

Manchester City Council

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

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 and 11 June 2018 and the first day was unannounced. We visited Hall Lane Resource Centre (Respite Care, Short Breaks Service) on 7 and 11 June 2018 and spoke with family members, a person who attended the respite service and a social care professional on 8 June 2018.

Hall Lane Resource Centre (Respite Care, Short Breaks Service) was last inspected by CQC on 31 August and 7 September 2017 and was rated inadequate overall. The overall inadequate rating resulted in the service being placed in special measures, as this is the Care Quality Commission's standard process.

At the last inspection we found multiple breaches of regulations in relation to Regulation 12 - safe care and treatment; Regulation 13 - safeguarding service users from abuse and improper treatment; Regulation 9 – person-centred care; Regulation 16 - receiving and acting on complaints; Regulation 18 - staffing; Regulation 10 - dignity and respect and Regulation 17 - good governance.

At this inspection we found improvements had been made. We identified a continued breach of Regulation 17 HSCA RA Regulations 2014, good governance. There was a lack of oversight of some aspects of the service and issues we found had not been identified by the auditing processes in place. These needed to be more robust. We judged the service was compliant with all other regulations.

Hall Lane Resource Centre (Respite Care, Short Breaks Service), referred to throughout this report as Hall Lane, is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Hall Lane provides short breaks (respite care) and accommodation for up to ten people, younger and older adults, with a learning disability or autism. The service is based on the first floor and shares the building with a day service on the ground floor and office space for managers, also on the first floor. There are ten bedrooms, one with en-suite facilities, a main lounge and a quieter lounge, a communal kitchen and easily accessible bathrooms incorporating wet rooms. On the day of our inspection there were six people staying at the home, four of these being emergency placements. However, there were around 60 people who used the service in total.

Care services for people with a learning disability and autism should be developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using services can then live as ordinary a life as any citizen. Hall Lane was not a new service. Whilst this service was not full at the time of our inspection it can cater for up to ten people at any one time. It was accessed by people both local to the area and living further away due to the nature of the service. Those that were able to accessed the local community independently.

The service had a registered manager in place. They had been newly appointed to this role since the last

inspection, and had previous management experience of the short breaks service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

After our last inspection the service had placed a voluntary suspension on new admissions so that it could work on improving and ensuring people were kept safe. People accessing Hall Lane on a respite basis were already known to staff. We noted one emergency admission had taken place immediately prior to this inspection despite the voluntary suspension still being in place. The registered manager explained to us the reasons for this and we judged that because of the circumstances behind the admission and the measures put in place, the person was kept safe from harm whilst staying at Hall Lane.

The way the provider identified, documented and responded to incidents of potential abuse had improved and people were sufficiently protected from risk. Staff had been trained in safeguarding vulnerable adults and more training was scheduled

Since the last inspection, management had introduced a confirmation visit checklist. Contact was made prior to arranged stays to gather important information and to clarify any changes in need.

The management of medicines had improved but room temperatures in relation to where medicines were stored had not been recorded. On bringing this to the registered manager's attention a thermometer was purchased for the locked store room.

We raised a potential infection control issue with the registered manager as this had been shared with us in a conversation with a relative. The registered manager took advice and guidance from environmental health and we were assured that the risk of people using the service being exposed to the spread of infection was minimal.

There were sufficient numbers of staff on duty to meet the needs of people who used the service. Staff were suitably trained and training sessions were planned for any due or overdue refresher training. Staff received regular supervisions and although staff did not yet receive annual appraisals they felt supported in their roles. A new staff appraisals process was being adopted.

Where people did not have the capacity to consent, procedures had been followed to make sure decisions made on their behalf were in their best interests.

Where people had capacity, we noted some involvement in the planning of their own care and consenting to care, however this was not consistent. The service was working within the principles of the Mental Capacity Act 2005 (MCA) and was following the requirements in the Deprivation of Liberty Safeguards (DoLS). However, the registered manager acknowledged that further improvement was necessary.

People's health was monitored, and any changes which required additional support or intervention were responded to. The service had an excellent relationship with a local GP's surgery and they were able to register people staying at the service as temporary patients.

People's privacy and dignity were respected by support staff. We heard a staff member knock on a person's door before entering. The staff member was checking they were okay.

People were encouraged to maintain some life skills and become more independent. We only saw one daily living skills assessment on file, and the service acknowledged that more could be done in this respect.

People's care plans prompted staff to consider any needs arising from people's race, sexuality, religion and culture for example. The service was taking into account any protected characteristics when providing care and support. The service was aware of the recent changes in the law with regards to data protection and had changed working practices in order to maintain confidentiality and preserve people's privacy.

