

London Borough of Camden

Prince of Wales Respite (Breakaway Hotel)

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 

Overall summary

We carried out an unannounced inspection on 15 January 2015. The last inspection took place on 4 June 2014 and the service met the regulations that were inspected. The Prince of Wales Respite (Breakaway Hotel) provides respite care for adults with learning disabilities, some people may also have sensory or physical impairments and there are currently 31 people registered to use the service. People stay for varying periods of respite, usually at regular intervals arranged in advance. During their stay

at the service, people generally continue to use the council run day centre during the daytime. The service supports up to six people at any one time and each person has their own bedroom. There are bathroom facilities close by. There is a large communal lounge with a dining area.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has

Summary of findings

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 Interaction observed between the staff and people using the service was respectful and caring. Relatives we spoke with were very pleased with the support offered at the service.

Staff provided personalised care to people and there were good links and communication with the day centre that people attended. People's support and health plans were reviewed before each period of respite care to take account of any changes.

Feedback from health and social care professionals was positive. They felt, staff would always raise issues of concern, seek advice and guidance. Feedback from one health professional was complimentary of the registered manager and in particular, their knowledge of Autistic Spectrum Conditions and the needs of people using the service.

Staff spoken with knew how to report concerns and allegations of abuse and had attended safeguarding adults training. They told us they would report concerns to the senior member of staff and the Camden Council's safeguarding team. There was good awareness amongst staff regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. Staff told us that best interest decisions were made for people lacking capacity. They

explained that people were supported with communication methods to make choices for themselves about the clothes they wore and the food they wanted to eat.

The registered manager was actively liaising with the local authority lead for Deprivation of Liberty Safeguards, regarding authorisations that may need to be in place for people using the respite service who lacked capacity.

Staff were supported regularly through supervision, appraisals and team meetings. Visiting professionals attended some team meetings to share information on various topics to increase the staffs knowledge and skills. There were good links with the local authorities community learning disability service and staff often attended multi -disciplinary meetings held that related to people using the service.

The registered manager was approachable and obtained feedback from people that used the service, relatives and staff. Quality checks had taken place to identify if improvements needed to be made. These included file audits and medicines audits. A review of the complaints log had also taken place recently to ensure issues were addressed and learning shared with staff and people involved with the persons care.

People that use the service and their relatives were encouraged to give feedback about the service after each stay. We saw that feedback forms had recently been updated in a pictorial format for people who may have communication difficulties.

There are good systems in place to ensure people continue to have access to health services during their stay. People maintain contact with their own GP's and staff work closely with relatives of people using the service to ensure that people had access to health care services from professionals who they were familiar with.

Summary of findings

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. Staff knew how to report concerns or allegations of abuse.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was adequate staff on duty throughout the day and night.

There were suitable arrangements for the recording, storing and administering of medicines received from people using the respite service, in line with the medicines policy.

Good



Is the service effective?

The service was effective. Staff had access to training from visiting professionals who were experienced in supporting people with a learning disability.

People were assisted to receive on-going health care support.

People's food preferences and how individuals were supported to eat and drink were reviewed before each time they used the service.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act. They supported people to make day to day decisions using communication that was understood by them.

Good



Is the service caring?

The service was caring. Staff understood people's communication and they demonstrated patience, kindness and respect.

Staff supported people in a caring way and understood each person's needs very well.

Staff encouraged positive caring relationships amongst people using the service.

Good



Is the service responsive?

The service was responsive. People received personalised care that met their needs. Most people attended a day centre and each had a care plan for both services which demonstrated a seamless plan of support throughout their stay at the service.

Feedback from people was sought after each stay at the service. All feedback was considered and acted on promptly and complaints were followed through.

Good



Is the service well-led?

The service was well led. Relatives of people said that there was a positive and open culture. They felt able to discuss any issues that may arise with the registered manager and the staff team.

Regular audits and reviews of policies had been carried out; this ensured the quality of the service was closely monitored.

Good



Summary of findings

Staff files showed that regular team meetings, supervision and appraisal sessions had taken place. This showed staff performance was managed and there were mechanisms in place for staff to contribute to service developments.

Prince of Wales Respite (Breakaway Hotel)

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 15 January 2015 and was unannounced. The inspection was conducted by one inspector. On the day of the inspection there were three people using the service.

