

London Borough of Camden

Breakaway Short Breaks

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Breakaway Short Breaks is a care home and provides respite care for adults with learning disabilities. Some people may also have sensory or physical impairments. The London Borough of Camden provides the service. People stay for varying periods and the service also offers emergency placement. Breakaway Short Breaks accommodates up to eight people in one adapted bungalow-style building. Four people were using the service at the time of the inspection.

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

Breakaway Short Breaks had not always managed medicines safely because the storage and documentation related to medicines management had not always adhered to current national guidelines and the provider's policy, this posed a risk to people. The provider's quality assurance system had failed to highlight these shortfalls. We found a breach of regulation in respect of this.

Risk assessment and management plans and care plans, at times, lacked sufficient detail and guidance for staff to ensure they had precise information on how to provide safe and personalised care to people. We made recommendations in respect of that.

The provider had systems and policies to help ensure people were protected from the risk of abuse. The provider managed the recruitment process and carried out appropriate checks to ensure people were supported by suitable staff. Staff received or were scheduled to attend training on safeguarding people and working with people with learning disabilities.

Overall, family members told us the service provided care and support that was required for their relatives. Staff spoke kindly about people they supported. The staff took proactive action to seek the best ways of working with people to ensure the support they provided was safe, effective and enriched people's lives in and outside the service. Staff supported people to have a nutritious diet of people's choice, engage in meaningful activities, and access a health professional when needed.

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

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

This service was able to demonstrate how they were meeting the underpinning principles of Right Support,

right care, right culture.

Right Support:

- Model of care and setting maximised people's choice, control and independence. Staff offered people choices about daily life and helped participate in activities that developed people, for example attending a college.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's privacy was maintained when providing personal care. People looked well looked after and groomed ensuring their dignity was maintained.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. Staff and managers spoke kindly about people and ensured they had sufficient knowledge to support people well.

External health and social care professionals gave positive feedback about the staff and the management at the service. They told us the service communicated well about people and their needs and staff followed professional guidance on how to support people and ensured people participated in activities they enjoyed.

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

Rating at last inspection

This service was registered with us on 21/11/2019 and this was the first comprehensive inspection of this location.

Why we inspected

We inspected Breakaway Short Breaks as part of our inspection prioritisation programme. We carried out a comprehensive inspection to take an in-depth and holistic view across the whole service, looking at all five key questions to consider if the service is safe, effective, caring, responsive and well-led.

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

Enforcement

We have identified a breach in relation to management of medicines at this inspection. We made two recommendations about risk assessment and care planning.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Breakaway Short Breaks

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection team included one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Breakaway Short Breaks 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. The provider was not asked to complete a provider information return prior to this inspection.

This is the 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four staff members, including the registered manager, senior support coordinator, two support coordinators. We reviewed a range of records. This included two people's care records and medication records. A variety of records relating to the management of the service, including policies and procedures, were reviewed. 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.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data and quality assurance records. Our Expert by Experience spoke with seven relatives of people who used the service. We received feedback from six external health and social care professionals who are in regular contact with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Staff recorded medicines administration on medicines administration records (MARS). However, MARS had not been generated in line with current national guidelines and the provider's medicines management policy. MARS did not include all information needed to administer medicines safely. Following our visit, the registered manager provided us with examples of new MARS for two people using the service. The documents needed further improvement. In one case, the new MARS did not specify what time staff should administer individual medicines. As a result, there was a risk that the person would not receive their medicines at the correct time intervals, affecting their health and wellbeing.
- Handwritten MARS had not been generated safely. One staff had written MARS by transferring information from boxed medicines onto MARS. However, these handwritten MARS were not double-checked and contra-signed by a second staff member, according to national guidance, to ensure information was transcribed correctly. As a result, people were not adequately protected against the risk that can arise if staff have not accurately transcribed information, which could lead to medicines not being administered as prescribed.
- Medicines were not always stored or administered safely. For one person, staff had removed medicines from original pharmacy labelled packaging and placed them in a weekly dosette box, that staff would then administer from. This practice increased the risk of medicines errors as staff have not been trained to dispense medicines as this is against national guidance

We found no evidence that people had been harmed. However, the lack of safe arrangements for the management of medicines placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When medicines were taken 'when required' (PRN), there were usually protocols in place that staff could follow. However, these protocols had limited information on what the PRNs were prescribed for and were not person centred. We fed this back to the registered manager, and since our visit, they provided us with evidence that PRN protocols were updated with the required information.
- The service had a medicines reconciliation system, and staff audited the number of medicines daily. However, the auditing system did not include all medicines for each person. The registered manager has confirmed that these audits have been made more robust.
- Medicines were stored securely, at suitable temperatures and were only available to authorised staff
- Staff recorded all medicines administration on MARS with no gaps. This ensured all medicine administration for each person was logged and could be monitored. This included regular and PRN medicines.
- The service had a medicines policy. Medicines were administered by care staff who had been trained and

assessed as competent to administer them.

