

London Borough of Camden

Breakaway Short 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Breakaway Short Breaks is a care home and provides respite care for adults with learning disabilities. Some people may also have sensory or physical impairments. The London Borough of Camden provides the service. People stay for varying periods and the service also offers emergency placement, which had been needed for a few people living at the home over the last few years. Breakaway Short Breaks accommodates up to eight people in one adapted bungalow-style building. Five people were using the service at the time of the inspection.

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

Breakaway Short Breaks had improved the management of medicines because the storage and documentation related to medicines management now followed current national guidelines and the provider's policy. The provider's quality assurance system had also improved to ensure that any emerging issues could be more speedily recognised and responded to. The previous breaches of regulation in respect of this had been addressed.

Risk assessment and management plans and care plans, had improved to include suitable detail and guidance for staff to ensure they had precise information on how to provide safe and personalised care to people.

The provider had systems and policies to help ensure people were protected from the risk of abuse. The provider managed the recruitment process and carried out appropriate checks, which we verified at this inspection, to ensure people were supported by suitable staff. Staff had undergone training about safeguarding people and working with people with learning disabilities and / or autistic spectrum disorder.

People told us, and we observed, that there were positive relationships with the staff supporting them. Staff spoke encouragingly about people who had gone through difficult times and about working supportively and positively with people in making plans for their future.

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 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 autism.

This service was able to demonstrate how they were meeting the underpinning principles of Right Support, right care, right culture.

Right Support:

- Model of care and setting maximised people's choice, control and independence. Staff offered people meaningful choices about how they lived their daily life and helped participate in activities that developed people's interests, whether through educational courses and activities of interest to them.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's privacy was maintained when providing personal care and we observed staff respecting people's privacy when they wanted to spend time alone in their own room.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives. Staff and managers spoke with a great deal of positivity about what they did to recognise how life events affected people and the support provided to encourage and assist people to move forward with their lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was requires improvement (published 9 July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider seek further training and guidance on effective risk assessment and risk management planning and the service seeks further training and guidance on comprehensive care planning. At this inspection we found that risk assessments and management, as well as care planning, were much improved and safe and the provider had acted on our recommendations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led and contains the requirements and recommendations. 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 has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Breakaway Short Breaks on our website at 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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Breakaway Short Breaks

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 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

The inspection team included one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Breakaway Short Breaks is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Breakaway short breaks is a care home without nursing care. 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.

Inspection activity started on 16 February 2023 and ended on 15 March 2023. We visited the care home on 20 February and 7 March 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 also looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send to us by law. This information helps support our inspections.

During the inspection

We spoke with three people who used the service, three members of staff and the registered manager. We reviewed a range of records. This included three people's care records and four people's medication records. We also looked at a variety of records relating to the management of the service, including policies and procedures, staff rota and training and service quality assurance auditing records.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data, staff background checks and quality assurance and management oversight records.

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 requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines storage and administration and recording had improved and was now safe. The previous breach of Regulation 12 in respect of this had been addressed.
- Staff recorded medicines administration on medicines administration records (MARs). MARs were no longer hand handwritten entries describing the medicine, dosage and time required for administration but were generated by the pharmacy that provided the medicines.
- Medicines were now stored and administered safely. We looked at three of these and saw that where the pharmacy had dispensed the medicine using a monitored dosage system these were held in the dispensing pharmacy packaging. Where a medicine could not be dispensed in this way, for example medicine in liquid form, these were kept in the original manufacturers own packaging.
- When medicines were taken 'when required' (PRN), there were protocols in place that staff could follow. These protocols had been updated since our previous inspection. However, no-one currently living at the service required PRN medicines.
- The service had a medicines reconciliation system, and staff audited the number of medicines daily. This system had been updated since our previous inspection and included all medicines for each person.
- Staff recorded medicines administration on MARS with no gaps. This ensured all medicine administration for each person was logged and could be monitored.
- The service had a medicines policy. Medicines were administered by staff who had been trained and assessed as competent to administer them.

Assessing risk, safety monitoring and management

- Risks to people had been acknowledged and assessed, and risk reduction measures were recorded in people's care documentation. We noted that the description of risks did now include suitable detail of each specific risk.
- Risk assessments now included a detailed description of how staff could mitigate these risks. For example, one person's risk assessment described in detail what risks were associated with them going out without two staff supporting them and techniques to use to minimise risks from distressed behaviours.
- We noted at our previous inspection that some risk management strategies could be found in various care documentation rather than incorporated in one individual risk assessment and management plan. This meant staff would need to look for guidance and could miss important information about managing the risk. This had been rectified by the time of this inspection and risk assessments were clear and co-ordinated.

Systems and processes to safeguard people from the risk of abuse

- A person using the service told us "I asked to come here as I was finding things difficult at home. I like it here and know most people from other places I go to during the day." Another person told us that "I came here a little time ago and my social worker is looking for somewhere for me to live."
- The provider had systems and processes in place to safeguard people from abuse. Staff we spoke with were highly committed to prevention of abuse and were knowledgeable about what constituted abuse. They were also able to tell us about the action they would need to take if they thought somebody was at risk of abuse or other harm.
- No safeguarding concerns were raised in relation to the service since our previous inspection. The registered manager worked with the local authority and, where relevant, relatives to address any concerns and ensure people were safe.

