

Brandon Trust City Breaks

Inspection report

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Date of inspection visit: 17 March 2015
Date of publication: 21/04/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

City Breaks provides a respite service for people with learning disabilities and people with autistic spectrum disorder. City Breaks can accommodate up to four people at one time. City Breaks moved location in June 2014 to a newly refurbished service within the London Borough of Southwark. City Breaks is situated on the ground floor, however, they are unable to accept people with severe physical disabilities because they do not have the equipment and facilities to provide care safely.

We undertook this unannounced inspection on 17 March 2015. At the time of our inspection one person was using

the service. This was the first inspection of the service at this address. At our inspection of the service at their previous address on 12 November 2013 the service was meeting the regulations inspected.

In January 2015 the registered manager left the service. 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. At the time of our inspection an interim manager was in post providing support to the service whilst recruitment of a permanent manager took place.

Summary of findings

We found that a personalised service was delivered that met people's needs. People were consulted before their stay about their support needs and what they wanted to do while at the service. The service was delivered in line with people's preferences outlined during this initial discussion. People were encouraged to maintain their independence, and staff supported them to develop new skills.

People's privacy was respected and people were supported to maintain their dignity whilst at the service. We observed staff speaking to people in a polite manner, and staff were knowledgeable about people's preferred method of communication.

The service focussed on the delivery of activities, and staff supported people to follow the activities they wished to at the service and in the community. People were supported to undertake leisure activities, go sightseeing, and go shopping.

Staff were aware of any risks to people's safety, and supported people as required to ensure their welfare whilst at the service and in the community. Staff supported people in response to any incidents that occurred to ensure their welfare and minimise the risk of the incident reoccurring.

Staff were aware of safeguarding adults procedures. They escalated any concerns as required to their manager and the person's social worker to ensure they got the support they needed to maintain their safety.

Staff were supported by their manager, and there was good leadership at the service. Staff felt their views and opinions were listened to, and there was a commitment to continue to improve the quality of service provision. Checks were undertaken regularly to review service delivery and any areas identified as requiring improvement were addressed.

Staff received regular supervision from their manager. However, we identified that staff were not up to date with the training the provider required them to complete and staff had not received an annual appraisal. This meant there was a risk that staff did not have up to date information about how to provide people with safe and appropriate care.

We found the service was in breach of the regulation relating to the support provided to staff through completion of training and appraisals. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe. Staff were aware of any risks to people's health and welfare. Staff supported people as required with any risks identified.

Sufficient staff were employed to enable people to undertake the activities they wished during their stay, and ensure they received the support they required.

Medicines were stored and managed safely.

Staff were knowledgeable of safeguarding adults procedures, and reported any concerns to their managers and the person's social worker.

Good



Is the service effective?

Some aspects of this service were not effective. Staff were not up to date with the provider's required training, and staff had not received an annual appraisal. This meant there was a risk that staff did not have up to date information about how to deliver safe and appropriate care.

People were able to choose what they ate at the service, and staff made meals in line with people's preferences. Information was provided to staff about any dietary requirements a person had.

Staff supported people as required if they became unwell at the service to ensure they had their health needs met.

Requires Improvement



Is the service caring?

The service was caring. Staff were friendly and polite when speaking with people. People's privacy was respected whilst using the service and people were reminded about wearing appropriate clothing whilst using shared areas to ensure their dignity.

Staff were aware of people's communication methods, and people were involved in decisions about their care. Staff were aware of people's preferences and interests.

Good



Is the service responsive?

The service was responsive. Information was gathered about people's support needs, and what they wanted to achieve whilst at the service. This was used to develop a personalised support plan.

People were asked prior to using the service what activities they would like to undertake and staff supported them to do them.

Good



Summary of findings

People were asked for their feedback about their experience of the service and this was used to improve the quality of their stay next time they came. A complaints process was available, but since the interim manager had been in post no complaints had been received.

Is the service well-led?

