

Natural Breaks Limited

# Natural Breaks Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Natural Breaks is an organisation which provides support services to people with a range of needs such as a learning disability, mental health needs, physical disability or an acquired brain injury. The service has two strands offering both a domiciliary care service to people living in their own home and support for people to access social and leisure activities within their local community. At the time of the inspection 29 people were being supported with personal care.

People's experience of using this service: People were positive about the care and support they received from Natural Breaks.

People received medicine when they should, and medicines were stored safely in people's homes. There were some issues with one person's MAR chart as these had not always been completed appropriately in line with national guidance. However, the provider had processes in place that had identified these issues and the registered manager had taken appropriate action.

We found the service had completed mental capacity assessments as required. Decisions about people's care had been taken in their best interests when they did not have the capacity to do so.

Not all staff had completed mandatory training. The registered manager told us this would be addressed immediately.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive and meaningful relationships with people.

Sufficient numbers of staff were employed to meet people's needs and support people to access the community. Staff were caring and always promoted people's dignity and independence.

People we spoke with told us they felt safe being supported by the staff, and staff were able to describe the course of action they would take if they felt someone was being harmed or was at risk of harm.

Risks which compromised people's health and well-being were appropriately assessed, reviewed when needed, and contained a high level of detailed information.

Safe recruitment procedures were in place. Appropriate checks were carried out on staff before they started working at the service to ensure they were suitable to work in the role.

There was a clear complaints policy for the service. Complaints we saw had been responded to appropriately.

Staff understood their role and had confidence in the manager. We were told the management team were approachable and responsive to any issues. Systems were in place to gather feedback from people.

People and their relatives were highly complimentary about the service. People told us the service was "excellent" and met people's needs.

Rating at last inspection: Good (Report published 30th December 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### 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 well-led.

Details are in our Well-Led findings below.

Good ●

# Natural Breaks Limited

## Detailed findings

### Background to this inspection

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

**Inspection team:** The team consisted of one adult social care inspector.

**Service and service type:** Natural Breaks is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides services to people living with dementia, physical disabilities, mental health, older people and younger adults.

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

**Notice of inspection:** The inspection was announced. We gave the service two days' notice of the inspection site visit because we needed to be sure someone would be present. We visited the office location on 23 and 28 May 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We visited the homes of people who used the service on 28 May 2019. We also contacted relatives of people who used the service by telephone.

**What we did:** Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury. We sought feedback about the service from the local authority and other professionals involved with the service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection.

During our inspection we looked at four people's care records and elements of another two people's

records, records relating to the management of the service, including staff training records, audits, medication records and meetings. As part of the inspection we spoke with five people using the service, three relatives, four support staff, the registered manager and chief executive officer.

Details are in the Key Questions below.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- One person was being prescribed covert medication. This medicine was to be hidden in food. We found although professional advice had been sought when making the decision, there was no professional pharmaceutical input to ensure the medicine was safe to be given in this way. However, staff told us they were no longer giving this medicine covertly, and it was unclear if this was still needed. The registered manager agreed to review this.
- MAR charts were not always completed in line with guidance and there were some missing signatures for two people's records. However, we checked and people had received their medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained and assessed as competent before they administered medicines.
- PRN (as and when needed) protocols were in place detailing how and when medicine should be given.

### Assessing risk, safety monitoring and management

- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks.
- The service used a 'MOST' approach. This stands for 'Maximising Outcomes Safely Together' and ensures people were supported to take positive risks to achieve their desired outcomes.
- Personal emergency evacuation plans (PEEPs) were in place for people and detailed how staff would support people to evacuate.

### Preventing and controlling infection

- Staff completed training in infection control.
- Staff confirmed they had access to aprons and gloves when supporting people with personal care or preparing food. Information about infection prevention was included in people's care plans

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

- Staff we spoke with said they had received safeguarding training. They had a good understanding about how to raise concerns. However, we found there were staff who had not refreshed their safeguarding training in line with service policy. Some staff had not completed this training for over five years, instead of every three years as stated in the policy. The manager told us this would be addressed immediately.
- People said they felt safe. One person said, "Staff have confidence in me, this makes me confident and makes me feel safer."
- Safeguarding referrals had been made appropriately and actions put in place to help ensure the safety of people.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

### Staffing and recruitment

- There were enough staff to provide support as required. Groups of staff were assigned to a package of care, and these staff then worked on a rota basis to provide support. There were processes in place to ensure sickness and holidays could be covered.
- Recruitment processes were safe. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

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### Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- Staff members were aware of the processes to follow when an accident or incident occurred.
- Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.



# 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.

People's outcomes were consistently good, and feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked whether the service was working within the principles of the MCA. Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received.
- Some people were having their liberty restricted by the provider to keep them safe. In these instances, appropriate processes had been followed to ensure this was legal.
- Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received. Best interest decisions were applied appropriately when required.

