

Br3akfree Limited

# Br3akfree Respite Care

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Br3rakfree Respite care is a residential care home providing personal care and short breaks. The service can support up to three people with a learning and physical disability and sensory impairment. At the time of our inspection no one was receiving respite care. The service is located in a block of flats on the second floor. It has a lift and wheelchair access at the back of the building.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in North East London. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

Recruitment checks were carried out, however, records were not always up to date. We found application forms were not fully completed and references inconsistent. We have made a recommendation in relation to maintaining recruitment records.

Relatives told us the service was safe and medicines were managed safely. People's nutritional and health needs were met.

Staff received training to help them effectively carry out their role.

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.

There was no one currently using the service. Therefore, we were not able to fully demonstrate how they were meeting the underpinning principles of right support, right care, right culture. The registered manager demonstrated a commitment to people and strong person-centred values. People's choices were respected. Part of our approach to inspecting services provided to people with a learning disability and autistic people

involves observing people in their environment receiving care.

Relatives told us staff valued people's choice, however as there was no one using the service at the time of our inspection, we were not able to observe staff demonstrating how staff delivered care in line with guidance.

Whilst systems and guidance were in place, we were unable to see these implemented by staff. Therefore, we were not able to rate all key questions.

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

#### Rating at last inspection

This service was registered with us on 8 November 2019, and this was the first inspection.

#### Why we inspected

This was a planned comprehensive inspection based on the service no longer being dormant after becoming active in September 2021. Since October 2021 the service has not had any new people join the service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> Inspected but not rated.	<b>Inspected but not rated</b>
<b>Is the service effective?</b> Inspected but not rated.	<b>Inspected but not rated</b>
<b>Is the service caring?</b> Inspected but not rated.	<b>Inspected but not rated</b>
<b>Is the service responsive?</b> Inspected but not rated.	<b>Inspected but not rated</b>
<b>Is the service well-led?</b> Inspected but not rated.	<b>Inspected but not rated</b>

# Br3akfree Respite Care

## 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 included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by one inspector.

#### Service and service type

Br3akfree Respite is a respite service. People in respite services receive accommodation and personal care on a short-term basis to provide respite to the person and their usual families or carers. 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

We gave the service 24 hours' notice of the inspection. This was because there was no one using the service and we wanted to be sure the registered manager would be there to meet with us.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually

with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

Some people using the service were not able to vocalise their needs, so we Received feedback from relatives about the care provided to them. We spoke with two members of staff the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included care records for two people, their person's care records, including care plan, associated risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed policies and procedures and records related to the running of the service. We spoke with a relative about their experience of the care provided. We spoke briefly with a support worker.

# 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. Insufficient evidence to rate this service. We were not able to observe and fully assess how safe the service was because there was no one using the service at the time of our inspection, therefore not enough evidence to rate this domain.

### Staffing and recruitment

- Staff recruitment checks were carried out prior to joining the service. However, recruitment records were not always updated. Records reviewed showed an application form had not been fully completed for one staff member, for example, skills and experience and reference sections were not completed. This meant we could not be assured pre-employment checks were sufficiently completed because recruitment records were not always up to date.

We recommend the provider seeks advice and guidance in relation to maintaining recruitment records from a reputable source.

- Following our inspection, the registered manager told us the staff member previously worked for a service run by the provider through an agency. They had provided a curriculum vitae which included details of their employment history and experience. Reference requests were made to present and previous employers, however, they did not receive a response. Therefore further, reference requests were made in line with their recruitment procedures.

- Staff were subject to criminal record checks to ensure they were safe to work with the people they cared for.

- Staffing levels were sufficient to meet people's individual needs at the time of using the service.

- One relative told us their family member received one to one care, "She had one staff and the registered manager, that was more than enough."

- A staff member told us there were enough staff on duty to meet people's needs.

- The registered manager told us staffing levels were based on the needs of the people staying at the service.

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

- Systems were in place to safeguard people from harm.

- Relatives who used the service told us it was safe. One relative commented, "Yes, I did feel [person] was safe."

- Safeguarding procedure were in place and provided guidance to staff on what to do should they suspect abuse.

- The registered manager told us staff completed mandatory training, which includes safeguarding. Records confirmed this.