The service was well led. There was clear leadership and management at the service. Staff were aware of their roles and responsibilities. Staff felt supported by their manager, and felt their views and opinions were listened to. Staff escalated concerns as required to their manager to obtain further advice and support.

Checks were undertaken to review the quality of service provision. Where requirements were identified to improve the quality, actions were taken in a timely manner to address them.

Good



City Breaks

Detailed findings

Background to this inspection

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

An inspector undertook an unannounced inspection of this service on 17 March 2015.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received.

During the inspection we visited the service, spoke with the person using the service, spoke with two support workers,

two team leaders and the interim manager. We reviewed records relating to the care and support provided to the person using the service. We reviewed two staff records. We reviewed records relating to the management of the service, including incident records, training records, satisfaction surveys, staff rotas, and health and safety checks. We reviewed medicines management processes.

After the inspection we spoke with a social worker involved in the care provided to one of the people that used the service regularly, but was not using it at the time of our inspection, due to safeguarding concerns raised by staff. We asked the manager from another of the provider's services to provide us with findings from a recent quality check completed on City Breaks, which we received in a timely manner.

Is the service safe?

Our findings

There were sufficient staff to maintain people's safety. The service was staffed 24 hours a day. The number of staff on duty depended on people's needs. The service provided one to one staffing where a person required this level of support. Sufficient numbers of staff were on duty to support people at the service and in the community. At the beginning of people's stay, staff discussed with them what activities they would like to undertake in the community so that they could ensure there were sufficient staff on duty to accommodate them.

The service had five permanent staff plus the interim manager. The service had access to the provider's bank staff so they were able to have additional staff on duty to meet people's needs, and, where required, agency staff were used. The team leaders tried as much as possible to use bank and agency staff that were familiar with the service and people's needs, to provide consistency to the service people received. If this was not possible staff new to the service were required to undertake an induction before starting work.

There was a low turnover of permanent staff, and no new staff had been employed in the previous two years. Staff training and annual leave was covered, and as much as possible staff sickness was covered so that it did not affect the service and the support provided to people.

Information was provided to staff prior to a person's stay about any risks to the person's safety. Staff told us that often people bought with them with own risk assessments and management plans that had been carried out previously about how to maintain their safety. Staff also undertook their own assessments whilst the person was at the service to ensure they were kept safe. For example, assessments were undertaken to establish whether people were safe to make their own hot drinks and whether they were at risk of scalding themselves from boiling water. If people were assessed as safe to do so they were able to make their own hot drinks when they wished and tea making facilities were put in their rooms. If people were at risk of scalding themselves, staff supported them to make hot drinks. Staff also undertook assessments to establish if people had safe road awareness and to identify any risks to using public transport in the community. Staff accompanied people in the community and were able to support them with any risks that presented.

Staff reported all incidents. The incident reporting forms were reviewed by the management team to ensure staff took appropriate action to support the person and ensure their welfare. The management team also ensured information from incidents was shared with the appropriate authorities where required.

A safe and secure environment was provided. Staff undertook checks to ensure the safety of the environment. Fire safety equipment, including fire extinguishers were available throughout the building. Each room was fitted with a smoke detector and fire alarms were tested regularly to ensure they were in working order. Chemicals and cleaning equipment were kept in a locked room so people did not have access to them. Sharp knives were locked away, and people were supervised when using the kitchen. Windows were restricted and doors were kept secure, so unwanted visitors could not access the service.

Staff were aware of their requirements to safeguard people. Staff had received training on safeguarding adults. Staff were able to recognise signs of potential abuse, and they communicated any concerns they had that a person may be subject to abuse or neglect to their team leader. Staff followed reporting procedures if they had concerns a person was being abused and shared their concerns with people's social worker or the local authority's safeguarding team. The staff team told us about one situation where there had been safeguarding concerns. Staff documented their observations that indicated possible abuse had occurred and provided this to the person's social worker, so that appropriate action could be taken to ensure the person's safety.

