

# Manchester University NHS Foundation Trust

## Short Break 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

The short break service is a care home providing respite care for up to three adults who live with complex needs associated with autism and/or a learning disability. During the course of the inspection, two people were using the service.

People's experience of using this service:

Accommodation used by the service had undergone a recent refurbishment.

However, some aspects of the environment and surroundings had not been developed and designed in line with the principles and values that underpin CQC's policy for Registering the Right Support, the fundamental standards, and other best practice guidance. This meant the refurbishment had not been completed in a way that best supports people who live with autism and/or a learning disability.

A number of safety issues were identified associated with a refurbishment. The building had reopened before an updated fire risk assessment had been completed; grab rails had not been fitted in the newly refurbished communal bathrooms; no environmental risk assessments had been completed; and the outside garden area was found to be poorly maintained and not a safe space for people to access within a care setting.

There was an organisation structure in place, but the lines of accountability were not always clear. Nurse managers were required to navigate multiple departments and a variety of different officers when escalating concerns or seeking to find solutions.

Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

The provider had effective safeguarding systems and policies and procedures which sought to protect people from abuse.

People had personal risk assessments in place and Positive Behaviour Support (PBS) plans. This was complimented by the fact staff knew people well.

Before a person started using the service, an initial assessment was completed with people and their relatives to ensure care was planned proactively and in partnership with them. Care plans were then reviewed and before each short break stay.

Staff had the required knowledge, experience and skills to meet people's needs. Staff received a range of appropriate training applicable to their role.

The ethos of the service supported people's rights to make choice. This was well reflected in the good care and support people received from a committed and caring group of staff.

We observed staff demonstrating kindness, patience and respect and people were given time to express themselves fully. Staff knew people well and interactions were relaxed.

Rating at last inspection:

The service was newly registered on 01 October 2017. This was the first comprehensive inspection since new registration.

Why we inspected:

This was a routine planned inspection.

Enforcement:

At this inspection we identified breaches of legal requirements in relation to safe care and treatment and buildings and premises. You can see what action we have taken at the back of the full report.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and other relevant stakeholders to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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 Care Quality Commission (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:

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.

We reviewed a range of records. This included four people's care records and associated documentation. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, modern matron, senior support workers and a nurse. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

At the end of the inspection visit, the following people were present for feedback on behalf of the provider: The chief operating officer, chief nurse, head of service, modern matron, service manager, and deputy manager. A second inspector from CQC was also present.

After the inspection:

After the inspection we continued to seek clarification from the provider to corroborate what we found. This included documentation related to governance, quality assurance, risk and service level agreements.

# Is the service safe?

## Our findings

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

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. Regulations may or may not have been met.

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

- In March 2019 accommodation used by the service had undergone a refurbishment. The works carried out included relocation of a bedroom to the ground floor, a newly fitted kitchen and new bathroom facilities. However, at this inspection a number of safety issues were identified.
- The building had reopened before an updated fire risk assessment had been completed. This meant we were not assured the building was compliant with fire safety regulations. We raised our concerns with the provider and made an urgent referral to the fire service. On the second day of inspection, the providers in-house fire safety officer attended the property to complete an up-to-date fire risk assessment. An officer from the fire service also attended and following an inspection of the premises and discussions with staff, they were satisfied with the providers response.
- In respect of the newly refurbished communal bathrooms, we found grab rails had not been fitted. We spoke with staff about this and we were told this had caused some difficulties when providing personal care to people, particularly to those with balance and/or vision issues because they had nothing to hold on to when having a shower. This posed a risk of people becoming unsteady and at risk of falls.
- We found no environmental risk assessments had been completed prior to re-opening. This exposed people who used the service and staff to a risk of harm because potential environmental hazards had not been identified and mitigated. For example, despite a previous incident associated with the communal stair case, there was no risk assessment in place.
- We found the outside garden area to be poorly maintained and not a safe space for people to access within a care setting. At the time of this inspection the garden was overgrown and had uneven surfaces. The garden also contained a swing which had been fashioned from a rope and a tyre, attached to a metal frame that was visibly worn. Again, no risk assessment had been completed and no records of routine maintenance could be provided to evidence the swing was safe for use.

