

# The Brandon Trust City Breaks

## 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

City Breaks provides a respite service for people with a learning disability and people with an autistic spectrum disorder. City Breaks can accommodate up to four people at one time.

This unannounced inspection took place on 21 March 2017. At the time of our inspection three people were using the service. At our inspection of the service on 29 July 2015 the service was rated Good. At this inspection they remained rated as Good.

The manager in post had not registered with us as the 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.

There were enough staff on shift to safely support people. Staff told us they could request for additional staff to support people if required. Staff managed people's medicines in a safe way. This included the way they administered, stored and disposed of medicines.

Staff understood how to respond if they suspected people were being abused to keep them safe and had received training in safeguarding adults. There were assessments of risks and management plans in place to guide staff on how to prevent and reduce avoidable harm to people.

Staff continued to be well supported in their roles to be effective. They received regular training, supervision and were appraised annually. Staff demonstrated they had the skills and knowledge to support people. Staff understood their responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They supported people to make decisions appropriately and promoted their rights. Staff supported people to access the health and social care services they required to maintain their health and wellbeing.

People enjoyed the food and drink they received and were provided with food and drink of their choice and preference. People had access to food and drink throughout the day.

Staff knew the people they supported including how to respond when they became anxious or presented behaviours which challenged the service. Staff treated people with dignity and respect. Staff encouraged and supported people to maintain relationships important to them. They also supported people to find love and friendships. Staff communicated with people in the way they understood.

People's individual care needs had been assessed and their support planned and delivered in accordance with their wishes. People's needs and preferences were reviewed and updated each time they came to use the service to ensure their needs could be met by the service.

People were encouraged to follow their interests and develop daily living skills. People took part in a range of activities within and outside the service. People were allowed to go out as they wished. Staff promoted people's independence in the way they supported them.

There was a complaints procedure in place which was accessible to people. People told us they knew how to complain if they were unsatisfied with the service. The provider had a range of audits in place to assess, monitor and improve the service. The manager involved people and staff in the running of the service. The provider was meeting their statutory responsibility to submit notifications to the CQC.

## 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 remained Good

### Is the service effective?

Good ●

The service remained Good

### Is the service caring?

Good ●

The service remained Good

### Is the service responsive?

Good ●

The service remained Good

### Is the service well-led?

Good ●

The service remained Good

# City Breaks

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive 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.

This inspection took place on 21 March 2017 and was unannounced. It was undertaken by one inspector.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service about the provider such as statutory notifications of important events and incidents such as allegations of abuse.

During the inspection we spoke with three people using the service. We also spoke with the registered manager and the support staff. We looked at the care records and medicine administration records of three people to see how their care and medicines were managed. We also reviewed four staff files and records relating to the management of the service including health and safety and quality audits.

After the inspection we made several efforts to contact relatives of people who use the service and professionals involved in the care and support of people but we were unsuccessful.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person said "I feel safe. I am here with other people. They don't bother me. Staff are around too." Another person told us "Yeah, I feel safe."

The service continued to manage identified risks to people in a way that protected them from avoidable harm. These included risks relating to their mental health conditions, physical health and activities of daily living. Risk assessments were reviewed and updated each time a person came to use the service so staff were aware of current risks. Management plans were put in place based on identified risks. Staff knew these plans and other guidance available to support them manage risks to people safely.

People told us there were enough staff to support them. Staff also told us they were sufficient on duty to meet people's needs safely. The rotas showed staff numbers were flexible and the number of staff required each day was based on people's needs and dependency levels. Staff told us that they were able to book 'bank' staff from the organisation's staff pool to cover shifts if they needed additional support. One staff member said, "We are not short staffed or over staffed. I don't feel over worked." Another said, "I am happy with staffing levels at the moment. We are able to use bank staff which helps." We observed that staff had time to spend with people and support them without being rushed or distracted. This meant people's needs and requirements were met by staff because they were enough to support people appropriately.

People's medicines continued to be administered and managed in a safe way. Medicines Administration Record (MAR) charts showed people received their medicines as prescribed, and the stock check we carried out confirmed this. MAR charts were legibly signed by staff to show what medicines had been administered and what time it was administered. Medicines were stored safely in a locked cabinet in the office accessible to staff only. The temperature of the room where medicines were stored was checked daily to ensure this did not exceed the safe level.

The service continued to maintain suitable arrangements to appropriately safeguard people from abuse. Staff were trained in safeguarding adults at risk and had annual refresher training to update their knowledge. They understood types of abuse, signs to recognise them and how to report any concerns. Staff told us that their manager would promptly take appropriate actions in response to any concern of abuse in order to protect people. The manager understood their responsibilities in safeguarding people.

## Is the service effective?

### Our findings

People were cared for by staff who were regularly trained and supervised. One person said "Staff are ok. They help me do things I want." Another told us "They [staff] understand me and they help me like I like it." Staff received training relevant to their roles that provided them the skills, abilities and experience to enable them support people effectively. These included mental health awareness, medicine management, challenging behaviour, the Mental Capacity Act 2005 (MCA), Deprivation of liberty safeguards (DoLS), and safeguarding adults. New staff members completed a period of induction which covered the aims of the organisation, the needs of people who use the service and a range of topics relating to their roles. Staff told us and training records confirmed that they received regular supervision and an annual appraisal. Concerns about people were discussed at these meetings and training needs were reviewed too.