- The service had a system for managing medicines errors. Since the service opened, there was one error, and we saw staff took appropriate action to ensure it did not happen again.

Assessing risk, safety monitoring and management

- Risks to people had been acknowledged and assessed, and outcomes recorded in people's care documentation. We noted that the description of some risks did not always have comprehensive detail on what these risks were. For example, one person's risk assessment stated that the person could show behaviours of concern. However, it did not say what these behaviours were.
- Some risk assessments did not always have a detailed description of how exactly staff could mitigate these risks. For example, one person's risk assessment stated that staff had to be near the person to support them when they walked, but it did not describe how exactly staff needed to support this person to make it effective and safe.
- We noted that some risk management strategies could be found in various care documentation rather than incorporated in one individual risk assessment and management plan. This meant staff would need to look for guidance and could miss important information about managing the risk.

We recommend the provider seek further training and guidance on effective risk assessment and risk management planning.

We spoke about our findings about the risk assessment with the registered manager, who said they would take immediate improvement action.

- Checks and risk assessment related to the safety of the environment had been undertaken. These included fridge temperature checks, electrical equipment tests and the up to date fire risk assessment.

Systems and processes to safeguard people from the risk of abuse

- Most family members felt their relatives were safe at the service. One family member said, "Yes, [name] is safe everyone is really nice and helpful."
- The provider had systems and processes in place to safeguard people from abuse. Staff knew different types of abuse and what action they would need to take if they thought somebody was at risk of harm.
- Three safeguarding concerns were raised in relation to the service since it was registered in 2019. The registered manager worked with the local authority and relatives to address any concerns and ensure people were safe. One external professional told us, "Staff are proactive in seeking advice around risks when they occur."

Staffing and recruitment

- There were enough staff on each shift to support people. The registered manager reviewed the staffing level anytime a new person arrived. The assessment was done considering the needs of all people using the service at the given time. Family members and external professionals confirmed there were enough staff to support their relatives. One professional told us, "When I have been at Breakaway, there have always been a good number of staff to clients."
- Breakaway Short Breaks had managed their recruitment through the London Borough of Camden human resource department. While we did not look at any recruitment records of staff, the registered manager assured us that all recruitment checks were carried out and these were vetted by the provider's human resource team.
- The service used agency staff to ensure enough staffing was on each shift. The provider ensured they had up to date information about the agency's staff experience and up to date training. Reviewed selection of

the agency staff profiles confirmed agency staff had training and experience to work with people with a learning and physical disability. However, we noted that agency staff profiles did not have staff pictures to ensure the right person worked at the service. We fed this back to the registered manager, who said they would address it.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. However, we noted that one PPE disposal bin was not marked as such. WE discussed it with the registered manager who said this would be addressed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a process for reporting and recording any accidents and incidents. Records showed that the managers had taken appropriate actions to address accidents and incidents.
- The registered manager reviewed all accidents and incidents. Where necessary, the managers provided staff with additional training through email communication, training sessions or supervision for individual staff. One external health professionals told us, "There was one accident. The service promptly organised a meeting for staff to help them to understand the occurrence and to deal with it differently in the future. Staff were keen to learn about meeting the person's need in the safest way to everyone."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service had assessed people's needs and choices before they started using the service. One professional told us, "We had few meetings with staff about the person who was going to use the respite service. The service representatives have been on board and participated in the planning of the person's stay."
- People had a care plan which was in an easy read format. Easy read is a pictorial plan with information about care needs designed for people with a learning disability. We noted that these care plans did not include information about people's personal care needs and how people preferred to receive this support. Mostly, the same staff supported people, and staff could tell us how people liked to receive personal care. External professionals said the staff provided effective care to people and in line with professionals' guidelines. However, the lack of information around personal care in care plans could cause staff less familiar with the person not providing this support effectively or how a person liked it.

We recommend the service seeks further training and guidance on comprehensive care planning.

- Otherwise, people's care plans were person-centred and provided staff with guidance about people's physical and emotional wellbeing, communication needs, food nutritional needs and preferences and what activates people enjoyed doing.
- Because of the COVID-19 pandemic for the past 15 months, the service's admission process had been flexible. To provide the most vulnerable people with a safe environment, the provider had reduced the service's capacity to four from the usual eight people. The service accepted only emergency placements in addition to the reduction of numbers. At the time of our visit, most people stayed much longer than the average two-week stay, which was the norm before the pandemic. This approach provided people with stability and a safe place during their shielding from the COVID-19 and when people could not stay with their relatives.

