

# London Borough of Ealing

## Short Break Service

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Short Break Service is a 'care home' type of service that provides periods of respite care for people aged between 18 and 65 years of age with a learning disability and who may also have profound physical disabilities. The service provides support to approximately 60 people through periods of planned respite throughout the year. At any one time the service can accommodate a maximum of 10 people. The service also supports people who need respite on an emergency basis. All the people who use the service live in the London Borough of Ealing. At the time of our inspection there were 4 people using the service.

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

#### Right Support

The service supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff supported them in the least restrictive way possible and in their best interest; the policies and systems in the service supported this. The service gave people care and support in a safe, clean environment that met their physical and sensory needs. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community.

#### Right Care

Staff treated people well and promoted their dignity and independence. People's communication needs were identified, and care plan's provided detailed information on their individual communication systems. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Medicines were safely managed by trained staff who administered people's medicines in line with the prescriber's instructions. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

#### Right Culture

People received good quality care and support by trained staff that could meet their needs and wishes. Staff knew and understood people well. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People and their relatives had regular opportunities to provide feedback on the service.

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 and update

The last rating for this service was good (published 21 November 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions safe, responsive and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Short Break Service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

### Is the service safe?

Good ●

The service was safe

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well led.

# Short Break Service

## 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 Health and Social Care Act 2014.

#### Inspection team

This focused inspection was carried out by 1 inspector.

#### Service and service type

Short Break Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we held about the provider. This included the last inspection report, information we had received since the last inspection, such as notifications of incidents and other contact with the provider. We sought feedback from the local authority who work with the service. The registered manager had completed a Provider Information Return (PIR) on 20 March 2023. The PIR 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 used all this information to plan our inspection.

#### During the inspection

We met 3 people who lived at the service. We also met the registered manager, the deputy manager and 3 care staff. We looked at the care records for 3 people who lived at the service. We looked at the recruitment, training, and support records of 3 members of staff. In addition, we viewed other records the provider used for managing the service which included records of meetings and quality monitoring. As part of the inspection, we looked at how medicines were stored, recorded, and administered.

After the inspection we continued to seek clarification from the provider to validate evidence found. We spoke with a further and 4 relatives to obtain feedback on their experience of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe from avoidable harm.

### Using medicines safely

- Medicines were generally managed safely. However, during the inspection we identified the temperature in medicines cabinets was not monitored and recorded to ensure medicines were always stored at the temperature recommended by the manufacturers. This meant there was a risk that medicines may not always be effective. After the inspection the provider sent us evidence to demonstrate what action they had taken to resolve this.
- Medicines administration records (MARs) we reviewed were completed accurately and were up to date.
- There was an up to date medicines policy in place and 2 staff administered medicines at all times.
- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely.

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

- There were systems in place to help manage the risk of harm to people. This included up to date policies and procedures for safeguarding and whistleblowing.
- People felt the service was safe. One relative told us, "Communication is so good we never have to worry when our relative is there."
- Staff had relevant training, they demonstrated a good understanding of how to recognise abuse and were clear on how to report concerns under safeguarding and whistleblowing procedures.
- The provider had systems for reporting and investigating suspected abuse. They knew how to raise safeguarding concerns with the local authority and CQC to help protect people from further harm.

### Assessing risk, safety monitoring and management

- There were systems in place to help manage the risk of harm to people. This included up to date policies and procedures for safeguarding and whistleblowing.
- Personal emergency and evacuation plans (PEEPS) were in place. These provided guidelines for how each person should be evacuated and the assistance which was required to help ensure people could evacuate safely in an emergency.
- Managers carried out a regular premises audit to help ensure the home was safe and any potential risks to people's health and safety were identified and addressed. This included fire equipment, gas and water systems checks.
- Staff assessed people's sensory needs and did their best to meet them.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service. Records showed appropriate checks had been completed, these included checking for any criminal background using a Disclosure and Barring Service (DBS) check. This provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other checks included obtaining references from previous employers and a full employment history.

- The provider had enough staff available to support people's needs. The service used regular agency staff and were actively recruiting to vacancies. Agency staff had a full induction and training. One agency staff member said, "We are very well supported like any team member."

