

L&Q Living Limited

Breakaway

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

Breakaway provides accommodation and support for up to four people with learning disabilities. The service provides short term respite care for people throughout the year that can be booked as individual days or blocks of time up to four weeks. There were two people living at the service at the time of our inspection and one person attending for day support.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service had a registered manager. 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.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to other health professionals were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and before each period of respite. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Breakaway

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.

This inspection took place on the 20 February 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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.

During our inspection we observed three people, we spoke with the registered manager and two care workers. Following the inspection we spoke with three relatives on the telephone to gain their views and feedback. We reviewed three care files, two staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

We saw people were happy and relaxed at the service, throughout our inspection we saw people smiling and interacting with staff. Relatives told us that they were happy with the care their loved ones were receiving and that they felt the service was safe. One relative said, "I have no qualms about the care, it is a safe place."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition, staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. One member of staff said, "I would report any safeguarding to my manager and if it was not dealt with I would report to their manager and keep escalating, following the 'whistle blowing' procedure." The registered manager told us that the organisation had spent a lot of time promoting safeguarding by holding roadshows and holding coffee mornings for staff people and relatives to attend. They also had a safeguarding champion at the service to support staff and people and raise awareness of safeguarding issues. There was a dedicated phone number and email address for staff to raise safeguarding issues confidentially. The provider had a safeguarding committee to share and discuss any learning from safeguarding concerns. The staff and registered manager were also aware of the procedure to raise safeguarding concerns outside of the organisation to local authority safeguarding teams. Where appropriate the registered manager worked with the local authority to investigate safeguarding concerns to ensure people remained safe.

The registered manager made sure they recruited staff of good character and ensured all staff completed enhanced disclosure and barring checks (DBS). New staff also provided full working histories and references and attended for an interview with the registered manager. There were sufficient staff available who worked flexibly to meet people's needs. The registered manager told us that they increased staffing numbers to match the needs of people using the service, and that staff were good at working flexibly.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments were aimed at enabling people to maintain their independence, they covered road safety, managing money, environmental risks and challenging behaviour. The service had emergency plans in place and these included guidance to staff on fire evacuation procedures. Each person had a personal evacuation plan and staff undertook regular fire evacuation training. Staff knew how to raise the alarm if somebody suddenly became unwell and they needed immediate assistance from medical services for example by calling for an ambulance or paramedic.

People were cared for in a safe environment. Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the provider had a procedure for the registered manager to follow and for any urgent maintenance requests there was a two hour response time. Should the service need to be evacuated the registered manager had procedures in place with 'grab bags' available containing all the relevant information to keep the service running with emergency contingency plans in place.

The registered manager had systems in place to learn from risks, significant incidents or accidents at the service. Incidents were fully investigated and learning points were discussed at staff meetings. The provider also had systems in place to ensure learning was communicate across the organisation and any changes needed to policies and procedures implemented.

Medicines were managed and administered safely. We saw that medicine was checked when people came to stay at the service to ensure this was correct. A relative told us, "Staff always ask if any medication has changed and we go through the medication when we check in." Only trained and competent staff administered people's medicines. Medicines were stored safely in accordance with the manufactures guidance. Regular audits were completed and policies and procedures were up to date.

Is the service effective?

Our findings

Staff told us that they were supported to achieve nationally recognised qualifications to support them with their roles. One member of staff said, "I have just completed the Care Certificate, it was quite hard but the manager gave me support and time to do it." Another member of staff said, "We have good training, we do it as a group if there is a few of us that need to be trained or we go to head office. The last training I did was on infection control and risk assessments." The registered manager showed us that staff were supported to complete training to have the relevant skills to support people. This involved face to face training and training in specialist areas such as supporting people with epilepsy and autism.

Staff felt supported at the service. New staff had a full induction when they started to work at the service. Staff told us that they had regular meetings and supervision with the registered manager to discuss the running of the service and their performance. We found this was a two way process for staff to receive support and updates on best practice. The registered manager also completed observations of staff practice and gave them feedback on their skills. In addition, staff had a yearly appraisal of their performance.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We also saw assessments of people's capacity in care records had been made. The registered manager kept themselves up to date with latest legislation. This told us people's rights were being safeguarded.

Staff carried out nutritional assessments and promoted healthy eating with people. We saw that where appropriate risk assessments were in place to support people to have enough to eat and drink and prevent choking. Staff ensured people had special diets as required such as soft mashable food or diabetic diets. We saw menus were in pictorial form to help people choose what they wanted to eat. Staff told us that some people when staying at the service enjoyed cooking and helping staff in the kitchen. One person would present staff with a shopping list for them to go shopping together for ingredients for the food they wished to cook during their stay. Staff also did themed food nights with different cultural cooking, one person enjoyed Nigerian food which staff facilitated for them.

People were supported to access healthcare as required and the service had good links with other healthcare professionals, such as the community learning disability team, district nurses, and GPs. The registered manager ensured people's physical healthcare needs were uninterrupted during their stay, for example they had pressure relieving equipment if required and the district nurse would attend for people's

physical needs such as insulin injections.