Relatives were involved in helping form support plans. Other health professionals had visited the service to advise and guide staff, and to co-ordinate the changes in people's care and support. A support plan we saw contained prevention strategies for the individual and staff to follow to prevent escalation of any situations and minimise the risks to the person. This care plan had also been updated following meetings with the individual and other professionals. The service could demonstrate they were working with people to help them achieve their goals.

There was no programme of activities in place based on what individuals wanted to do. However we saw additional staff were placed on duty so that people could be taken outdoors or to do things in the community. We saw, and people told us that outings included people being taken out for pub lunches, on the tram and to the park either in small groups or on their own.

We saw no evidence of materials around the home to help people with sensory impairments to make their own choices in their treatment and support.

The service had introduced a formal process to deal with any complaints raised with the service. There were new ways of working to try and reduce the number of complaints. People who used the service and family members were aware of how to make a complaint and told us they would have no problems in doing so.

The registered provider had some quality assurance systems in place, but there were no internal audits of the kitchen environment. Some issues we found had not been identified through the audit and quality assurance processes and therefore we identified a continued breach of Regulation 17 – Good Governance.

The service had engaged with the people who use the service, the public and staff. The service had held a coffee morning and had issued a short breaks newsletter introducing the new members of management. Family members and staff had been consulted about the quality of the service and feedback was positive, although the results of this feedback had not been analysed or shared. Family members said the management team were approachable. Staff were also better engaged with supervision, team meetings and an away day had taken place. Staff felt supported by the new management team and were comfortable raising any concerns.

Whilst there had been some improvements to how the provider and manager monitored the safety and quality of the service, there remained room for further improvement in the key area of well led. The limited audits and checks carried out had not identified all the issues we found, such as in relation to food, medicine temperatures, recording in care plans and staff bypassing the safety mechanisms on a window restrictor. You can see what action we have asked the provider to take at the back of this report.

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.

Staffing levels were appropriate to meet the needs of people who used the service

A procedure was in place to record accidents and incidents, and risk assessments were in place for people who used the service.

The management of medicines had improved but room temperatures in relation to where medicines were stored had not been recorded.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were suitably trained and received regular supervisions.

There were no specific members of staff with kitchen responsibilities. We identified issues with the supply and provision of food for people.

There had been improvements in the decor of the home. A room previously used as an office had been redecorated and made into a second quieter lounge.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were encouraged to maintain life skills but the service needed to carry out more daily living assessments.

Working practices had changed in order to maintain confidentiality and preserve people's privacy.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Prior to people accessing Hall Lane the service checked for any changes in care and support needs. The service could demonstrate they were working with people to help them achieve their goals.

The service was developing ways of supporting people with sensory impairments to make their own choices in their treatment and support.

The service had introduced a formal process to deal with any complaints raised with the service. There were new ways of working to try and reduce the number of complaints.

Is the service well-led?

The service was not always well led

The service had placed a voluntary suspension on new admissions so that it could work on improving and ensuring people were kept safe.

The registered provider had some quality assurance systems in place but there were no internal audits of the kitchen environment and issues we found had not been identified.

Staff told us the registered manager was approachable and they felt supported in their role. Family members were complimentary about the management of the service.

Requires Improvement ●

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

Detailed findings

Background to this inspection

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

This inspection took place on 7 and 11 June 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, and feedback, complaints and concerns we had received about the service since our last inspection. We also reviewed any statutory notifications sent to us by the service. Statutory notifications are information a provider must send us in relation deaths, serious injuries, safeguarding and other significant incidents.

On this occasion we requested a provider information return from the service. A provider information return gives us 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. We sought feedback from the local authority contracts and quality monitoring team and health and social care professionals involved with the service.

We visited Hall Lane Resource Centre (Respite Care, Short Breaks Service) on 7 and 11 June 2018 and spoke with four people staying at the home. On 8 June 2018 we spoke with four family members, a person who attended the respite service and a social care professional by telephone. We spoke with seven staff

members, including the registered manager, a care co-ordinator and five care staff. We carried out observations of the care and support people received in communal areas.

We reviewed a range of records relating to the care people were receiving. This included five care plans, daily records of care and medication administration records (MARs). We also looked at records relating to the running of a care home, including; records of training and supervision, incident and accident logs, communication records and complaints logs. Following the inspection, we spoke with four relatives by telephone whose family members had recently stayed at Hall Lane Resource Centre to gather their opinions of the service.

Is the service safe?

Our findings

People we spoke with and relatives we contacted considered Hall Lane Resource Centre a safe place to be. One person we spoke with said, "I do feel safe when I go to Hall Lane. They [staff] know who I get on with and who I don't."