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 told us staff sought consent from them before carrying out any tasks. One person said "I am able to do whatever I like here." People also told us that they were free to go out and return to the service in their own accord. We also saw consent forms signed by people and their relatives that they agreed to use the service and accept support needed.

People were supported to meet their healthcare needs. Staff arranged for people to access services if required during their stay at the service. The service held information about the professionals involved with people in case they needed to follow up on issues whilst they were at the service. Staff knew actions to take in emergency or if people became unwell.

People made positive comments about the food they were provided at the service. One person said, "The food it's really nice. I enjoy it." Another person told us "They cook the food I want. I like spicy food. I like Africa food. They cook it." People had a range of food options that met their cultural and religious requirements. People's care records included their food allergies and preferences. We saw people were able to help themselves to food and drinks as they wished.

## Is the service caring?

### Our findings

Staff remained caring in the way they supported people. People made positive remarks about staff and their experience at the service. One person told us, "They [Staff] are good. I like them. I like to talk about football. They always listen to me" Another person said, "They [Staff] are kind. They listen to me." Staff understood people's likes and dislikes their preferences and choices and they supported them in line with these. Staff showed they understood how a person's cultural and religious backgrounds influenced their choices and they accommodated these. Food provided met people's preferences.

Staff continued to treat people with dignity and respect. Staff knew when people wanted to be left alone in their space and they gave them the privacy they needed. People told us that staff always sought permission before entering people's rooms. Our observations confirmed this. Staff supported people to maintain their personal hygiene and appearance with clean clothes. People were well dressed and presentable.

Staff understood people's communication needs, their behaviours and when they were becoming anxious and knew how to reassure them. We saw staff communicating with people in a way they understood. We also saw staff spend time with one person speaking to them and reassuring them. People were comfortable with staff. They shared jokes and talked freely about various topics.

People were supported to maintain relationships that mattered to them and develop love and friendship. Staff supported people by providing them with relevant information and education to learn about relationships. Staff supported people to join a forum called 'Stars in the Sky' which gave people the opportunity to meet and attend events with other people with the view for friendship and dating. The service gave friends the opportunity to stay at the service at the same time. This meant people could spend time with those they chose during their stay which helped improve their experience.



## Is the service responsive?

### Our findings

As was the case as our last inspection, people received care and support that met their individual needs. The service carried out initial assessments to ascertain people's needs. They planned people's care in response to their needs and this was reflected in their care plans. Care plans continued to contain sufficient and detailed information about people's individual needs such as those relating to their mental, physical health and activities of daily living. The care plans provided staff with guidance on how to support people appropriately. The care plans were updated as required reflect changes in care needs. Each person had a keyworker who they regularly met with to share their views about their care and to check that they are happy with the service. A keyworker is a member of staff who works closely with a person.

The service continued to provide a service to people that promoted their interests. People told us they kept occupied with activities they were interested in. One person said, "I do a lot of activities here. They [staff] take me to places. I like watching football too and I watch it here." Another person said "They [staff] take me anywhere I want. I can stay at home too and watch TV programmes." We saw the programme of activities people participated in. They included activities within and outside the service such visits to museum, cinema, theatre and seaside. We observed people engaged in various activities such as puzzles and games through the day. People told us they were able to go out to the local shops and cafes as they pleased.

The People told us they knew how to complain. One person told us "I will tell staff but I don't have anything to complain about." Another said "I will speak to any staff or manager." There was a complaints procedure displayed which people had access to. There had not been any complaints recorded in the last year.

## Is the service well-led?

### Our findings

The current manager had not registered with the Care Quality Commission. They explained they were managing the service on an interim basis as the organisation was proposing some changes to the management structure. The manager however showed they understood their responsibilities in running the service effectively. The manager was supported by two team leaders who took charge of the day to day operations and organisation of the service.

The service continued to be well run and managed as the service operated an open culture where people could provide feedback. People told us that they were listened to and their suggestions acted upon. Staff told us that they had the support they needed from their manager and team leaders. One staff said "We can speak to him [Manager] anytime. He listens and supports us." Another told us "We work together as a team to resolve challenging situations. We are strong as a team and we have a manager who listens and support us." Our discussions with staff showed they understood their responsibilities in caring for people well. Staff also showed they understood the service's values and aims and felt committed to improving the service.

The service continued to be subject to a number of checks to assess and monitor the quality of the service. The team leaders completed regular health and safety checks which included fire safety and environmental safety. They also completed medicine audits. The manager checked all areas of the service to ensure the service was safe, effective and met the needs of people. This included auditing medicines management, health and safety, care plans, risk assessments, staff training, supervision and appraisal records. There were no actions from the most recent audit report we reviewed.

The registered manager continued to submit statutory notifications to CQC as required by law.