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.

After we raised the concerns detailed above with the provider, they took remedial action to ensure people's safety was maintained when using the service.

- In respect of other aspects of building and premises safety, documentary evidence in the form of safety/testing certificates and associated safety audits were provided.
- At each shift handover, staff jointly completed handover records, which included for medicines and people's finances. This helped to reduce the likelihood of abuse and errors.

- People had personal risk assessments in place and Positive Behaviour Support (PBS) plans. PBS is a fundamental aspect to support provided to people living with autism and/or a learning disability. People's care records included comprehensive information and guidance around PBS. This was complimented by the fact staff knew people well and recognised at an early stage behaviour displayed by an individual which may be perceived as challenging.

#### Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- 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.
- In the event of a medicines error, the service acted appropriately and took action to learn and improve systems. Records of investigations into medicine errors included measures to reduce the likelihood of such an event occurring again in the future.

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

- The provider had effective safeguarding systems and policies and procedures which sought to protect people from abuse. Feedback from relatives of people who used the service supported this. Comments included, "We've been using the service for many years and whenever there has been any issues, I always get called pretty quickly." and "I definitely consider [Person] to be safe when in the care of the staff."
- Staff had received appropriate safeguarding training and understood how to recognise the signs of abuse and the ways to report this.

#### Staffing and recruitment:

- The provider had policies and procedures to support safe recruitment. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- The service had experienced recruitment and retention difficulties related to nurses and support workers but we saw management plans had been put in place to help resolve these issues. For example, a recent service redesign meant staff could be deployed flexibly between the short break service and the day service. This helped to provide an amount of continuity.
- We asked relatives of people who used the service about staffing levels. Comments included, "The staff know [Person] very well and I like the fact it's the same familiar faces between both services." and "I've never questioned the staffing levels. There appears to be enough staff to care for [Person] safely."

#### Preventing and controlling infection:

- Staff had received appropriate training on infection prevention and control and food hygiene. The provider had relevant policies and procedures which staff understood and adhered to.
- Staff and people who used the service took collective responsibility to ensure the house was kept clean and tidy. A cleaning schedule was in place and regular checks were completed to ensure standards of cleanliness were maintained. At the time this inspection, the home was visibly clean.



# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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:

- As previously mentioned, in March 2019 the home underwent a refurbishment. In addition to the safety issues associated with the refurbishment, we found the provider had not given sufficient consideration to national best practice guidance, when designing and planning the refurbishment for the environment and surroundings that best supports people who live with autism and/or a learning disability. This meant the refurbishment had not been completed sympathetically with the needs of people who used the service fully considered.
- The communal outside garden space was poorly maintained, overgrown and not fit for purpose. We did not consider this to be an appropriate space for anyone to access, but in particular people living with autism and/or a learning disability. Staff described to us how some people who used the service would often sit down on the ground when accessing the 'garden'. Due to the unsuitability of the surface, staff told us they would always seek to discourage people from doing this but often this was difficult when supporting people's freedom to choose.
- The interior of the home was basic and functional but did not support a therapeutic or homely environment. There was a lack of therapeutic sensory equipment and the 'soft seating' provision was damaged and worn. This meant staff had limited facilities within the home to support people to manage their feelings and responses, particularly when distressed. Evidence based practice indicates that setting aside a dedicated sensory space and by providing appropriate sensory equipment, helps to create a relaxing, calm and yet stimulating environment.
- Whilst we acknowledged the colour scheme used in the service was compatible for people living with autism and/or a learning disability, and was based on best practice guidance, it was evident at the inspection the paint finish was of a poor quality and was not sufficiently durable. Staff told us redecoration was planned as part of the ongoing 'snagging list.'
- In respect of the lack of sensory equipment to enhance the care and support for people living with autism and/or a learning disability, staff told us in the past they had made applications to the providers charitable fund, but previous applications had not been successful. Members of the senior management team told us there was no core funding for such items.
- Systems to support information communication technology were not effective. For example, the internet data allowance was not sufficient to meet the needs of the service. Staff told us people who used the service often enjoyed accessing online content such as TV programmes and music videos via mobile devices. However, because the data supplied through the providers network often ran out, staff would use their own personal data allowance. Staff told us they did this out of goodwill to enable people who used the service to continue to enjoy using the device and to not cause them upset or distress.