At our previous inspection we identified that the provider did not have robust procedures and processes in place to protect and safeguard people from potential abuse and to take appropriate action should abuse be suspected. At this inspection we saw that systems had improved. Care staff we spoke with demonstrated that they knew what action to take to protect people from the risk of abuse and all told us they would be comfortable raising any concerns with management.

The registered manager had compiled an electronic log that detailed all incidents and accidents and any action taken as a result. One recent incident had resulted in the service contacting the police and reporting a person as missing. The incident was documented, logged electronically and had been reported in accordance with local safeguarding procedures. Our records also showed this had been reported to Care Quality Commission (CQC) as is the law. We found that the way the provider identified, documented and responded to incidents of potential abuse had improved and people were sufficiently protected from risk.

We looked at the way people's needs and the risks posed to them were assessed and managed. At the time of this inspection, management had adopted a voluntary suspension on new admissions. We saw that people admitted to the service since the last inspection had used Hall Lane before and were known to staff. One person recently admitted to Hall Lane in an emergency had used the short breaks service but at another location and the reasons for this admission were explained to us. Management had put plans in place to ensure that the person was initially supported by staff they were familiar with and we saw their care file had been transferred to Hall Lane so that staff there were aware of the person's needs and any identified risks. People using the service were familiar to staff at Hall Lane and this meant their needs could be met.

One person using the service at the time of our inspection liked to access the community alone. The service had recognised the risks of allowing the person to have freedom and had discussed these with the individual and other professionals. A protocol was agreed and put in place to try and minimise risks to the person when out alone in the community. We saw that staff had followed this protocol successfully on one occasion and the person's safety had been verified.

Since the last inspection, management had introduced a confirmation visit checklist. We saw and relatives told us that contact was made prior to any arranged stays to gather important information and to clarify any changes in need, for example changes in medicines or any physical changes in support need. This meant that the service could plan ahead, staff the service accordingly and liaise with other professionals to ensure the needs of individuals could be met and people kept safe.

We looked at the arrangements in place for the safe storage of medicines and found prescribed medicines were stored securely. People using the service were allocated a sealed container in which their medicines

were stored for the whole of their stay. These containers were labelled with the person's name and kept in a locked storage room. We saw cigarettes belonging to one person being stored in the same container as their boxed medicines. This is not good practice as medicines should be stored separately to ensure they are effective and to minimise the risk of errors.

Each medicine had a corresponding medication administration record (MAR) and staff we spoke with told us they found the system of administering medicines more straight forward than it previously was. When people staying at the service accessed the day centre, based in the same building, if they were prescribed any lunch time medicines, a separate MAR was sent so that day centre staff could record that these had been given. We were told that medicines were not sent with the individual as the day centre held their own stock of medicines for people.

No one using the service at the time of this inspection was attending the day centre and receiving prescribed lunch time medicines. However, we asked to see, and were shown an archived MAR chart for an individual who had used the service in May and who had received lunch time medicines administered by the day centre. This new procedure meant that the necessary checks were in place to ensure individuals received the medication they required. Staff working at Hall Lane were now informed that people had been given the prescribed medicines they needed to keep them safe and well.

The temperature at which medicines were stored at was still not being monitored, as identified on our last inspection. Medicines can become ineffective or unsafe to use when stored at too high a temperature. We brought this to the registered manager's attention and a thermometer was purchased and placed in the store room on the day of inspection.

We noted that medication administration records (MARs) did not contain any photographs of people, nor were there any photographs on or in the medicines storage containers. Photographs of individuals using the service help staff identify individuals and help reduce the likelihood of errors in the administration of medicines. We will check that temperatures of rooms where medicines are stored have been taken and recorded at our next inspection and that photographs of people using the service at the time are in place.

On the first day of our inspection one person using the service needed thickened fluids as they were at risk of choking with normal fluids. We noted that the thickener was incorrectly stored in the kitchen, on a worktop. We saw that some people using the service were able to access the kitchen to get a drink or choose a meal and therefore had access to the thickener. We brought this to the attention of a senior staff member of staff who took appropriate action immediately and moved the product.

We checked to see if the service made sure there were enough numbers of suitable staff to support people to stay safe and meet their needs. At the last inspection in August 2017 rotas in place were difficult to understand and the use of agency staff was high. At this inspection we saw staff rotas were produced electronically, were clear and contained all relevant information relating to both permanent and agency staff employed at the service.

At this inspection we identified a mix of permanent and agency staff was used. The service used four agency staff on a regular basis and we saw that all four staff were included on the new electronic rota. When additional agency staff were required the service tried to ensure that the same agency staff returned so that people received consistent care from staff familiar with their support needs. Additional staff were put on rota during busy times, for example at the weekends when more people used the service.

