

London Borough of Camden

Prince of Wales Respite (Breakaway Hotel)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 March 2017 and was unannounced. At our last inspection in January 2015 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

Prince of Wales Respite (Breakaway Hotel) provides respite care for adults with learning disabilities. People stay for varying periods. Some people may also have sensory or physical impairments. The home also offers one emergency placement. The service is provided by the London Borough of Camden. There were three people using the service at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Relative told us they thought the service was safe and people using the service had their needs met.

There were safe systems in place with regards to recognising and reporting potential abuse and harm. Staff knew the types of abuse that may occur as well as how to recognise the signs.

Medicines were administered safely in line with medicines policy at the home. Records were accurate in relation to administration and they were stored appropriately.

Staff had received training in and understood the principles of the Mental Capacity Act. People were encouraged to make their own day to day decisions about what they liked to wear, the food they liked to eat and the activities they took part in.

People received a balanced diet and food and drink choices were varied. People were encouraged to be involved in decisions around what wanted to eat and drink.

People were appropriately supported to access health and other services during their visits to the service.

Staff awareness of equality and diversity aspects of people care were integral to how support was delivered at the home and was included in people's individual care plan.

Dignity and privacy was maintained and staff ensured this was respected whilst providing personal care.

People were receiving care, treatment and support that met their needs. Care records contained detailed pre-admission information that was updated before each stay.

Complaints policies and procedures were in place and any action taken as a result of complaints were used

for learning and shared with staff.

As part of quality monitoring, people would have an opportunity to complete a feedback form after each stay. The form was translated into an accessible format for people to understand.

Maintenance checks regarding the safety of equipment and the premises were taking place on a regular basis and records of were completed after each visit.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well-led.

Prince of Wales Respite (Breakaway Hotel)

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 checked 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 unannounced inspection took place on 8 March 2017 and was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

We spoke with two relatives of people using the service. We also observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with four care staff including the registered manager. We also received feedback from social care professionals and commissioners.

We looked at three people's care records and other documents relating to their care as well as policies and procedures in place at the service.

Is the service safe?

Our findings

Relatives we spoke with told us they felt people were safe and care workers understood the needs of people being supported. One relative said, "The staff do everything possible [Persons name] safe".

Staff told us they safety within the home was of the upmost importance and they made it a priority to understand the needs of each person using the respite service.

There were safe systems in place with regards to recognising and reporting potential abuse and harm. Staff were able to tell us the types of abuse that may occur as well as recognising the signs. One staff member told us it was really important to observe people's behaviours when they were at the home as many people were non-verbal and may not be able to communicate concerns easily. Staff and the registered manager were also able tell us about the steps they needed to take to report abuse including contacting the local authority.

There was a whistleblowing policy in place and staff knew how to use it. They also knew that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) and the local authority.

Assessments were undertaken to assess any risks to people using the service as well as the staff who were supporting them. These were person centred and included areas for example, challenging behaviour, leaving the service unaccompanied and managing epilepsy. They also included information about any triggers and action to be taken to minimise the chance of the risk occurring. Risk assessments were reviewed regularly and before each stay at the service.

People had individual risk management plans which highlighted the level of support they would need to evacuate the building safely in the event of a fire. The registered manager told us that during the time when a person was being introduced to Breakaway, they would be included in a fire evacuation drill. The drills are to assess how a person responds to the fire alarm and what support is needed to safely support someone from the building. This was recorded on each person's plan. Weekly fire alarm tests were undertaken and regular the last fire risks assessment was completed on 30 March 2016.

Staffing levels were adequate to meet the needs of the people using the service. When we arrived at the service there were three care workers on duty. One care worker had been working on the night shift and two staff started at 7.30 am. This meant that there enough staff to support the three people staying at the service. The registered manager told us that she was able to determine the staffing numbers according to the dependency levels of people, taking in to account people attending day activities during the day. This was confirmed by the rotas we saw.

Medicines were administered safely in line with medicines policy at the home. Records were accurate in relation to administration and they were stored appropriately. Staff received training in medicine administration and there competency was checked regularly, in line with the policies and procedures for the

home. There were no controlled drugs being administered at the time of the inspection and the registered manager was in the process of obtaining a controlled drugs cabinet.