Staff support: induction, training, skills and experience

- Staff employed at the service received an induction to the service and working with people who used it. Staff also received mandatory training, including safeguarding and autism awareness and others. The registered manager advised us that delivery of learning disability awareness and positive behavioural support training, had been affected by restrictions caused by the COVID-19 pandemic. They assured us that this training has now been scheduled and all employed staff will undertake it in July 2021.
- The service worked closely with external health and social care professionals and other organisations supporting people with learning disability and autism. With their support, staff were upskilled and guided on

best supporting and developing people who used the service. Professionals told us, "Staff attended training with [organisation name] to ensure they could support my client appropriately" and "There was an incident with my client and breakaway staff responded quickly to it and ensured everybody was safe."

- Staff told us the managers provided them with ongoing support and supervision. Records showed that staff received supervision monthly.
- Staff shared information about people during a shift handover process. By doing this, the staff ensured they had current knowledge about people's wellbeing and their care needs.

Supporting people to eat and drink enough to maintain a balanced diet met their nutritional needs and personal and cultural preferences. One person only received food listed by relatives. Another person only received soft food, because this is how they liked it.

- People were encouraged to make food and drink choices daily. We observed that the food selection was healthy and included home-cooked meals provided by relatives and fruit, vegetables and fish.
- Staff supported people during their meals, and they did this according to people's individual needs and preferences. One person ate on their own with staff supervision from a distance. Another person was continuously encouraged to ensure sufficient food intake. The atmosphere at mealtimes was pleasant.
- People were encouraged to eat independently. Staff provided people with adapted cutlery and crockery according to their needs, to help people eat on their own.
- People's care documentation included information on their food and dietary needs, preferences and allergies.

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

- The service worked closely with external health and social care professionals to care effectively for people. External professionals unanimously said that staff and the managers at the service proactively sought their support and guidance on how to work with people. These related to medical, emotional and behavioural aspects of people's wellbeing. One professional said, "Staff are good with reaching out and asking for advice. They follow the guidelines from us."
- The service ensured they shared information about people's wellbeing and care with external services. The service representatives participated in the multidisciplinary team meetings that included various health and social care professionals.
- Staff supported people to access healthcare services. One professional told us, "The care that he has received from all staff members who supported my client to the appointments has been outstanding. He has improved so much due to this support."

Adapting service, design, decoration to meet people's needs

- The premises were appropriately adapted to meet the needs of people with learning and physical disabilities. The service was laid out across one floor of a spacious building that was well-lit and warm. There was good ventilation throughout the building. The adaptation enabled people's independence as much as possible. There was ample space for people with wheelchairs to move around and adjustable sinks and cooking amenities in the kitchen to allow people in the wheelchair to use them.
- Each area of the service was designed for specific activities, for example, games, resting, cooking or having visitors. Each person had their own room. Because only four people lived at the service (half the usual maximum capacity of eight), each person had their bathroom. This helped with infection control during the pandemic and provided an additional privacy level for each person.

Ensuring consent to care and treatment in line with law and guidance

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

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- None of the people using the service had the capacity to make their own decisions about their care and treatment. The registered manager had made appropriate applications for DoLS.
- The service made decisions on behalf of people in their best interest. We saw examples of activity-specific mental capacity assessments and best interest decisions for people who used the service. These were concerning people receiving the COVID-19 vaccine.
- Staff understood that although people's capacity to make decisions was limited, they could make decisions about some day-to-day support. One staff member told us, "We always give people choices on what they want to eat and do."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff supporting people were kind and caring. Family members spoke positively about the staff at the service. Their comments included, "[Name] seems very fond of the staff" and "The staff are warm and friendly."
- People using the service appeared comfortable with staff supporting them. We observed people and staff had ongoing contact, joking together, dancing and engaging in activities. The atmosphere was pleasant, and people appeared relaxed.
- Staff spoke kindly about the people they supported. One staff member told us, "I do not get tired when I am here with people. Every moment we are with them is so special."
- External professionals spoke positively about the support provided by the service. Professionals told us, "My client has improved noticeably since starting using this service. This includes eating healthy, improved mood and general health. Staff promote wellbeing very well" and "Two clients we support really looked forward to their short stays at Breakaway."

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

- Staff involved people in making decisions about their daily care as much as possible. For example, we observed staff asking people what they wanted to eat and what they wanted to do. We saw staff assisting people in participating in people's favourite activities, for example, knitting or watching pictures on an electronic tablet.
- Staff understood how to encourage people to express their views. Staff told us, "We give people choices, for example, on what they want to eat. We show pictures and ask what they want" and "I use sign language with one person, and he communicates by making noises and can say some words. He understands when I speak to him. He is easy to communicate, and he is a happy person."