The registered manager told us that no new staff members had been recruited since we last inspected. Two

long-serving permanent members of staff employed by the local authority at other locations had transferred to Hall Lane. Agency staff were vetted and approved by a separate local authority department and their details were shared with the service. We saw that when the service used an agency member of staff they were provided with a document outlining their personal and professional details and specific training undertaken by the individual. We were assured that the recruitment process meant that staff employed by the service were suitable to work with vulnerable adults and that there were enough staff employed. People received the right levels of support to keep them safe.

We looked at how well people were protected from the spread of infection. Personal protective equipment was made available to staff when providing personal care or administering medicines. The home was clean and tidy on the days of inspection with no malodours. However, one room in use was not clean and tidy. Staff told us they tried to encourage individuals to clean and tidy their own bedrooms, however it was not clear to us what action staff had taken as this was not documented. We raised a potential infection control issue with the registered manager as this had been shared with us in a conversation with a relative. The registered manager took advice and guidance from environmental health and we were assured that the risk of people using the service being exposed to the spread of infection was minimal.

The safety of the premises and its equipment was satisfactory. Regular maintenance of the premises was organised and arranged by the day centre management who shared the same building. We saw that the necessary fire and building checks had been carried out, including checks to monitor and mitigate the risk of Legionella in the home's water systems.

On the second day of inspection we saw that a window in the new quiet lounge was open wider than is acceptable due to the hot weather. This room was on the first floor therefore people were at risk of falling from height as the built-in window-restrictor mechanism had been bypassed to enable the window to be fully opened. We notified a member of staff who reinstated the window restrictor and we informed management of this bad practice.

Is the service effective?

Our findings

People we spoke with told us that the staff understood them and knew how to effectively support them. They told us they liked the time they spent at Hall Lane. Relatives we spoke with were also complimentary of the service and one person told us, "I'm always satisfied. I have no issues with the care provided."

We asked for the service's Food Hygiene rating but staff told us they did not have one. A food hygiene rating is typically given to places where food is supplied, sold or consumed, such as a care home. It is the responsibility of the business to comply with food hygiene law at all times with regards to the handling, storage and preparation of food, the cleanliness of facilities and how food safety is managed. We discussed this with the registered manager who made contact with environmental health colleagues following our inspection. It transpired that the service did have a food hygiene rating score of 5, awarded in June 2017, the highest achievable score, however our findings on inspection did not reflect this was the current position in relation to food hygiene, nutrition and hydration. Staff we spoke with on the inspection were not aware a kitchen inspection had taken place and a rating awarded.

The kitchen area was clean and tidy however there was no documentation in relation to kitchen checks, to evidence cleaning schedules or actions taken to ensure the safety of the food served to people was maintained.

We looked at the communication book and noted that on 22 May 2018 it was recorded that staff had not been able to make a packed lunch as there was no bread or cooked meats in stock. A complaint had been made to the service about the use of mouldy bread on one occasion for a packed lunch. We heard one person say they wanted tuna with pasta when asked what they wanted for tea, but there was no tuna in stock. It was not clear who took responsibility for the ordering and purchase of food stocks and there were no catering staff employed at the home. Similarly, we saw that an audit carried out in March 2018 had identified that the shopping needed doing as stocks of fresh meat and cheese were low.

We recommend that responsibilities in relation to the kitchen, for example food orders and stock rotation, are reviewed to ensure the provision of food for people using the service is consistent and safe.

We saw that staff with a valid food safety certificate assumed responsibility for food preparation and cooking. There were no pre-planned menus, however we saw adequate stocks of food in a fridge and freezer. This was a respite and short breaks service therefore people who accessed the service were not there long term, often staying for a few nights or a week. When people were at the service they were offered choices and we saw these recorded in daily notes. People were given choices at breakfast and if they did not like what was planned for the main meal then they were able to choose an alternative.

Staff had access to training and we saw that there was a spreadsheet in place to remind the provider when staff needed updates. Permanent staff were long standing employees of the local authority, so had undergone a corporate induction at the time of their initial employment. Staff brought into the service from other care locations told us they had received support and assistance from colleagues and the registered

manager when joining Hall Lane.

Staff had received training in core subjects including safeguarding, moving and handling, health and safety, food hygiene and infection control. At our last inspection we identified that training in health and safety was out of date for eight staff. At this inspection we saw that thirteen members of staff had successfully completed the training since the last inspection. Similarly, 11 staff members had undertaken moving and handling refresher with since the last inspection and 18 staff had a valid food hygiene certificate. Staff we spoke with were confident in their role and complimentary of the training on offer both at induction and in employment. This meant that staff were equipped with the right training and skills to meet the needs of the young people living at Hall Lane. There were plans in place to attend further safeguarding training and after the inspection the manager shared scheduled training dates and materials with us.