- Staff knew what action to take should they suspect abuse, including reporting to external authorities. The registered manager also encouraged them to report any suspicions or actual abuse. This helped to protect people were safe from harm.
- The registered manager told us they encouraged and reassured staff who wanted to whistle blow, "...I would ensure [staff members] identity is not disclosed, priority is to protect [staff] because not many people can do what they have done and I applaud them for standing up for bullying or abuse."

#### Assessing risk, safety monitoring and management

- Risk to people were assessed and reviewed to ensure people received safe care.
- Relatives told us staff had talked to them about potential risks and felt confident staff knew how to keep their loved ones safe from the risk of harm.
- Risks assessments provided guidance to staff on how to minimise the risk of harm. These covered areas such as, personal care, eating and drinking, mobility and using public transport.
- Systems were in place to monitor the safety of the home environment. The provider conducted regular maintenance and health and safety checks, such as workplace assessment, and gas safety checks.

#### Using medicines safely

- Systems were in place for managing medicines safely. One relative told us, "They are on top of everything. Medicine [management] is very, very good, [staff] check and count everything. They write everything down and double check."
- The registered manager told us medicine reviews were coordinated by the relatives, the outcome of these would be discussed and records updated.
- Staff told us they completed medicine training and had their competency assessed. This ensured medicine administration practices were safe.
- Although no one was using the service at the time of our visit, the registered manager is aware of the need to ensure protocols for 'as required' medicines are in place.

#### Preventing and controlling infection

- Infection prevention and control practices were in place.
- One relative observed staff wearing appropriate PPE, and said the service was "Very, very strict [about infection control]."
- The registered manager told us they had evidenced staff vaccination as part of the requirements of vaccination as a condition of deployment. Where there was an exemption for medical reasons, this had been reviewed and assessed by provider.
- We were assured that the provider's infection prevention and control policy was up to date.
- 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 using PPE effectively and safely.
- 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 that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



We have also signposted the provider to resources to develop their approach.

#### Learning lessons when things go wrong

- Systems were in place for reporting and learning from incidents. The registered manager told us there had not been any incidents since September 2021 when the service started operating. One relative told us, "If anything they [staff] would notify me straight away."
- A staff member told us they would report any incidents to the registered manager and complete an incident form.

# 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. Insufficient evidence to rate this service. We were not able to observe and fully assess care in line with current guidance, therefore not enough evidence to rate this domain.

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

- There was no one using the service at the time of our visit, therefore, we were not able to observe how the environment impacted on people using the service or met their needs. People did not have access to an outside space, this could indicate that the environment may not meet everybody's needs.
- People had their own rooms and could bring home comforts to personalise them. This was confirmed by a relative who told us, "Bedrooms can be personalised, [person] brought [items] from home." The same relative told us the service would benefit from having a sensory area in the home to meet people's sensory needs.
- The registered manager told us the environment was adapted to meet people's individual needs whilst staying at the service. One person's care plan documented, "[Person] will use [their] room when it's time for relaxation and sensory stimulation sessions."

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

- People's needs were assessed through discussions with relatives who were already familiar with the service. The registered manager told us referrals were made and people's needs discussed prior to them using the service. This was confirmed by a relative who told us, "[Staff] worked with [person] at another service and knew them well." The relative had discussed the service provision prior to their family member using the service.
- Records confirmed the provider had created a needs assessment form to be used for future referrals to the service.

Staff support: induction, training, skills and experience

- The provider supported staff to obtain the right training, skills and experience to meet people's needs. One relative told us, "I think [staff] are skilled...They do get training and know what they are doing. They know [person's] routine and meets their needs."
- Staff received regular supervisions to support them in their roles. Records confirmed this. A staff member told us, "It's helpful and helps you to improve."

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

- People's nutritional needs and food choices were met by the service. One relative told us, "[Person's] likes and dislikes [for food] was discussed and documented in care plan." Records confirmed this.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- The registered manager told us people's healthcare needs were managed by their relatives. Due to the short stay nature of the service, they did not have the opportunity or reasons to work with other health professionals at the time of our inspection. Should they need to, this would involve, for example, nurses, physiotherapist, speech and language and behaviour therapist. One relative told us, "We do all that [deal with healthcare professionals]. [Staff] have taken [person] to appointments, such as physio."
- People's health condition was documented in their care plan. This helped staff to better understand how to support people.