Respecting and promoting people's privacy, dignity and independence

- Staff protected people's privacy and dignity when providing personal care. One staff member told us, "We knock on the door before entering the room. We ensure the door is closed while providing personal care."
- We observed people looked clean and well looked after. People's rooms were kept tidy, and individual bathrooms provided an additional level of privacy.
- Staff encouraged people to be independent as much as they could. For example, staff provided people with adapted equipment for independent eating. Staff also respected people's preferred daily routines so people could make autonomous decisions on how they wanted to sequence their everyday living.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Overall, we judged the service provided person-centred care. We saw people appeared happy and pleased to be spending time with the staff. The staff we spoke with had a good understanding of people's needs and they were able to describe these to us.
- Staff provided people with plenty of choices and enabled people to do activities they enjoyed. Because of the COVID-19 pandemic, the service could offer limited access to meaningful activities outside the premises. Therefore, the provider had adapted the courtyard within the service into a play and meeting area where people could spend time playing or socialising with visitors.
- External professionals thought the service was doing their best to support people in a person-centred way. Their comments included, "Staff are always aiming to meet my client's needs. They ask for advice and follow the guidance that I provide" and "Staff do tend to send me and colleagues emails for advice around aspects of care for my client."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with people effectively. Mostly the same staff supported people, therefore staff knew what people's preferred ways of communicating were. For example, one staff member described how they could recognise that a person was happy or was experiencing discomfort.
- Individual care plans described people's communication needs and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to live an active life, doing things they liked and continuously developed skills to increase people's independence. When possible, people using the service participated in various in-house activities, attended activities in the community, and went to a college. The registered manager told us, "We are trying to provide people with full experience and have a positive outcome and learning including activities and time in specially prepared green space within our premises."
- External professionals said the service supported people to participate in meaningful activities well. One professional told us, "Yes, I can say that the staff and activities they provide are tailored around my client's needs."
- Overall, the service supported people to maintain positive relationships with people who were important

to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, and it was available to relatives. There were no recorded complaints received about the service. Relatives we spoke with said they had not made a complaint about the service. One relative said, "If I had a complaint, I would happily tell the manager. I have not complained."

End of life care and support

- The service had not provided end of life care to any of the people who used the service.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The provider had a number of quality assurance processes but these had not always been effective. There was a range of daily, weekly, monthly and yearly checks carried out by the staff, the registered manager or appointed external professionals. These included health and safety checks, fire safety, medicines, and infection control checks. We noted that the provider's checks and audits had not identified issues around managing medicines and gaps in the risk assessment and care planning process.
- The registered manager was opened to our feedback and commented on immediate actions they were taking to make the necessary improvements.
- Staff felt supported by their managers. Their comments included, "I like working here. as I know the manager is very helpful and this makes me feel very happy" and "We have a brilliant manager. He listens, you can talk with him, and he always comes back with the answer."

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

- Overall, the service provided person-centred care. Staff were knowledgeable about people's needs, and as stated by external professionals and some family members, staff always aimed to provide the most suitable support for people.
- People had care plans which detailed what people liked and what was important to them. We noted that care plans did not always describe what personal care people needed and how staff should provide it. We have reflected this in more detail in the effective section of this report.
- Staff spoke kindly about their role in delivering care and support for people. Staff highlighted the importance of promoting people's independence, offering choice and using the time spent in the Breakaway Short Breaks to develop new skills so people could live a more independent life.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to notify the CQC, commissioners and other agencies of notifiable events at the service.
- The provider understood their obligation under the duty of candour. The registered manager said, "we have to be transparent with external professionals and relatives about information relating to people with the service."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to give their feedback about the service received. We saw an example of three easy read feedback forms completed with people who used the service. It showed that people's experience at the service was positive. One comment stated, "The staff are very helpful and always trying to put a smile on my face."
- Overall family members told us it was easy to communicate with the service about people. One relative told us, "There is no problem with communication. I never have a problem and always get to speak to them."
- Staff participated in team meetings to discuss a range of matters about the service, staff roles and the wellbeing of people who used the service.
- Staff received support around their personal and cultural needs and emotional wellbeing. One staff member told us, "During (religious festival), my needs are respected. Staff understand each other's beliefs." One professional told us, "After an incident, the service's staff participated in a meeting with professionals. They wanted to understand how to manage and support the person better. Staff were upset about the incident, but they were very open-minded. They really care and are trying to do the best for their clients."
- The service worked closely with external health and social care professionals to ensure they provided the best care for people. External professionals gave unanimous positive feedback about the staff and the managers at the service. The comments included, "I have had some excellent communication with multiple staff members around a client that I visit at Breakaway, ranging from more senior staff to more junior staff" and "Breakaway has been extremely supportive throughout the pandemic and has also adhered to guidelines strictly."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users because they had not ensured the safe and proper management of medicines. Regulation 12 (1) (2) (g) |