Staff we spoke with told us they had received one to one supervision sessions with their line manager and found these useful. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. These meetings gave staff the opportunity to discuss their personal and professional development, as well as any concerns. All staff we spoke with were happy with the content and frequency of support that supervisions provided.

Agency workers on rota at the service did not receive supervision from the support co-ordinator and we discussed this with the registered manager. Supervision of all members of staff, including long term agency workers, would provide a consistent approach to service delivery and ultimately benefit people using the service.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We saw applications had been made for DoLS where applicable and the registered manager had devised a process to monitor and manage these, which was an improvement since the last inspection. We were told and the training matrix confirmed that staff had received training in the principles associated with the MCA and DoLS, although we identified that four staff required refresher training at the time of this inspection.

We saw that if people did not have the capacity to consent, procedures had been followed to make sure decisions that were made on their behalf were in their best interests. Records in people's files that showed best interest meetings had taken place and decisions made on people's behalf were made in accordance with the principles of the MCA.

Where people had capacity we noted some involvement in the planning of their own care and consenting to care, however this was not consistent. Whilst we judged that the service was meeting the requirements of the MCA and DoLS they recognised that further improvement was necessary.

We found the premises at Hall Lane to be well adapted to accommodate the needs of young people staying there on a respite basis. At the time of this inspection there were three people staying at the service seeking long term accommodation and support within the wider community. The service had made some effort to cater for these individuals, for example we saw that two people had been given larger rooms, one with an en-suite bathroom. However we saw that a large chair belonging to the service was being stored in someone's bedroom and as the wardrobe space was not big enough for all their belongings they had not been able to unpack all their personal items. This bedroom environment was cluttered and chaotic. We brought this to the registered manager's attention.

We saw that people brought in their own equipment and personal effects from home when staying at Hall Lane. The respite service was on the first floor but people had access to the garden space belonging to the day centre later in the day and at weekends. One relative we spoke with considered there had been 'a vast improvement' in the décor of the home. A room previously used as an office had been redecorated and made into a second quieter lounge. We saw this area being used on our inspection by those who preferred a quieter environment.

Some people went for short breaks directly from the day centre service based in the same building. Similarly, they left Hall Lane, attended day centre and then travelled back home. This meant that there wasn't the need for some family members to visit Hall Lane. However, relatives we spoke with told us they were kept up to date by use of a diary that was sent home with their family member. This communicated to relatives how the person had been during their stay and what they had done, for example if they had gone out in the community.

Assessments and support plans were kept relating to all aspects of people's health and well being. The records we saw showed that people's health was monitored, and any changes which required additional support or intervention, for example from a GP, were responded to. There was guidance for staff regarding how an individual might express pain or discomfort, so they could respond appropriately and seek input from health care professionals, if necessary. The service had an excellent relationship with a local GP's surgery. The surgery allowed the home to register people staying at the service as temporary patients if they wished to do so. This ensured that in the event of a person's ill health, staff could quickly access medical advice or book a GP visit if warranted.

We contacted a professional currently involved with the service and their feedback was positive. They indicated that the service had sent a management representative to all meetings involving an individual currently staying at the service and had engaged with other health professionals. We saw records of contact with specialists who had been involved in people's care and treatment. This showed us that the service was proactive and engaged with other professionals in order to enhance the wellbeing of the young people living in the home.

Is the service caring?

Our findings

We observed that staff were caring in their approach and people we spoke with confirmed this. One person we spoke with who had used the service recently considered that the service had improved and said that staff had more time to spend with them. They told us, "I have a good laugh and banter. Staff are all very nice. It gives me a nice break." Another person staying at Hall Lane likened the place to a hotel, described staff as being 'very friendly' and told us, "They [staff] make sure I'm ok. They are supportive. They understand."

Throughout both days we spent time observing people in the lounges and kitchen area. We saw that people were respected by staff and treated with kindness. We observed staff treating people affectionately and heard staff speaking in a friendly manner. Staff were patient in their approach, chose words that people understood and took time to listen and respond to them. One person staying at the service had brought a book of poems in with them. He communicated to a member of staff that he wanted them to sit down and read a specific poem and the staff member did so.

We saw that people's privacy and dignity were respected by support staff. We heard a staff member knock on a person's door before entering and say, "[Person's name], it's only me." The staff member was checking they were okay.

Staff asked people whether they required assistance and offered help in a sensitive way. People who used the service could access private spaces if they wished to, stay in their bedrooms or within other areas of the home. Records showed that staff were kind. We saw that on the anniversary of an event a person had been sad. A member of staff had recorded that they had comforted the person and offered help and support.