Processes were in place for staff to keep people's money securely for them if they were unable to manage their own finances. Staff supported people to budget their money throughout their stay. Records were kept of all financial transactions made by staff on people's behalf. Copies of these records and receipts were given to people's families at the end of their stay.

There were safe arrangements for managing people's medicines. Prior to people coming to the service, staff rang them to check whether their medicines had changed or whether they were still receiving the same medicines as their previous stay. With this information the service developed a medicines administration record (MAR) to be completed whilst the person was at the service to ensure they received their medicines as required. Upon arrival at

Is the service safe?

the service staff went through with the person the medicines they had brought with them to check the stock and ensure sufficient amounts of medicines were provided for their stay. Staff stored people's medicines securely for them. The person using the service at the time of our inspection was able to self-administer their medicines and staff signed their MAR to confirm that the person had taken

their medicines as prescribed. The service's team leader checked the MAR and medicine stocks each day to ensure people received their medicines as required. The completed MAR was given to the person upon leaving the service together with any excess medicine not taken during their stay.

Is the service effective?

Our findings

Staff told us they found it difficult to get the time to complete their mandatory e-learning training. The team leaders told us that staff were given access to the regional office if they wished to complete their training without the distractions at the service. However, staff still felt this did not provide sufficient time to complete the training. Staff told us there were difficulties with the current e-learning packages available and access to the courses was difficult. The provider was in the process of employing a new company to deliver the e-learning training courses. However, this meant that staff were not up to date with the provider's e-learning mandatory courses which they were expected to complete refresher courses on annually, and there was a risk that staff did not have up to date knowledge in order to provide people with appropriate care.

Training records showed that four (80%) of the permanent staff were due to have refresher training on fire safety, three (60%) were due food safety training, three (60%) were due medicines administration training, four (80%) were due moving and handling training, two (40%) were due first aid training and two (40%) were due safeguarding adults training. Staff were provided with protected time to complete classroom based training, and two staff told us they had recently attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards.

Staff received monthly supervision. Supervision was used to review staff's performance, discuss people's support needs and to review any training the staff member would benefit from. We saw that supervision was used to discuss concerns with staff's performance and how this was to be addressed through their individual development plan, for example if they would benefit from additional training. We also saw that supervision gave staff the opportunity to discuss any aspects of their role they were finding challenging and to obtain advice from their manager about what to do in particular circumstances.

Due to the change in management at the service staff had not received their annual appraisal. The interim manager was working with the team leaders to set a date to undertake their appraisals, so they in turn could then appraise the rest of the staff team.

We found that staff were not adequately supported to develop their skills and improve their knowledge through the completion of training and appraisals. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of their requirements under the MCA 2005. Where people were able, they were involved in decisions about their care. Staff discussed with people what they would like to do whilst they were at the service, and obtained information about their daily routines and preferences so that care and support could be provided in line with their choices. Information was shared with the team from people's families or their social workers about any MCA assessments and best interest meetings held to make decisions on behalf of people using the service that did not have the capacity to make decisions for themselves. Staff were aware of who made decisions for someone if they were unable to make them for themselves. For example, if people had a power of attorney or court appointed deputy they were the appropriate person to make decisions on the person's behalf.

Staff bought the food and undertook most of the cooking at the service. People were able to be involved in cooking and meal preparation if they wished to. Before people came to the service staff discussed with them what food they liked and disliked, so that meals could be planned in line with their preferences. One person told us, "You can have whatever you want to eat as long as they have the ingredients for it." They said they could also request a particular meal and staff would buy the ingredients for it. Information was gathered before someone came to stay at the service about any allergies or dietary requirements they had so that staff could support them and provide them with appropriate meals for their needs.

People were able to help themselves, or with the support of staff, to drinks and snacks throughout their stay at the service.

People, and their families, provided staff with information about any healthcare appointments they had during the time they were staying at the service, and staff supported them to attend them.