Before the inspection we reviewed all the information we held about the service, including all notifications the provider must send to us about significant events. During the visit we spoke with two people that use the service, two care workers, one visitor and the registered manager. We looked at a sample of three care records and three staff records, reviewed records of checks relating to the management of the service and looked at policies and procedures. We checked records of team meetings, complaints and premises maintenance. We observed the care and support offered to people that use the service during the morning and when people returned from the day centre. We also gained feedback from health and social care professionals who are involved with the service

Is the service safe?

Our findings

People that used the service said they felt safe and relatives we spoke with said they thought it was a safe service. One said, “there is always a good number of staff on duty to support people” and another said, “they understand the risks and we work together to make sure it’s as safe as possible”.

Staff had received training in safeguarding people. Staff were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One staff member said, “I would do as much as possible to protect people and always report any concerns to the manager or a senior member of staff”. Information about how to report concerns was displayed on noticeboards.

The registered manager told us all safeguarding concerns or alerts were sent straight to the local authority in the first instance and they would be guided by them as to the strategy for investigation. Staff were also aware of the whistleblowing policy and how to use it

Risk assessments had been completed for all of the people staying at the service. They included information related to the activities that people had taken part in. There was a one page profile that included a section on “How I want to be supported at Breakaway”. This was a breakdown of people’s preferences but also included how to support people safely. Risk assessments were completed with input from family and friends and were reviewed before each stay at the service. Staff we spoke with described how they ensured the risk of harm was minimised. One said, “If someone comes in with feeding difficulties, I would always consult and follow the nutrition guidelines for that person.”

Relatives of people were satisfied with the way medicines were administered and one said, “they are very thorough” Medicines were received, stored and administered according to the medicines policy at the service. Each person’s medicines were clearly marked with their name

and stored in original containers and packaging The service was in the process of obtaining a fridge for medicines that were required to be stored at lower temperatures. People brought their medicines in at the start of their stay with enough supplies to last until they returned home. If there were any discrepancies with medicines brought into the service, the person’s GP would be contacted and a new prescription requested. Medicine Administration Record (MAR) charts included information about allergies and any other considerations for taking the medicines. There was guidance about medicines that were prescribed to be taken when required. We reviewed the medicines and MAR records for the three people that were using the service, which met the requirements stated in the medicine policy and procedures. Medicines were stored in a secure place at the service.

People told us that they thought the service provided sufficient staff on each shift. One person said, “it depends how many people are staying for respite and also how much support they need”.

Staff told us there were always enough staff available to meet people’s needs. Some people needed more support during the night, therefore a waking and a sleep in support worker would be on duty. During the day only one member of staff was usually on duty until the afternoon as most people attended the day centre. Staff were available to take people to appointments if required and the rotas seen, demonstrated there were sufficient staff on duty to ensure people’s safety. The registered manager told us that staff were always flexible and accommodating with covering the shifts, this ensured continuity and contributed to the safety of people who used the service.

There was an annual fire safety check undertaken that generated an action plan. This was up to date and actions had been completed. There were also weekly fire alarm testing that had been completed.

All staff had completed fire awareness training and two staff had completed the fire marshal’s training.

Is the service effective?

Our findings

Staff had the knowledge and skills to enable them to support people effectively. Most staff members acted as champions in a specific area. For example, they were responsible for sharing information and best practice with the team and keeping up to date with developments and changes for the area they were responsible for. One member of staff was the champion for the use of Makaton, which is a language tool that uses signs and symbols to help people to communicate and another for the Mental Capacity Act.

Staff had access to training, guidance and advice from the Camden Learning Disability Service, a multi-disciplinary team experienced in the support of people with learning disabilities and complex needs. Staff had received training on dysphagia from the speech and language therapist and guidance was also available.

Most staff had been working at the service for many years and had received ongoing training after their initial induction. One staff member we spoke with had completed an NVQ 2 and was working towards the Health and Social Care Diploma level 3.

The registered manager maintained a system of appraisals and supervision. Appraisals took place annually and supervision on a three monthly basis as indicated in the provider policy. We saw records of these. Staff we spoke with told us that team meetings were held regularly and they had an opportunity to contribute by suggesting topics and items for the agenda. Minutes of the meetings were sent out to all staff. We saw a copy of the minutes for the last meeting held.