We asked support staff how they helped to promote people's independence. They told us that people were as independent as they wanted to be. One staff member indicated that it was important for people to maintain their independence, especially for those who were looking for long term care solutions in the community. They indicated that it was vital not to do everything for individuals as it would take away skills they might need in the future. One person received staff support on one occasion to access public transport and get to college. We saw that at the time of this inspection they were able to do this independently and did so on a daily basis. We saw that some fixtures and fittings installed also encouraged people to be independent, for example a spacious wet room and easy to use flush mechanisms on toilets.

We saw those that were able, accessing the kitchen and choosing a meal and making a cold drink for themselves. We saw on one person's care plan that staff had carried out a daily living skills assessment in May 2018. The person had been supervised in making a snack meal and had been made aware of the risks associated with knives, the cooker hob and sell by dates on food. This was the only daily living skills assessment we saw and we discussed this with the registered manager. It showed us that people were encouraged to maintain some life skills and be more independent however the service acknowledged that more could be done in this respect.

Whilst looking at care plans we identified that some staff were using words with negative connotations, for

example 'moody' and 'offhand', on occasions when recording in daily notes. We discussed this with the registered manager and judged that this was not indicative of the whole culture in the home. We were later sent details of future training that would cover this aspect of record keeping. We were satisfied that this would be addressed.

We spoke with five members of care staff during the inspection. They were each aware of their roles and responsibilities and were able to describe the needs of individuals who were using the service at the time of the inspection. They demonstrated knowledge of dignity and privacy issues and gave examples of how they respected people's rights and wishes.

The service was aware of the recent changes in the law with regards to data protection and had changed working practices in order to maintain confidentiality and preserve people's privacy. A whiteboard in the kitchen was blank and did not display personal information about individuals. Similarly, notes previously on public display in the kitchen referring to individual likes and dislikes had been removed.

People's care plans prompted staff to consider any needs arising from people's race, sexuality, religion and culture for example. At the time of our inspection there was no-one living at the home who needed any specific support in relation to their race, religion, sexuality or protected characteristics. We saw an audit identified an aspect of one care plan needed updating to reflect a specific cultural diet and we were assured the service was taking into account any protected characteristics when providing care and support.

Is the service responsive?

Our findings

At our last inspection we found that there were few checks made prior to people staying at the service. There were delays in formulating robust care plans and people were at risk of receiving inappropriate care. Staff were not responsive to people's needs. At this inspection we found that the new registered manager and other members of the management team had introduced processes and mechanisms to ensure that people's needs could be met and people kept safe.

We saw care files contained information about what was important to individuals, including personal relationships. We saw that people were encouraged to maintain relationships, especially if staying in the home long term and these were on their terms. For example, if they decided they did not want to see a friend or relative then this was documented. Staff were provided with good details about the person so that care could be person centred and specific to the individual. We saw that since our last inspection, six members of staff had attended training in person centred planning.

Prior to people accessing the respite service, contact was made with relatives and carers to check if any support needs had changed since the individual's last respite stay. We noted that details of current medicines and any specialist equipment in use were also included on the pre-stay checklist. This was so that the service was assured they could meet the person's needs and respond appropriately to any changes, for example by deploying additional staff.

One relative we spoke with said they had been invited by the service to help form a support plan and told us how they were introduced to their family member's key worker. The relative told us they had been asked prior to their family member's stay about any changes in routine and medicines. Another relative we spoke with also told us how the service had met with them in person to discuss their family member's needs, which had changed since they last spent time at Hall Lane. The service had obtained copies of paperwork held by the day centre in relation to the person's new support needs. The relative also explained to us that other health professionals, for example a nurse from the learning disability team and a speech and language team (SaLT) representative, had visited the respite service in order to advise and guide staff and co-ordinate the changes in the individual's care and support. This meant that the person received consistent care and support appropriate to their needs during their stay.

One support plan we saw contained strategies for the person and staff to follow to prevent escalation of any situations and minimise the risks to the person. We saw that these strategies had been reviewed to check they were still appropriate. This care plan had also been updated following meetings with the individual and other professionals. The service could demonstrate they were working with the person to help them achieve their goals.

Some people who accessed the service had a learning disability and other sensory impairments. The service looked at different ways of supporting people to communicate by using technology or other equipment. One person using the service could not communicate their needs verbally but was able to communicate with staff using their iphone or ipad. They were able to do this by texting or ringing staff on the unit's mobile

phone. To do this successfully the person had to be connected to wifi and the instruction, "Make sure I'm connected to wifi" was written in their care plan. This meant that the service was open to exploring different ways of people communicating their needs in order that staff could respond to those needs.