Staff were aware of how and when to obtain further medical assistance to ensure people's needs were met. If

Is the service effective?

people became ill whilst they were at the service staff informed their families and obtained medical assistance as required. The contact details of people's GP were included in their care records so staff were able to liaise with them if they had any concerns about a person's health. One staff member told us that previously one of the people using the

service had become unwell with vomiting. They contacted their GP to obtain further assistance and also to check about arrangements regarding the person's medicine and whether they should continue to support the person to take their medicine.

Is the service caring?

Our findings

People told us they liked the staff and they said the staff were “friendly”. They said they were able to “have a good chat” with staff. We observed staff speaking to people politely. They were friendly in their approach and there was a relaxed atmosphere at the service. We observed staff regularly checking that the person was ok and whether there was anything else the staff could do to help them.

Each person had their own bedroom. One person told us they were able to have privacy and space on their own if they wished. Each bedroom had a TV so people were able to use their room if they wanted to watch something on TV away from the rest of the group.

At the beginning of each person’s stay a meeting was held to tell them about the service, this included informing them of each person’s right to privacy. People were reminded to not go into each other’s rooms. People were also reminded that the service had a shared living space and they should be dressed appropriately when using the communal areas to protect their dignity. For example, wearing a dressing gown on top of their pyjamas.

Each person had a key to their bedroom. This key was provided to staff for safe keeping whilst they were out of the service, but in the service people kept it themselves. The rooms had an automatic lock so once the door was shut a key was required to open it, to keep people’s

belongings secure and enable them to have privacy when they wished. If people were unable to use a key the automatic lock was overridden and staff supported them to lock and unlock their rooms as they wished.

Staff were aware of people’s preferences and interests. They used this information to introduce people using the service to each other. The service took account of who liked each other to ensure that when planning the service and accepting placements that they ensured people were using the service at the same time as other people whose company they enjoyed. This helped encourage socialisation and helped people to further enjoy their stay at the service.

People, or their families, were involved in decisions about their stay. The service was tailored to meet people’s individual needs and each person’s activity and support plan was personalised. People were asked daily about what they wanted to do, eat and drink so they could make choices throughout their stay and change their mind if they wished.

Staff were aware of people’s communication needs. For people that were unable to communicate verbally, staff offered them a number of options to see which one they preferred. For example, at meal times they would put the meal options in front of them to see which one they reached for to indicate that was what they wanted. Staff were able to communicate using British sign language and Makaton if this was people’s preferred methods of communication.

Is the service responsive?

Our findings

The person using the service told us in regards to the staff, “They’re there when you need them.”

Upon referral to the service, one of the team leaders went to meet the person and their family to identify what they would like to achieve from staying with City Breaks and what activities they would like to do during their stay. These meetings were also used to gather information about people’s health and support needs. Information was gathered through discussion with the person about what their preferred daily routine was, and what their hobbies and interests were. It also gave staff the opportunity to get to know the person and their likes and dislikes. Before each stay at the service a member of staff called the person to discuss this information and obtain any updates or changes to the support they required. The person using the service confirmed that staff undertook these calls and discussed with them any changes in their medicines and what activities they would like to do whilst at the service.

From the information gathered staff produced a support plan for the person. This identified what the person was able to do for themselves and where they required support. For example it gave information about whether they required support with their personal care. It also gave information about people’s preferences around personal care, for example if they preferred a bath or a shower.

Information was provided to staff about any mental health needs a person had, and how to support them if their mental health deteriorated. For example, signs and symptoms that a person was becoming anxious and how staff were to support them with their anxiety.

An activity plan was developed identifying what the person wished to do whilst they were at City Breaks. Staff were aware of what activities people liked to do, and we saw people were being supported to undertake those activities during their stay at City Breaks. A range of activities were available at the service including films, music and art. People were also supported to go to activities and local

amenities in the community, including leisure activities, sightseeing trips and shopping. The staff told us that to further increase the number of activities available for people to access and to further support people who were less mobile, a service vehicle was needed. This would enable people with mixed abilities who had similar interests to go out together.