We saw that appropriate recruitment checks took place before staff started working at the service. This included obtaining two references, proof of eligibility to work in the UK and evidence of an enhanced Disclosure and Barring Service certificate (DBS).

Cleaning was taking place throughout the day and soap and paper towels were at each hand basins. We noted that the cooker in the kitchen was in need of cleaning; however the registered manager showed us the cleaning schedule which demonstrated that a request had been placed for this to take place and a date had been set for 10 March 2017. The registered manager also informed us she had made a request to the contractors that oven cleaning should take place more regularly.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to perform their roles effectively. Relatives we spoke with told us that staff supported them well and understood their needs. One relative said, "Staff on each shift are always well trained and knowledgeable about [relatives name] needs."

Staff told us and training records confirmed that staff had received the appropriate training to enable them to carry out their role effectively. This included first aid, epilepsy, safeguarding, infection, medicines and fire awareness. One staff member told us, "We have our training and recent learning from incidents and that has been wonderful." The registered manager showed us a training matrix which detailed the date of training undertaken and when training was due. Staff told us and records showed that all staff were up to date with their refresher training.

Staff told us that they received training from the provider and also had sessions and briefings at the home. We saw that staff had been trained by nurses in regards to percutaneous endoscopic gastrostomy (PEG) feeds, and members of the Speech and Language team (SALT) had trained staff around guidance for people for eating and drinking.

Staff confirmed they received regular supervision and annual appraisals and we saw records of these in their files. They told us supervision was a positive experience for them and they could discuss a range of issues, including what was working well and what areas of their work and the work of the team needed further improvements. Staff told us they felt supported by the management. One staff member said, "I get so much support from the all of the staff team and were not afraid to express issues even if they are negative at times"

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in and understood the principles of the Mental Capacity Act. They told us they would always presume a person could make their own decisions about their care and treatment. People were encouraged to make their own day to day decisions about what they liked to wear, the food they liked to eat and the activities they took part in.

The registered manager understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). We had received notification of four DoLS authorisations for people who used the service and the manager told us they were referrals awaiting an assessments.

People received a balanced diet and food and drink choices were varied. People were encouraged to be involved in decisions around what wanted to eat and drink. One person had cultural meals prepared by their relative during their stay and on the day of the inspection a person who was visiting requested to make pancakes and staff supported them to do this.

People were appropriately supported to access health and other services during their visits to the service. People were registered with their own GP and personal records contained information on their health needs.

Is the service caring?

Our findings

Relatives of people who used the service told us staff were all kind and compassionate. One relative said, "Staff are very caring and they all know [relatives name] well". Another said, "I have complete faith in the staff, they're all good."

We observed staff interactions with people throughout the inspection. We saw that people were very relaxed and happy with the staff who knew people well. Signs of wellbeing were evident as we saw people laughing and smiling throughout the day. It was evident that positive and supportive relationships had been developed between the people staff supported and themselves. One person who had come to spend some time at the service before attending on a regular basis, was made very welcome by the staff which enabled them to have a positive experience.

We saw that people and their relatives had communicated their wishes and contributed to the planning of their care and support where possible. Care plans were reviewed and updated at the point of each stay at the home in order to ensure information was current and appropriate.

One relative said, "I contributed to the care plan at the beginning and also provide them with any updates. It works well."

Staff were aware of equality and diversity aspects of people's care and support and it was integral to how support was offered and delivered at the home. Care plans were also reflective of this. One person enjoyed watching films and listening to music that was related to their culture and the staff team also joined in, showing an acceptance of their chosen activities. Another person staying at the home showed an interest in their homeland and staff encouraged them to watch documentary's and films related to this. Staff also told us about the importance of having an understanding of people's differences as well as celebrating them. Staff received equality and diversity training to build on their knowledge and skills in this area.

We saw that dignity and privacy was maintained and staff ensured this was respected whilst providing personal care. Some people with epilepsy had noise alarms in their rooms to alert staff if they may be having seizures; however the risk assessments for this equipment also took into account the need for privacy and demonstrated a need for proportionality in each case, in order to respect people's private time.