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.

- Consent to care was obtained in line with the law and guidance.
- People were given choices about their care and support and the service used communication methods such as pictures to understand people better.
- Due to the nature of the service most people who used the service normally lived in their own homes.

# 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. There was insufficient evidence to rate this key question. We were not able to observe and fully assess care in line with current guidance, therefore not enough evidence to rate this domain.

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

- We were not able to observe care as no one was currently using the service.
- Staff knew people prior to using the service and developed a good relationship with them.
- Relatives spoke highly of the staff. One relative told us staff were respectful and treated them well.
- The registered manager told us, "Make sure at all times people are treated with dignity and respect that is what we are about."
- Peoples religious and cultural needs were documented in their care plan. For example, in one care plan this stated, "[Person's] faith and culture is very important to [them] and [their] family."

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

- People were involved in decisions about their care. One relative told us they were, "Involved in care plan and reviews. [Reviews] also involved staff working with person."
- The provider told us, "It's whatever they want, food they want we buy, [person] likes cereal, so we bought this...We know [person] well."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One relative commented, "They do treat [person] with dignity and respect."

# 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. Insufficient evidence to rate this service. We were not able to observe activities to see whether care was given in a personalised way as no one was using the service at the time of our inspection. Therefore, not enough evidence to rate this domain.

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

- People were supported by staff who knew them well. One relative commented, "They [care staff] know [person] really well...Carer staff worked with person after many years."
- Care plans contained detailed information about people's background, character and likes. We made the registered manager aware of the need to ensure people's preferences were also recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the AIS and records showed they had identified people's individual communication needs.
- The service used a range of techniques to support communication. One relative told us, "[Person] does everything by eye contact and actions...staff know what [persons] needs are." They told us staff used a booklet designed by the service which includes signs staff should use to communicate.

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

- People were supported to maintain their relationships with their families during their short stay to avoid isolation.
- One relative told us their family member participated in activities of their choice, including attending the day centre, "[Person] likes being out and about, they are an outdoor person. Staff were taking [person] out shopping and to the park.

Improving care quality in response to complaints or concerns

- People were able to raise concerns or make complaint if they were not happy with the service.
- Relatives told us they knew how to complain if they ever needed. One relative told us they had not made any complaints. They commented, "I just tell if not happy about something."
- There was an easy read complaints procedure at the service for people to follow if they needed to make a complaint.

#### End of life care and support

- The service was not supporting anyone on end of life care. Due to the nature of the service it is unlikely they will provide palliative care in the future.

# 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. Insufficient evidence to rate this service. Systems and processes required time to be embedded, therefore not enough evidence to rate this domain.

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

- We found gaps and inconsistencies in recruitment records. The provider told us they were aware of the need to improve the way recruitment records were maintained.
- There registered manager was clear about their role and responsibilities. As well as managing this service the registered manager had responsibility for managing two other services run by the provider, one is currently dormant.

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

- The registered manager understood the principles of providing care that was inclusive and empowering. They told us, "It's about person-centred care, making the environment about the person and their experience."
- The registered manager told us they felt supported by the provider, "[Provider] is my rock, when I have a bad day...she is always there, come rain or shine..."
- One relative spoke positively about the registered manager who was approachable and ran the service well. They commented, "I think [registered manager] does a good job."

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 duties under the Duty of Candour and the importance of being open and transparent. They commented, "You have a duty to ensure if any concerns or safeguarding, death, serious illness or accident you report to CQC, local authority, inform families and document."

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

- One relative told us, although they did not complete a feedback questionnaire, they kept in regular contact with the registered manager about the care provided to their family member.
- The registered manager told us relatives were asked to write to them with feedback, they did not have a formal process in place, but would adapt a survey used at another service to obtain feedback. Following our inspection, the registered manager sent a copy of a feedback form in pictorial format to be used in future.

Working in partnership with others

- The service worked together and with relatives where health professionals were involved in people's

health needs and also other health and social care professionals to meet people's needs and to assess and plan ongoing care and support. Meetings were held to review people's care.