Staff said they felt well supported by the registered manager as well as other staff at the service. They told us that supervision and appraisals took place regularly and as well as team meetings, the registered manager was always available to discuss issues that arose.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act. They demonstrated that they actively supported people to make day to day decisions using communication that was understood by them. The registered manager had made contact with the local authority Deprivation of Liberty Safeguards Team, with regards to people staying at the service for short periods that may need to be assessed

for an authorisation to deprive them of their liberty. DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. There were currently no DoLS authorisations in place.

People that used the service and their relatives thought the food was good. One person said, "I enjoyed my breakfast, I had cereals" One relative we spoke with stated "before my relative attended the service they were losing weight, now their weight was healthier". Another said "they're on a special diet, I send strict instructions and they've put on a little weight, which is good".

Although there were no menus, staff discussed food choices with people at the start of the week and shopped most days to ensure food was fresh. We saw people being offered choice at breakfast and one person who used the service was supporting another with the preparation of a hot drink. The registered manager said that they were in the process of devising menus to be used in future to ensure meals were planned in advance and people have adequate time to choose.

Pre-assessment information was reviewed by staff before each stay of respite, to ensure up to date information was used to prepare individual support plans, including food preferences and how individuals were supported to eat and drink. The reviews we saw for people staying at the service, detailed personalised support for each person and had considered areas of equality and diversity, including people's race, ethnicity and religion.

Staff supported people to access health services and all appointments were recorded to ensure appointments were not missed. People maintained contact with their own GP's during their stay and staff or relatives supported people with this. Any actions and outcomes from appointments were shared during handover and recorded in people's case files. Staff work closely with relatives of people using the service around the health needs to ensure they are supported to maintain good health, access to healthcare and receive on-going healthcare support.

Each person's file contained information on people's health needs and a 'Grab Sheet' was used in emergency situations and when people needed to attend appointments. This

Is the service effective?

contained information including 'what you need to know about me in hospital. This was to ensure that health staff would be aware of how to support people, particularly around communication.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, “the staff are kind, I like it here”

Relatives and friends of people using the service felt the service was caring. One said, “They love it here, staff can’t do enough” another said, “They are always jolly and caring”. One professional told us, “people speak of the staff warmly, very warmly, say that it’s very welcoming and find the staff are understanding of their needs”. Another professional said “I have always found the staff team to be accommodating, welcoming to professionals and very open to joint working and taking suggestions and guidance from the Multi-Disciplinary Team.”

There was a warm, friendly and caring atmosphere. We saw people supporting each other by bringing each other cups of tea and helping with putting on coats to go out to the day centre.

The registered manager described how relationships had developed between people; some had become good friends after meeting during short stays and had even expressed the wish to live together outside of the service. Requests like this would be explored according to people’s wishes. Advocacy services were available for people to access and most people using the service had an allocated social worker to assist them with finding suitable placements as well as making decisions about aspects of their ongoing support.

Our inspection started early in the morning and we saw good interaction between staff and people during breakfast time and getting ready for the day centre.. People were dressed to their choice and looked well cared for. One

member of staff said “we know people very well, sometimes I use signs or gestures, and it depends on how people best communicate”. “Some people were unable to communicate and use Makaton

Support plans seen had been produced in an accessible pictorial format, which helped people understand information about the service. Staff talked about supporting people to make decisions on a day to day basis by showing them a choice of clothes to wear and showing them different types of cereal and breakfast option on offer.

Support plans also included a section called ‘About Me’, which described people’s likes, dislikes as well as what makes them happy, what makes them sad and how they wanted to be supported. This was effective in ensuring people were supported according to their preferences, as well as assisting staff to understand people’s communication needs.

Support plans clearly set out people’s preferences and included an activity plan that extended to the day centre they attended whilst they were at home and during their stay to ensure continuity.

Dignity and privacy was maintained. People were supported with personal care and other tasks and were encouraged to do as much for themselves as possible in order to maintain and increase their independence. People were assisting with clearing tables and preparing drinks during the breakfast time and when they returned from the day centre some people took themselves off to their rooms to change into something comfortable. Relatives we spoke with felt that dignity and privacy was upheld and one said, “staff always respect peoples dignity and privacy, there is no problem with this” During our visit, we saw the registered manager quickly assist a person who was inappropriately dressed to maintain their dignity. People had keys to their own rooms and were able to access them

Is the service responsive?