- After being recruited, staff completed induction and training, so they had the required knowledge to care for people.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- 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 responding effectively to risks and signs of infection.

- 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's infection prevention and control policy was up to date.

People were able to have visitors in the service when they wanted, and visits were carried out safely and in line with best practices.



### Learning lessons when things go wrong

- There were systems for learning when things went wrong. Accidents, incidents, and complaints were recorded, investigated, and learnt from.
- The management team ensured there was a culture of learning within the service.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

# Is the service responsive?

## Our findings

Our findings - Is the service responsive? = Good

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People, and those important to them, took part in making decisions and planning their care and risk assessments.
- People received planned and personalised care and support that was individual to their needs and preferences.
- People's needs were regularly reviewed, and support was adjusted as required. Staff documented people's achievements, which meant progress towards identified goals was monitored and evaluated.
- Staff respected people's choices and wherever possible accommodated their wishes, including those relevant to protected characteristics for example due to cultural or religious preferences.

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.

- People's communication needs were identified and detailed within initial assessments. This information was used to develop their care plans.
- We observed positive interactions between staff and people. We observed staff used some key words or phrases when speaking with people, keeping sentences short and clear in line with their care plans.
- Communication assessments in care files had comprehensive details for staff and provided guidelines for staff to follow.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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 access their chosen activities and interests. Staff supported people to plan their day to day activities that could be of interest to them.
- A relative told us the communication from the home is great. Staff supported people to various activities like local canal walks, shopping trips and lunches out.

- On the day of our visit people were being supported to attend some local day service centres.

#### Improving care quality in response to complaints or concerns

- The provider had an effective complaints policy and process in place.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- A relative told us, "If I had to make a complaint I know to go to the [registered manager] and it will be dealt with, communication is great."
- Staff told us they would raise any concerns with the registered manager, and these would be addressed.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted an open and honest culture in the home. Staff told us they could raise concerns, and these would be addressed. One relative told us, "[The registered manager] goes above and beyond their role to support people."
- Staff told us they felt supported, listened to, and valued by the management team. One staff member said, "[The registered managers] door is always open. I feel very supported always."
- Staff encouraged people to be active in the community. Care plans were person centred and people were supported in a person-centred way. One relative said, "The new sensory garden and trampoline and swing is a fantastic improvement for people to use, we are looking forward to the official opening."
- The service was person centred and open. People consistently told us they were satisfied with the care provided. One relative told us, "Communication is great. The staff know [person] well." Another relative told us, "The coffee mornings are a great opportunity to meet other people, having other professionals in for example to talk to us about finances is so helpful."

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 responsibility around the duty of candour.
- They submitted notifications to CQC and informed other relevant agencies such as the local safeguarding teams when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had suitable qualifications and experience. They understood their role, responsibilities, and legal requirements.
- The registered manager understood what notifications to send CQC.
- The registered manager had action plans in place following audits. This was to ensure the service developed and made changes to improve the delivery of care.
- Staff felt supported and there was good communication within the staff team through handovers supervisions and team meetings.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they

provided care and support to the required standard.

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

- The provider involved people and staff in the service through feedback and surveys which had been sent out to get people's views.
- The last survey was carried out in January 2023. Overall, there was a positive response to questions such as, "I am treated with respect and dignity?", "I have a say in the support I receive during my stay?".
- A relative told us they were very happy with the home and staff. They had no concerns about their relative and felt fully involved in their care.
- The provider considered people's protected characteristics when providing care. For example, care plans had records about people's background including the person's culture and religious needs.
- The registered manager held coffee mornings for people using the service their family and carers. This was an opportunity to meet with others, share ideas and receive feedback. One relative said, "Communication is very good and the professionals they ask to come and talk to us are great for information." Another relative said "The summer BBQs and garden parties are a great way to meet other people."

Working in partnership with others

- Records indicated the provider worked with other professionals to maintain people's wellbeing. These included the Community Team for People with Learning Disabilities (CTPLD) which was situated within the same building with secure access between the two services, the GP and pharmacist,
- Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service. One healthcare professional told us, "The registered manager has a tremendous knowledge of both the customers and carers who use the service and it is clear that they trust her. This knowledge is shared with CTPLD (Community Team for People with Learning Disabilities) for the betterment of customers and carers alike."