Staff support: induction, training, skills and experience

- The training matrix we viewed during inspection highlighted not all staff had completed training deemed mandatory by the provider. The registered manager told us this would be addressed immediately.
- However, staff we spoke with told us the range of training they received was good. Individualised training was undertaken if the package of care required it. For example, some staff had received additional training on administering Buccal Midazolam to support people with epilepsy who required this.
- New staff received a comprehensive induction which included training, one to one meetings and shadowing experienced staff.
- Staff received formal and informal supervision. The recording of supervision showed people had not received regular supervision, however the registered manager told us this was because informal supervision was not recorded on the matrix. Staff told us they felt supported.
- People and relatives were confident in the abilities of staff. One person said, "Staff are really good, they support me as I need." Another person told us "Staff give me confidence to do things. They make me feel like I can do things and that makes me happy."

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

- People's eating and drinking needs were recorded in care plans. People's preferences were clearly recorded.

- People's daily records evidenced the support they received.
- People who needed help with food said food preparation was good.

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

- People's needs were assessed before offering a service.
- People's care plans described the support required and reflected their personal choices and preferred routines. We saw care plans promoted people making choices.
- People and their relatives told us they were involved in developing and reviewing care plans.
- Staff said care plans were clear and updated if people's needs changed.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment.

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

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required assistance from other professionals this was supported, and staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

# Is the service caring?

## Our findings

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

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

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- People told us they felt staff protected their dignity and privacy. Staff clearly described how they protected people's dignity and privacy.
- People told us that staff encouraged them to be as independent as they could be, and records reflected this. One person told us, "They [the staff] let me choose what I want. They support me to do what I want."
- People's confidentiality was respected. We saw care plans and notes were kept securely in people's homes.
- Staff showed concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

Ensuring people are well treated and supported;

- Staff knew the people they were supporting well and used this knowledge to support people in line with their preferences.
- Relatives confirmed that staff knew people's preferences and cared for them in a way they liked. Each person had their life history and individual preferences recorded, which staff used to get to know people and to build positive relationships with them. One person told us "Staff know me really well- they support me with what I like."
- People told us staff were kind and caring. Comments from people included, "Staff treat me well; they're really nice," "Staff are really good, they support me" and "No complaints, I love the staff."

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

- Staff had formed good relationships with people who used the service and engaged positively with people. People's choices and independence were promoted.
- People and their relatives were involved in care decisions daily and through reviews and surveys about their experiences.
- The service held regular 'Have Your Say' meetings, run by an independent advocate. These meetings were for people using the service to raise any concerns or feedback.
- Some people needed aids to help them communicate effectively. Care plans recorded if people needed glasses or hearing aids. Staff described how they assisted people with this.
- Everyone we spoke with was aware of their care plan and we saw plans had been reviewed and changed to include people's wishes.

# Is the service responsive?

## Our findings

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

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

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

- People using Natural Breaks had an individualised plan of their care based on an assessment of their needs. Plans were reviewed regularly.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- We saw there were plenty of activities organised for people to encourage networking and relationship building. People told us they attended a weekly disco and there were various work placements people were undertaking.
- People had communication plans in place. The plans described people's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place. We saw concerns and complaints had been clearly recorded and the appropriate action taken.
- People told us that they knew how to complain and would feel comfortable talking to the staff or the manager if they had any concerns. One relative said, "They always get back to me if I have a problem. There's always someone about."
- The service had an action plan in place in response to feedback from a survey completed by people, their relatives and staff. This detailed service improvements being made as a result of feedback received.
- We saw the service had investigated concerns raised and implemented improvements based on recommendations from the investigations. These 'lessons learnt' were communicated with staff through supervisions, team meetings and staff bulletins.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was receiving end of life care. The registered manager said information would be included about people's wishes if they supported somebody who was at the end of their life.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At the last inspection this domain was rated good. At this inspection this rating has remained the same.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support

- Audit systems were in place to check the quality and safety of the service. Although we found some concerns with training and the recording of supervision, these had been acknowledged by the provider and plans were in place to address these.
- People provided positive feedback regarding the quality of the care they received. People told us staff were caring and supported them well. One person said "Couldn't have asked for a better service. Staff are friendly and warm and support me with everything I need."
- Staff told us they felt listened to and that the registered manager was approachable.
- Relatives provided positive feedback and told us the service was well led. Comments included, "I don't know what I'd do without the service; it's excellent. They're marvellous," and "There's good organisation. Always someone to speak to. They know what they're doing."

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

- There was a registered manager in post, who had the support of the registered provider.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- Policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Information related to people who used the service was stored securely and treated in line with data protection laws.

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

- Systems were in place to gather feedback from people, and the management team responded to comments and suggestions made.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.

- The registered manager made themselves easily available to people using the service, relatives and staff.

#### Working in partnership with others

- The registered manager had a communication network to help the service work in partnership with other professionals, social services, psychiatrists, occupational therapy and local GP's.