruitment
- The provider did not provide sufficient information to evidence that staff had been recruited safely. During the inspection we requested the recruitment files for a sample of staff. The registered manager informed us

that the files were held centrally by the HR department. The information which was made available was incomplete.
● The provider used staff from a staffing agency. The provider relied on the staffing agency to provide staff which were suitably qualified. The provider did not have effective processes in place to assess the suitability of these staff, to support people.

We have reported on this further in the effective and well-led domains of this report.

Using medicines safely
● Medicines were administered safely however they were not stored in line with current best practice guidance. Access to medication should be restricted to suitably skilled care staff. We found the room where medication was stored was also used to store care plans. This meant that access to medication was not restricted to staff who were assessed as competent to administer medication. Following the inspection, the provider stated they had ordered new storage cabinets for people to securely store their medication.
● We found medication for a person who had previously stayed at the service in the medication for a current person using the service. This was remedied during the inspection.
● There were no records in place to show the temperature of the rooms where medicines were stored was monitored.

We recommend the provider reviews the guidance around the safe storage of medication.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
●Staff supported people to visit the service, where appropriate. Where people were attending the service for the first time, they were supported to see the service with their family prior to the stay.

Learning lessons when things go wrong
● Accidents and incidents did not always include sufficient detail to analyse or identify trends. It was not always clear what action had been taken as a result of incidents at the service. For example, in response to a medication error it was not recorded if a staff supervision or additional training had been completed.
● Incidents were not always recorded. For example, the service had reported an incident to CQC, in line with their responsibilities, however this incident was not logged in the accidents and incidents at the service.

Requires Improvement

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

Staff support: induction, training, skills and experience

- Agency staff were not supported with a formal induction. The provider regularly used agency staff. There was no formal induction in place to support these staff and for the service to assure themselves of their skills. We found two examples where a member of staff had worked at the service prior to the registered manager receiving any information about their suitability for the role.
- Staff training was not up to date. Staff told us they received training however we found gaps in the training for staff. In particular, multiple staff were not up to date with their refresher training relating to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training.
- The registered manager had not maintained accurate records of the training completed by staff. For example, records regarding training in administering feed via a feeding tube. We found discrepancies between the dates recorded on the matrix, dates provided by the registered manager and feedback from staff. We also found reference to a medicines competency being completed for one member of staff, however the competency document could not be located.
- Staff supervisions had recently increased and staff were asked to identify their skills and areas where they required additional support. Staff felt supported by the new management team.

The provider had not taken sufficient steps to assure the suitability of agency staff .This is a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- At the last inspection, we recommended the provider improved their person-centred care planning. At this inspection we found person-centred care planning was inconsistent.
- Care plans and risk assessments did not always contain sufficient detail to meet people's needs. Plans lacked direction for staff around monitoring PEG sites, enteral feeding support and stoma care. The plans for one person were missing from their file at the time of the inspection.
- Handovers lacked detail relating to people at the service. Staff told us they were kept informed of changes at handover meetings. We found the notes of these meetings were very brief and lacked detailed information. We have reported on this further in the well-led domain of this report.
- Staff assessed changes in people's needs prior to their stay. A relative told us, "They phone me to say [person] is due in and ask if there is any changes."

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

- Staff supported people to eat and drink. We observed people being supported to eat and drink. Some

people used the kitchen to prepare meals and drinks for themselves.
● Staff were aware of people's cultural needs in relation to their food. This was also reflected in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked closely with social care professionals to provide appropriate support to people. We received positive feedback from a social work professional regarding the support for an individual and the communication received from the staff.

Adapting service, design, decoration to meet people's needs
● The layout of the service was not in line with current best practice guidance. There were areas of the service which required some updating.
● The registered manager explained there were ongoing refurbishment plans at the service. These will also help to make the service feel more homely.

Supporting people to live healthier lives, access healthcare services and support
● Staff contacted health care professionals when needed. Accident records showed professionals had been contacted in response to incidents at the service.

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The registered manager had supported people and raised concerns around restrictions, where appropriate.
● Best interest decisions were recorded in people's care plans. The decisions were specific and appropriate.

Requires Improvement

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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 (Good governance) 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 provider remained in breach of this regulation.

- Audits had not driven improvements. We found care plan audits had been completed and necessary actions identified. However, we found these actions had not been completed. For example, care plans had not been updated.
- Audits were not always reflective of the service. For example, environmental audits indicated the service was operating at full capacity, however the service had operated at reduced capacity during the COVID-19 pandemic.
- Records relating to staff training were not accurately maintained. The dates of training provided were inconsistent with the information recorded on the service's training matrix.
- Staff had not consistently maintained accurate records relating to the service. There was an incident, which had been reported to the Commission, which was not included on the service's accident tracker. Records relating to recruitment were not readily available and some records relating to competency and induction were not located.
- Care plans, risk assessments and handover documentation did not always contain sufficient detail to meet people's needs.
- The statement of purpose was not reflective of the service being provided. For example, the statement of purpose stated that people would be supported with stoma care however the registered manager stated this is not something that would be supported and staff had not received training in this area.
- This is the fourth consecutive inspection where breaches of regulations have been identified.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a change in the management of the service since the last inspection. There was a new registered manager in place who was supported by two coordinators.

● The management team supported staff. Staff felt supported by the new management team and were confident they could speak to the registered manager if they had any concerns.

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 provider was aware of their duty of candour responsibilities and was in the process of acting on them during the inspection, in response to a recent safety incident. The service had appropriately informed CQC of safety incidents at the service.

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

● The registered manager had identified areas of improvement at the service and an action plan was in place. The plan lacked specific detail in areas.

● Information which was requested as part of the inspection was not always readily available on site as such, there were delays in information being provided. The registered manager did not have access to all systems which contained information relating to the safe running of the service. Following the inspection, the registered manager informed us they had requested access to the systems and would be having regular meetings with the buildings manager.

● The provider clearly displayed their rating at the service, in line with their regulatory responsibilities.

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

● The management team told us they had sent surveys to people who regularly use the service and their relatives. They were in the process of compiling the responses. The samples we saw were positive.

● People and their relatives gave us positive feedback about the service. Relatives told us the new registered manager arranged a meeting with people and their relatives when they joined the service.

● Staff were supported by the management team. Staff felt supported by the registered manager and coordinators. One member of staff told us, '[Registered manager] does listen to us.'

● The registered manager had appropriately responded to a complaint. Relatives told us they would contact the registered manager if they had any concerns.

Working in partnership with others

● We received positive feedback from health and social care professionals who had worked with the service.

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 were not consistently assessed and care plans updated to reflect the identified risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service had not ensured staff were suitably skilled prior to supporting people.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits at the service had not driven sufficient improvement. The service had not consistently maintained accurate records relating to the service.

The enforcement action we took:

WN to be issued