The environment was appropriately designed and adapted to support people. The service was spacious and all on one level, people had their own large rooms which contained everything they needed for their stay. The registered manager had kept the service updated and well maintained with an on-going maintenance and redecoration program. They had also completed work to the rear garden to make this wheelchair friendly with sensory areas and raised flower beds.

Is the service caring?

Our findings

Staff had positive relationships with people. During the inspection we could see people were happy to be in the company of staff. Staff spent time talking with people whilst sitting together and completing activities. A relative told us, "[Person name] is always smiling and happy when we take them there." Another relative told us, "[person name] is always happy when we arrive, we have no concerns."

Staff knew people well, including their life histories and their preferences for care. We saw that support plans were very individual and person centred explaining how people liked to be supported and spend their time. Staff we spoke with had a good understanding of how people wanted to be supported and what they enjoyed to do. One member of staff told us, "We try and continue with their care how they like to be supported at home, we support their independence and encouraged them to carry on doing what they can for themselves rather than taking over." People were supported and encouraged to maintain relationships with their friends and family whilst staying at the service. The registered manager told us that there was internet access throughout the service so that people could face time their friends and relatives. There was also a computer people could use if they wished and there was access to telephones. Relatives could visit at any time if they wished to see people. The registered manager had contacts with a local advocacy service if needed who could come in and support people making decisions independently if required.

Staff treated people with dignity and respect and supported them in spending their time in the way they chose. Staff promoted people's independence and took time to help them make choices about how they wished to spend their time. People's diverse needs were respected. The registered manager supported people to follow the life style they chose this included following their religious preferences if they wished whilst staying at the service. The provider promoted a dignity plan throughout their organisation and each service had dignity champions. Every two months there was a different theme for staff to promote such as dignity with self-care or dignity with medication. The provider also promoted diversity and inclusion for staff and people within the service. This included promoting different cultures and inclusion of people in the local communities.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Before people were supported to use the service, they would first have an assessment by the registered manager. Following the assessment people and their families were encouraged to visit the service together initially and then people were encouraged to stay for a few hours on their own to see if they liked it there. Support plans were formulated with people and families input to ensure all aspects of their care were covered in the way they wished to be supported. Once support needs were agreed people could book in to the service as a guest for short stays or respite care, this was also referred to as holidays. Stays could be planned for up to a year in advance. One relative we spoke with said, "They [the service] are very flexible when we book in and they will accommodate short notice if they can." Relatives also told us that before people went for a stay they would receive a curtesy call a week before to check if any support needs had changes or if there were changes with medication. The registered manager told us that they also went through this and updated the care plan as part of the check in process. This told us that people's needs were being met and staff had the most up to date information.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We saw that the staff were very good at ensuring people were able to communicate with whatever forms they found comfortable. We saw in people's care plans it was recorded what methods of communication supported their needs best. Some people communicated with words and sounds while others used visual prompts, body language or pictures. Where people benefited from using sensory equipment the service had some sensory equipment but also worked with a local school to access their sensory room for people. This showed the service was acting within the guidelines of accessible information for people.

People enjoyed varied pastimes and engaged in meaningful activities. People were supported to access activities that they enjoyed such as visiting the cinema, bowling or trips out to places of interest. People were also supported with activities they enjoyed doing such as singing, cooking, playing board games or computer games. The garden had been developed with sensory areas and had sports and art equipment for people to enjoy. Some people were supported to attend local clubs and activities that they enjoyed. The provider also supported activities and were arranging for a cricket team to be developed for the summer. They had also held events on cooking and had run poster and art competitions for people to enter.

The registered manager had a complaints procedure in place. Relatives we spoke with said that they did not have any complaints, but if they did, they would speak with the registered manager. We reviewed the complaints register and saw where there had been a complaint the manager had been very proactive in addressing this and resolved the issue.

The registered manager told us that they did not currently support anyone on end of life care, however if needed they would work with other health professionals to support people at the end of their life. The provider also provided training and support on End of Life care and the registered manager said they would

be able to access this support if needed at the service.

Is the service well-led?

Our findings

The service had a registered manager who was very visible within 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. The registered manager had a very good knowledge of all the people living there and their relatives.

Staff shared the registered manager's vision for the service. One member of staff said, "We promote our guests independence and wellbeing so that they feel at home." Another member of staff said, "We encourage independence so that people maintain their skills."

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt very supported by the management team and there was a system in place for staff to contact management out of hours if they needed advice or support. Staff told us that they had regular staff meetings and felt they could discuss anything in these and that their ideas would be listened to. Staff also told us that they had a handover meeting every shift to have updates on any changes to people's care needs. There was also a 'huddle' board in the staff office which contained information that staff may find useful and helpful to them. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people. The registered manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors, staff and other healthcare professionals and responded to these with a 'You said' 'We did' feedback form. We saw from feedback that actions taken from the survey were fed back to people with the progress made for example on the redecoration of the service. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The service had been developed as a small family home in the middle of the community. There were good links from the service into the local community and staff encouraged people to access fully all the facilities available in the community.

The registered manager worked in partnership with other agencies and attended manager forums with the local authority. This was an opportunity to share good practice and stay up to date on relevant issues within the sector. The registered manager also maintained good links with other agencies and learning disability services in their local area.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. Lessons learned from audits and investigations were shared with staff to improve practice.