Staffing and recruitment

- There were enough staff on each shift to support people. The registered manager reviewed the staffing level anytime a new person arrived. The assessment was done considering the needs of all people using the service at any given time.
- Breakaway Short Breaks managed their recruitment through the London Borough of Camden human resource department. We saw confirmation of one recently recruited staff members DBS check, other staff had worked at the home since before our previous inspection. This and other recruitment checks were vetted by the provider's human resource team which the registered manager confirmed with us.
- The service used agency staff to ensure enough staffing was on each shift. The provider ensured they had up to date information about the agency's staff experience and their training.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a process for reporting and recording any accidents and incidents. Records showed that the manager had taken appropriate actions to address accidents and incidents.
- The registered manager reviewed all accidents and incidents. Where necessary, the managers provided staff with additional training through email communication, training sessions or supervision for individual staff.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service had assessed people's needs and choices before they started using the service. People using the service are familiar with it as many have done so since it opened.
- People had a care plan which was in an easy read format. Easy read is a pictorial plan with information about care needs designed for people with a learning disability. We noted that these care plans now included information about people's personal care needs, which we had recommended at our previous inspection.
- People's care plans were person-centred and provided staff with guidance about people's physical and emotional wellbeing, communication needs, food nutritional needs and preferences and what activates people enjoyed doing.

Staff support: induction, training, skills and experience

- Staff employed at the service received an induction to the service and working with people who used it. Staff also received mandatory training, including safeguarding and autism awareness amongst other training. At our previous inspection the registered manager advised us that delivery of learning disability awareness and positive behavioural support training, and we saw evidence of this, had taken place.
- A member of staff told us "I had a really good induction. I shadowed my experienced colleagues and was given time to get to know the people living here."
- The service worked closely with external health and social care professionals and other organisations supporting people with learning disability and autism.
- Staff told us the managers provided them with ongoing support and supervision. Records showed that staff received regular supervision and regular staff team meetings took place.

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

- People were encouraged to make food and drink choices at every meal or snack they had during the day.
- Staff supported people during their meals, if they needed this, according to people's individual needs and preferences.
- People were encouraged to eat independently. Staff provided people with adapted cutlery and crockery according to their needs, to help people eat on their own.
- People's care documentation included information on their food and dietary needs, preferences and allergies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked closely with external health and social care professionals to care effectively for people.
- The service ensured they shared information about people's wellbeing and care with external services. The service participated in the multidisciplinary team meetings that included various health and social care professionals. The registered manager told us that now the effects of the COVID-19 pandemic were reducing the focus was looking more at identifying suitable alternative long-term placements for people using the service who could not return home.
- Staff supported people to access healthcare services. The registered manager told us that people using the service had not experienced notable delays in accessing healthcare input, including more specialised input if needed.

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

- The premises were appropriately adapted to meet the needs of people with learning and physical disabilities. The service was laid out across one floor of a spacious building that was well-lit and warm. There was good ventilation throughout the building. The adaptation enabled people's independence as much as possible. There was ample space for people with wheelchairs to move around and adjustable sinks and cooking amenities in the kitchen to allow people in wheelchairs to use them.
- Each area of the service was designed for specific activities, for example, games, resting, cooking or having visitors. Each person had their own room.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- All of the people using the service possessed at least some capacity to be involved in decisions about their care and treatment. The registered manager had made appropriate applications for DoLS.
- The service made decisions on behalf of people in their best interest but put time into trying to obtain people's views as far as possible. We saw examples of activity-specific mental capacity assessments and best interest decisions for people who used the service. Examples of this were people receiving the COVID-19 vaccine or booster, or not, and choices about where in future they may wish to live.
- Staff understood that although people's capacity to make decisions was sometimes limited, they tried as much as they could to involve people in decisions about day to day care and preferences.

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 requires improvement. At this inspection the rating has changed to good.

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

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

- The provider had several quality assurance processes and work had been carried out since our previous inspection to improve the capture and oversight of information. There was a range of daily, weekly, monthly and yearly checks carried out by the staff, the registered manager or appointed external professionals. These included health and safety checks, fire safety, medicines, and infection control checks.
- Staff felt supported by their managers and the provider organisation. Their comments included, "It's a really good environment to work, we really do bond as a team" and "I really do think we have a commitment to achieving the same aims."

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

- The service provided person-centred care. Staff were knowledgeable about people's needs and spoke about people in a respectful and positive way. Staff spoke about it being their role to ensure positive outcomes for people with achieving their aims.
- People's care plans, as referred to earlier, now described what personal care people needed and how staff should provide it.
- Staff felt encouraged and supported in achieving the aims of the service, of promoting people's independence, offering choice and maximising people's opportunities to develop life skills.

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 to notify the CQC, commissioners and other agencies of notifiable events at the service.
- The provider understood their obligation under the duty of candour. The registered manager said, "We are transparent with everyone, the people here, other professionals and relatives about information relating to people with the service."

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

- People were encouraged to give their feedback about the service. Some people were unable to provide their views verbally or in writing, but the service tried other ways of doing so, such as using signs or objects of reference.

- A member of staff told us "I really like the commitment we have to equality and diversity here, it makes for a place that puts people first."
- Regular staff team meetings took place. These meetings were used to discuss a range of matters about the service, the wellbeing of people who used the service, staff support and service developments.

Working in partnership with others

- The service worked closely with external health and social care professionals to ensure they provided the best care for people. A member of staff told us "Everything we do is a collective responsibility, not just us here but everyone who supports the people we care for."

Continuous learning and improving care

- The registered manager carried out a series of quality assurance audits to check on the quality and safety of the service they provided. This included checks on care records and observing staff practice.
- The service had a focus on improving care through quality monitoring, listening to people, training staff and developing the team.