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.

- Before a person started using the service, an initial assessment was completed with people and their relatives to ensure care was planned proactively and in partnership with them. People's personal histories were captured and detailed to ensure staff had sufficient information to provide care in line with people's values and needs. Care and support was planned with consideration given to what people liked and disliked, who was important to the person and how they would like to be supported.

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.
- The majority of people who used the short break service also accessed the day service. This meant staff were able to keep up-to-date with any changes in people's needs between respite stays.

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

- People's dietary needs were clearly detailed in their care plan and all the staff we spoke with demonstrated a good working knowledge of people's dietary needs.
- People's nutrition intake was monitored in line with people's weight and any changes in presentation and needs was responded to and catered for.
- 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:

- We saw involvement from a variety of different health and social care professionals recorded in people's care plans. As a community-based NHS service, relevant staff had access to people's health records. This helped to ensure continuity of care and for information to be shared timely.
- People had hospital passports which provided a 'snapshot' of information concerning the person supported. For example; how best to communicate with the person, help needed with personal care and medicines. This meant if a person receiving support required a hospital admission or care from another service, their additional support needs would be known by the treating team.
- If a person had a planned medical appointment to attend whilst using the short break service, staff were effective in providing support and ensuring continuity of care. For example, we saw how the use of social stories had been used to good effect before a person attended a dental appointment. This helped to reduce this person's anxiety which resulted in the person attending their appointment and receiving the necessary treatment.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We saw appropriate authorisations to deprive people of their liberty had been obtained from the local authority. The provider was following the requirements in the DoLS.
- People and their relatives had been involved, consulted with and had agreed with, the level of care and support provided. Where people had difficulties in participating in the process of making decisions on care the service had clear procedures for assessing their decision-making capacities. This was to make sure that any decision taken on their behalf because of these difficulties was done in their best interest. This meant that people's rights were being protected.
- Staff assessed people's physical, mental health and social needs and provided support in line with people's expressed preferences and chosen lifestyles. They used recognised assessment tools and guidance to develop and review care plans with people and their representatives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The values and ethos of the service supported people's rights to make choice. This was well reflected in the good care and support people received from a committed and caring group of staff. Relatives spoke positively about the care provided. Comments included, "As a family we'd be lost without the support provided by the team. They are wonderful and very caring."; "Yes, the staff are most definitely caring.", and, "Nothing is really ever too much trouble for the team."
- Staff spoke with great pride about the people they supported. It was clear staff were motivated to provide care and support that was kind and compassionate.
- We looked at the service's approach to equality, diversity and human rights and how people from different backgrounds were supported. For example, people who identified as lesbian, gay, bisexual or transgender (LGBT) and people of non-white heritage. We saw that through an inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important was captured to good effect.

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

- We observed staff demonstrating kindness, patience and respect and people were given time to express themselves fully. Staff knew people well and interactions were relaxed.
- When required, information and explanations were provided to people through 'social stories'. Social stories are a method of sharing information using visual prompts and support.
- People's choices were recorded in their care records. For example, the time they wanted to get up, go to bed, favourite foods and who they preferred support from.
- Most people who used the service were supported to express their views by their families, but advocacy services were available if needed. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to maintain their independence as much as possible during their stays.
- Staff we spoke with were clear about the importance of making sure people followed their usual routines and maintained their own care where possible.
- Care records described what people could do for themselves and what they needed additional support with. For example, a person needed additional prompting with personal care.
- There was clear procedural information and guidance for staff on maintaining confidentiality, the safe storage of information, the use of social media and data protection. This was to help promote and ensure people's right to privacy and to have their confidentiality maintained.