We saw no evidence of other materials around the home to help people with sensory impairments to make their own choices in their own treatment and support. For example, we saw no large print posters around how to complain and no pictorial cards to help people choose their own meals. On speaking to a relative they told us that their family member was given a room with a larger TV due to their vision impairment. This showed us that the home was making some progress around accessible communication but more needed to be done in this regard.

A few days prior to our inspection a person with complex health needs already known to the short breaks service was admitted to Hall Lane respite unit due to an emergency. The registered manager explained to us how they had arranged for a specialist health professional, an Abbott's nurse, to visit the day after the person was admitted to demonstrate a procedure to staff. We saw noted in the communication book that three staff on rota in the morning had all watched the demonstration, received appropriate training and had signed accordingly. This meant that the person's care and support needs could be met by staff whilst staying at Hall Lane.

Care records showed that some people attended day services in the local area and this continued when the person was staying at the short breaks service. One of the people living on a long term basis attended college during the day. Another person was able to access the community independently and did so during the inspection. They told us they bought a meal and a DVD when out at the shops.

We did not see a programme of activities in place based on what individuals wanted to do, however we saw additional staff on duty so that people could be taken outdoors or to do things in the community. We spoke with one staff member who told us more was being done by the service to cater for outings and activities. One person we spoke with had been out to the pub for lunch during a recent stay. We saw evidence in daily notes that people were taken out for pub lunches, on the tram and to the park either in small groups or on their own. At weekends we were aware that the service tended to be fuller. The registered manager told us they were able to flex rotas based on the number of occupants in the home and what they wanted to do and the rota evidenced that additional staff were on duty in order to fulfil people's social needs.

We saw one person spent most of one day in the quiet lounge on their electronic device. Staff came in, checked on the person and asked if they needed anything, for example a meal or a drink. Their care plan reflected that the person did not like noise and preferred 'doing their own thing' in a quiet environment. We were assured that this person was content staying in the home for the day.

At our last inspection we noted that people's concerns and complaints were not documented or responded to appropriately. Complaints received by the service had not been addressed or used to improve the quality of care. The registered manager had introduced a formal process to deal with any complaints raised with the service. There were also new ways of working to try and reduce the number of complaints. For example, we saw there was a formal process of documenting people's possessions and items of clothing on arrival to the service. During their stay a person's clothes were washed and kept together to minimise errors in the laundry. At the end of their stay items were then accounted for and booked out and a copy of the list went home with the person. This had resulted in fewer complaints about missing items of clothing.

A relative informed us about an aspect of care that had not been recorded into the diary, or communication book, that was sent home with their family member. The amount of fluids the person had been given during

their stay had not been recorded in this book, although fluid charts had been completed by staff during the time of the person's stay. This concern had been shared with the service and we saw this logged on the incident tracker. The registered manager had contacted the relative and on this occasion, had agreed to send copies of the fluid charts completed by staff at the time of the person's stay and this was an acceptable solution.

During one of our conversations with a relative they raised a concern with us following a family member's recent stay. We discussed this with the registered manager who was proactive in dealing with the issue that had not been shared with them previously. We judged that the service was now recording, responding and acting on complaints and therefore compliant in this aspect of service delivery.

Is the service well-led?

Our findings

At our last inspection we had identified that the service was not well led. At this inspection we saw that this aspect had improved. Relatives we spoke with considered the service had improved. One relative told us they had raised concerns but explained that these had been dealt with in a positive manner. They considered all the management team to be approachable and told us, "I don't have an issue at all." Another told us, "They've done everything they said they would," and considered the service had improved. One person we spoke with who used the service could name all members of the management team and told us they would be comfortable in speaking to any one of them if they had a problem.

The service was operated by the council and the management structure indicated lines of responsibilities, including higher management roles that supported the service. The service had appointed a new manager who had registered with the Care Quality Commission. The registered manager was responsible for the whole of the short breaks service, which included Hall Lane and two additional homes in the Manchester area. The registered manager was based in an office next to the respite unit and was available if staff needed support, advice or guidance. The registered manager was aware of their role in relation to meeting regulatory requirements.

Similarly, a care co-ordinator provided support to both the registered manager and staff, and was also based in an office near to the service. We saw that both managers were visible on occasions in the home on the days of our inspection. We judged and people told us that the current management structure was more stable and relatives and staff we spoke with felt comfortable approaching the registered manager and the care co-ordinator.

At the last inspection we judged the audit systems in place at the service were not fit for purpose. Audit tools were not specific and were mainly based around assessing the environment. At this inspection we saw some evidence of audits of the service and new working practices in place to help identify and drive improvement.

We saw at this inspection that the registered manager had carried out a full audit of the service in January 2018, identifying areas of the service that needed to be addressed as a priority. For example, identifying and documenting the risks posed to people and gaining feedback on the service.