During the inspection we observed staff communicating effectively with people with little or no verbal communication. One staff member said, "We use eye contact and give people options as well as providing support at their pace".

Is the service responsive?

Our findings

Relatives we spoke with told us they felt the service was responsive. One relative said, "[Person's name] has done very well since using Breakaway; staff are responsive which has helped with independence."

People using the service were receiving care, treatment and support that met their needs. We looked at the care records of the three people receiving respite support. They contained detailed pre-admission information that was updated before each stay. We saw evidence of assessments of people's physical needs as well as needs around their learning disabilities. People with a diagnosis of epilepsy had an epilepsy plan and associated risk assessments that indicated whether assisted technology was to be used, for example bed sensors and noise alarms. Some plans required checks to take place by staff periodically through the night. They also contained a one page profile with basic information including photographs.

Care plans were personal to people and written from their own perspective for example stating, 'how I want to be supported at Breakaway' and 'what is important to me.' There was communication plan and a daily timetable that detailed activities for each day of the week. In one plan we saw under the heading, 'how I get my message across', it stated, "I use body language and I don't like to be rushed."

Each person had a hospital passport which contained a brief overview of information that could be transferred with a person to hospital if they needed emergency treatment. It included information about physical needs, allergies, and medicines and how a person communicated, that could be used by staff at hospital to ensure a person's needs were met.

Most activities people pursued were at the day centres. We heard that people went swimming and after the session the whole group would come back to the home for lunch. One person showed us their diary which contained information on what activities they had participated in at the day centre.

Each person had an allocated keyworker. A keyworker is a member of staff that is allocated to a person to support them with their needs, choices and preferences. We saw keyworkers took responsibility with updating information on issues such as health, activities, future planning and liaising with relatives.

Information about how to make a complaint or raise a safeguarding concern was located in communal area at the front of the building. Relatives we spoke with told us they would feel comfortable talking to the staff or the registered manager if they were not happy or if they needed to make a complaint. One relative said, "There's really are no complaints, I am very pleased with what they do and it gives us both a break. [Relatives name] loves it there." The registered manager showed us a complaints file and it included the complaint's policy as well as information about the local authority complaints procedures.

We saw there was one recent complaint raised by a person. It contained details of the complaint and follow up action taken as a result of the investigation and learning shared with staff.

Is the service well-led?

Our findings

Relatives we spoke with were positive about the support provided at Breakaway and told us they thought it was well run service. One relative said, "It's well run and the staff are all very good and [person's name] always comes back happy".

Staff told us the registered manager was a good leader and they all worked well together as part of a team. They told us they were encouraged to contribute to how the home was run and they felt valued. One staff member said of the registered manager, "She's fab, probably the best we've had, really on the ball." Another said, [registered managers name], brings out the best in me, I find her really inspiring."

Relatives told us they felt comfortable talking to the registered manager and staff about anything and they believed they were listened to. One relative told us that the introduction of their relative to the service was a long process because they wanted to make sure their relative felt settled. They said they hadn't felt rushed and the registered manager and staff worked with them to ensure they were confident with the support their relative was receiving. They told us they now felt comfortable when their relative was staying at the home as they had all worked together to make it a success.

Staff told us and we saw from records that regular team meetings took place and they covered areas such as updates regarding people using the service, training and staffing issues. Staff told us they felt able to contribute to the development of the service via regular meetings and were able to make suggestions on how the service could be improved.

There were regular checks to ensure the service was providing high quality support. We saw that five care records were checked each month by the registered manager and senior staff as part of a management audit. If for any reason records were not updated, responsible keyworkers would receive an email and be given a time frame in which to complete the outstanding task. The service manager would also conduct a check on the work of the registered manager as well as look at records to see that the service was being well managed and any actions were up to date.

As part of quality monitoring, people would have an opportunity to complete a feedback form after each stay. The form was translated into an accessible format for people to understand. Feedback forms we saw were positive and people were satisfied with the support they had received.

The registered manager told us it was often difficult to get feedback from relatives of people using the service and meetings they had arranged were not well attended. However she had arranged a coffee morning for a day in March 2017 and was hopeful that attendance would improve.

Maintenance checks regarding the safety of equipment and the premises were taking place on a regular basis and records of were completed after each visit.