# Is the service responsive?

## Our findings

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

People's needs were met through good service level organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received support which was in line with their needs and preferences. Staff recognised the need to support people as individuals and took a person-centred approach to care and support.
- Person-centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were considered. Comments from people included, "[Person] is only ever at the service for a few days at a time but the staff are always responsive and keep me informed."; "I'd agree the service is responsive. They provide an invaluable service.", and, "On the whole I think the level of service is good."
- Support planning documentation was divided in to distinct areas. This included a health action plan, information around sensory needs and specific guidance for managing behaviours. Some care records contained lots of historical information which made eliciting the most up-to-date information more difficult. However, we acknowledged that before a person started their short break with the service, a review was completed to identify any potential changes. We spoke with the service manager about this and we were assured work was ongoing to archive historical information and improvements were being made in respect of the format of records used by the service.
- The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Through our review of people's care records and other associated documentation, we were satisfied should people require information in an accessible format, this would be quickly identified by the service and acted upon.

Improving care quality in response to complaints or concerns:

- The local management team had an 'open door' policy and people were encouraged and supported to raise any concerns. Comments from people included, "I tend to find its best to raise things informally first and this has always resulted in positive action being taken.", and, "I've never had cause to raise a concern, but if I was worried about something, I wouldn't hesitate to raise a complaint."
- The provider had a complaints policy and procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled.

## 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.

Management and leadership was inconsistent. This did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The provider had a governance and risk management framework in place. However, at a local level, the provider had not acted in a timely way to mitigate risks already known to them. For example, risks associated with maintenance of the garden area had been known since July 2016; risk associated with connectivity and internet access had been known since July 2018; and in early April 2019, it was known the newly refurbished premises required an updated fire risk assessment.
- There was an organisation structure in place, but the lines of accountability were not always clear. Nurse managers were required to navigate multiple departments and a variety of different officers when escalating concerns or seeking to find solutions. Comments from staff included, "It's feels a bit like we're a Cinderella service and not part of the bigger picture. Our managers seem to be doing their best, but trying to juggle the issues around the refurbishment, dealing with staffing issues and actually managing the service has been tough for them.", and, "As a team of support workers we're all experienced and do our very best. [Person] has been fire fighting for the last few months, trying to get on top of things, but it has been tough for everyone."
- The regulatory breaches identified at this inspection, demonstrated there had been a lack of oversight concerning this particular service.

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

- People told us they were asked for their views about the service. They also confirmed they were asked for their opinions about the care they wanted during their stays. In addition to this, surveys were sent out to relatives of people who used the service. Comments included, 'Extremely happy. Good at everything.', 'We would be lost without the service.', and, 'Staff at ground level are brilliant, they really care for the customer.'
- Staff told us, and we saw minutes of meetings, that demonstrated staff meetings took place on a regular basis.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; continuous learning and improving care:

- Staff told us the new service manager had been effective since their appointment with positive changes starting to take effect. The service manager and deputy manager promoted a culture and ethos of openness and transparency.
- The service manager and deputy manager were visible within the service and proactively supported staff

and positively engaged with people and their relatives.

- There was a well-established incident reporting framework in place, which included overarching analysis to identify themes and trends. Staff told us they were not afraid to speak up when things went wrong, and people were keen to learn lessons to reduce the likelihood of negative events occurring again in future.
- As the service was part of a larger NHS trust, the provider fully understood their responsibilities around duty of candour.

Working in partnership with others:

- People who used the service benefited from the skills and expertise of the in-house team, but in addition to this, the service worked collaboratively with a range of different health and social care professionals to help make sure people received the right support.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>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.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>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.</p>