A medicines competency assessment had been undertaken with one member of staff since the last inspection and we discussed the need for all staff involved in medicines administration to be observed and assessed as competent.

In April 2018 an audit of the support plan for every individual who accessed Hall Lane had been carried out. It identified the work required to each care plan and assigned responsibilities for this to the registered manager and the care co-ordinator. We saw that this work had been started and was prioritised so that support plans were updated before an individual accessed Hall Lane. This meant that support plans were current at the time of the individual's stay.

Despite these improvements there was a lack of oversight from the registered manager regarding the kitchen environment and no knowledge or evidence that a food hygiene rating of 5 had been awarded to the service. We saw no internal kitchen audits and therefore the issues we have highlighted earlier in this report had not been identified by the registered manager. The temperature at which medicines were being stored at was still not being monitored, a failing identified at the last inspection. Whilst feedback had been asked for and provided by people and their relatives the results of the survey had not been shared. Appraisals of staff were not being carried out at the time of this inspection and the registered manager was aware of the need to schedule these. The inappropriate wording of some daily progress notes had not been identified.

Although the registered manager had addressed many concerns highlighted at the last inspection the above had a negative impact on people using the service. We identified a continuing breach of Regulation 17, in relation to good governance.

At our last inspection we judged the quality assurance systems in place to ensure people experienced safe and appropriate care to be inadequate. At that time there were no effective system in place to ensure that sufficient information about people's needs and risks was gained prior to admission. At this inspection we found this had improved and relatives we spoke to confirmed this.

At the last inspection we identified that staff rotas were not fit for purpose and that there were no adequate governance systems in place to ensure staffing levels were sufficient. At this inspection we saw improvements had been made. Staff rotas were now produced electronically, were clear and contained all relevant information relating to both permanent and agency staff employed at the service.

After the last inspection the service had placed a voluntary suspension on new admissions so that it could work on improving and ensuring people were kept safe. This voluntary suspension was still in place at the time of our inspection. We saw that people admitted to the service had used Hall Lane Respite Service before and were known to staff. One person recently admitted to Hall Lane in an emergency had used the short breaks service before at another location. We saw that management had put plans in place to ensure that the person was initially supported by staff they were familiar with and we saw their care file had been transferred to Hall Lane. The reasons for this emergency admission were explained to us and we were satisfied that the service had made improvements since our last inspection that meant the person was kept safe.

Providers of regulated services such as Hall Lane Resource Centre are required by law to notify CQC of certain events which occur in the service, with the submission of statutory notifications. We saw a recent incident had occurred where staff had contacted the police. Records showed that the provider had notified CQC of this event and others that had occurred.

We looked at how the service had engaged the people who use the service, the public and staff. The service informed CQC in January 2018 of a planned coffee morning scheduled for relatives and other stakeholders to attend and speak to members of the management team. We saw that this had gone ahead although uptake of this opportunity had been low and the service were exploring other ways of engaging with all relevant parties. The registered manager told us they would look at holding an event at the weekend to encourage better attendance by relatives. A short breaks newsletter was now issued to people and relatives and those we spoke with confirmed they had received a copy. The newsletter issued in April 2018 thanked relatives for their feedback on the service and informed people about the new members of management.

The registered manager had made progress and had provided people with the opportunity to feedback their opinions about the service. We saw that people and their relatives using the short breaks services had been

consulted in January 2018 and we looked at the responses sent in for the Hall Lane service. One person we spoke with who stayed at Hall Lane told us they provided verbal feedback direct to the staff and said, "I just let them know if I've had a good stay." Questionnaire responses were mainly positive but it wasn't clear if or what action had been taken as a result of this feedback, as this was not documented.

We looked at how staff were involved and engaged and saw that this had improved. Supervisions of permanent staff had been undertaken and staff told us these were beneficial. The service had arranged and held a team away day prior to this inspection. This meeting was attended by all three members of the management team and seven staff and had covered topics around communication, recording and safeguarding, including discussion of audits and CQC inspection. Appraisals needed to be done. These would provide staff with information and feedback about their performance. The 'About You' corporate appraisal system was due to be adopted and cascaded down to staff once management had done this process.

We looked to see how the service worked in partnership with other agencies and found good examples of where the team had forged links with other internal and external professionals and agencies. We saw links made with education, health and social care professionals with the aim of acting in the best interests of those using the service at Hall Lane and securing positive outcomes for people. The registered manager was fully aware of the importance of the links with other services and informed us of their ideas going forward to improve and increase these. Specifically, they planned to hold quarterly meetings with day centre staff on site. This would help to build and sustain improvements and benefit those people accessing both services by ensuring continuity of care.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of oversight of some aspects of the service and issues we found had not been identified by the auditing processes in place. These needed to be more robust.</p>