Our findings

The care and support people received was responsive to their needs. One visitor told us that they had been working closely with the service in order for them to provide their family member with respite care. The service had accommodated short visits around teatime or during the evening so they could try out a service and also for them to get to know each other. The visitor told us, “as parents we have been involved very much in the process of getting to know each other, I feel I can go home and relax and I feel really comfortable about the service provided here.”

The registered manager told us that they would always look at the needs of people using services in advance to ensure they could be met appropriately. Respite was often arranged for friends or people who knew each other at the same time, so that it would more enjoyable for them. Staffing numbers were also considered in order to ensure an appropriate level of staffing throughout the day and night and staff we spoke to told us they were happy to be flexible about this to ensure a responsive service.

Staff we spoke with told us there was keyworker system in place and this was to ensure people who use the service received care and support that was personalised. One person said “we take into account people’s beliefs religion and sexuality; we treat people with respect and dignity”. We saw evidence of a keyworker system in place in the files we looked at and from people we spoke with.

Support plans were reviewed before each stay of respite care and if any changes had occurred. Along with other information, this provided staff with a clear profile of people using the service and how they needed to be supported during their stay. If people were using the service for the first time a home visit would be undertaken and they would usually come to the service for several

visits in order for staff to assess people’s needs and for people to see if they liked it. If people were attending regularly, staff would telephone relatives and speak to professionals before each visit to determine if their needs had changed.

People were involved in planning their activities and they also included activities at the daycentre. This meant people that use the service knew what activities had been planned in advance and staff could also continue with appropriate activities with them when they came back to the service.

People were encouraged to maintain relationships both within and outside the service. Some people went out in the evenings with family members and friends and others who were waiting for permanent accommodation went to stay with family member for weekends. The service ensured that people had their medicines ready to take with them before they left for their stay. Some people met with friends and had a meal together at the service and staff supported people with planning and preparing meals for such occasions

People we spoke to felt confident to raise any issues with the registered manager and that their issues would be taken seriously and acted upon. One person said, “they’re like family I can talk to them about anything.” Another said, “I would have no problems talking to the registered manager about any concerns and I am confident they would act on them”. Information on how to make a complaint was displayed on notice boards and included in information packs. The complaints log showed that complaints were followed through using an action plan. Learning from complaints had been shared with staff and actions addressed appropriately through team meetings and specific meetings with staff and professionals.

Is the service well-led?

Our findings

We found the service had a positive culture. The registered manager and staff were welcoming and were able to show us around and introduce us to the people using the service. Family and friends of people felt they were kept updated of any issues that affected their relatives and staff were open and honest. One person said, “we work together with the service to make sure everything runs smoothly”, another said “there is good communication between us and we are also well supported as parents”.

There were policies and procedures in place to ensure staff had the appropriate guidance required. We saw systems in place to ensure staff received supervision and appraisals regularly.

The registered manager was very knowledgeable about the people using the service and worked closely with professionals to keep up with best practice. Staff told us that they felt well supported in their roles and that the registered manager was approachable and able to give guidance and advice appropriately. One said, “we have regular supervision and also meet as a team”.

Staff told us that incidents and issues were recorded and discussed in team meetings in order to learn and improve. This was evident from the documents we examined

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The registered manager had systems in place to ensure regular checks and audits had taken place, these included medicines, health and safety and fire safety checks. We saw evidence of these checks during the inspection. They worked closely with the cleaning contractors to ensure a high standard of cleanliness was achieved at the service.

The registered manager told us they were in the process of reviewing services provided as part of a wider local authority review. These included staffing structures and systems to ensure they were meeting the needs of people using the service and their carers.

We saw feedback forms that were completed by people using the service as well as a recently updated form for people to complete after people’s stay at the service. The registered manager told us that as a result of feedback from people that use services, their carers and staff. The updated forms had been produced in a pictorial format, to ensure it was accessible for all.

Annual monitoring visits to the service had been undertaken by the local authority and the outcomes were good. We saw the last report which stated that all standards had been met and there were no actions to complete. The registered manager worked closely with the local authority learning disability team in order to support people that use the service. The registered manager regularly attended multi-disciplinary team meetings and case reviews to provide input into the care and support for people using the service.

On the day of inspection registered manager had been attending a conference on the Care Act 2014 and were keeping abreast of the wider implications the Act may have on the service provided. They also spoke about an initiative they had been chosen to be involved with by the speech and language therapists called ‘Communication is Great’. This was a project to improve communication for people with particular difficulties.