Staff respected people’s independence and encouraged them to do things for themselves. Staff supported people to learn new skills whilst they were at the service to help them to become more independent. For example, teaching them road safety awareness, and supporting them in the kitchen to develop their cookery and meal preparation skills. Staff have also supported people to develop their IT skills and set up email accounts. This enabled people to access the service’s Facebook account to enable people to stay in contact with the service and other people who used the service.

The service asked each person, or their family if they were unable, to complete a feedback form at the end of their stay at the service. This gave people the opportunity to express how satisfied they were with the support provided by staff, the food, the activities undertaken and the choices on offer. It gave people the opportunity to state whether they felt listened to, respected and whether they were comfortable at the service. People were able to use the form to request specific activities they would like to undertake the next time they used the service. The forms were analysed monthly to review any trends and identify areas for improvement. We looked at the forms completed so far during March 2015. Ten forms had been received and each stated the person was satisfied with the service and the staff, and they did not have any suggestions for improvement.

People, and their families, were supported to make a complaint if they were unhappy about any aspect of the service. All complaints were given to the manager of the service to investigate. Since the interim manager had been in post no complaints had been received.

Is the service well-led?

Our findings

There was good leadership at the service and a clear management structure. Staff were aware of their roles and responsibilities, and of the escalation process to ensure they had support from senior staff in regards to handling complaints, safeguarding concerns, emergency referrals and any staffing issues.

The manager of the service undertook a monthly analysis of incidents and accidents that had occurred to establish if there were any trends in the incidents that occurred and whether there was any learning to be shared with the team. There had been no incidents at the service since September 2014. Incidents that occurred prior to this date were specific to the individuals and their needs, and they were supported appropriately to reduce the incident reoccurring.

Staff told us they felt supported by their manager. They told us there was good team working and staff worked well together. They told us, "Everyone puts [people] first." Staff told us communication was good amongst the team and their team leaders ensured information was shared during team meetings so all staff were aware of any changes or updates to service delivery. Staff said they were able to raise their views and express their opinions during team meetings. They said, "We get listened to." Staff told us there was a focus on improving the service provided to people, and if there was anything they could do to improve the service then they were encouraged to do it. For example, one staff member had previously been involved in promoting the service and building links with the community. This was something the service was looking to expand upon.

Team meetings were held monthly. We viewed the minutes from the previous two meetings. These showed that staff discussed as how they could further support people, training needs of the team and an update from team members of their lead roles.

The provider had their own system to check the quality of services and ensure high quality care was delivered. Internal checks were undertaken by managers of another of the provider's services four times a year to review service performance and to identify areas requiring attention, to drive continuous service development. These checks were structured according to the five questions CQC inspect against and were undertaken to help services strive to achieve outstanding service delivery. The checks undertaken in February 2015 reviewed the service against the CQC 'key lines of enquiry' under the safe question. We saw that where actions were identified to improve the service, an action plan was developed identifying who was responsible for completing the action and when. At our inspection we saw that some of the actions had already been completed showing improvements were made in a timely manner.

Other checks were undertaken more frequently to review the quality and safety of the service. These included weekly checks on fire safety, including checks to ensure smoke detectors and fire alarms were working, and that the environment did not present any fire hazards. Emergency lighting was serviced annually. The last service was undertaken in November 2014 and showed the system was in good working order. Checks were undertaken on the hot water to ensure it was at a safe temperature and people were not at risk of being scalded. The service had identified that the water was reaching higher temperatures and contractors were at the service at the time of our inspection to adjust the water temperatures. Gas safety checks and electrical safety tests were undertaken and the previous tests showed no concerns.

The interim manager was aware of the service's responsibilities and adhered to the conditions of their registration with the CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person did not have suitable arrangements in place to ensure persons employed were appropriately supported in relation to their responsibilities to enable them to deliver care and treatment to service users safely and to an appropriate standard, by delivery of appropriate training and appraisals. Regulation 18 (2) (a).</p>