



Inspection Report on

Breakaway Short Stay Service

Bridgend

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

14/09/2022

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About Breakaway Short Stay Service

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	6
Language of the service	Both
Previous Care Inspectorate Wales inspection	[Manual Insert]02 September 2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

BreakAway is a Local Authority short stay service, for both planned and emergency stays. The atmosphere in the home is relaxed and friendly. Care staff support people to have choice in their day and to maintain as many of their usual routines and tasks during their stay as they can. There has been a change in manager, and changes in the staff team in the home. The service is now working alongside other Local Authority sister services to provide more flexibility and a service that can tailor more closely to people's needs and circumstances.

People's personal plans note their wishes for their stay and the care and support needs they have whilst they are at the service. People's outcomes are monitored and reviewed during their current stay and prior to their return to the service. The service liaises with other health and social care professionals involved in people's care to ensure they have the most up to date knowledge about their needs and routines. Current care staff are appropriately trained and supervised. Facilities and equipment are serviced and maintained to ensure they are safe to use. The Responsible Individual (RI) has oversight of the service from quarterly monitoring visits and gathering feedback from care staff and people who use the service. Most core policies and procedures have not been updated as required.

Well-being

People are supported to have control over their day to day life whilst staying at BreakAway. They are able to ask for their preferred foods, stay in their preferred room where possible, and are supported to go out for leisure activities of their choice. Care staff also facilitate people's usual routine of day services, work or education as much as they can during the stay. People who come to stay at BreakAway in an emergency are greeted warmly, and care staff try to learn as much about their likes and dislikes as possible once they have arrived.

There are systems in place to protect people from harm or abuse. The manager considers risk of harm from incompatibility of people staying at the service. Risk assessments are included in people's files and incidents are recorded during their stay. Care staff have received safeguarding training and told us they would feel confident to report a potential safeguarding issue. There is a safeguarding policy in place for additional guidance. The environment supports wellbeing. At present the service is working at reduced capacity due to the changing staff team and staff vacancies, but all areas of the house in use are accessible, and the service has appropriate moving and handling equipment and mobility aids to assist those who need it. These are serviced, maintained and safe for use.

There is oversight of the quality of care and support being provided, and both care staff, people staying at the service, and their relatives/representatives have the opportunity to give feedback.

Care and Support

Care staff have an accurate and up to date plan for how their care should be provided to meet their needs. The current manager and deputy manager are completing a review of all files and identifying those people who have not stayed at BreakAway for a while and so may need re-referral from their care manager with an up to date assessment. Changes in need and circumstances in between people's stays are identified before they return, and a summary of a person's stay is completed at the end to make any necessary amendments to care documentation and feedback to the appropriate professional. Personal plans are person centred, contain necessary detail from a multi disciplinary team, and identify people's outcomes for their stay. Risk assessments identify any risks to individual health and safety and actions that are needed in order to minimise these risks.

People are supported to be as healthy as they can be. The service works alongside a multidisciplinary team of health professionals and care co-ordinators as part of a person's package of care. Assessments and guidance from professionals, such as dieticians, learning disability nurses and speech and language therapists, is included in people's files and care staff access training specific to the health needs of the people who regularly use the service. At the time of the last inspection, medication practices required some improvement. At present, medication is stored safely and administered as prescribed, with appropriate recording, and auditing from management. People bring just enough medication for their stay, and this is booked in and out by care staff. There is no current medication policy in the service. This is due to a delay in updating policies by the service provider.

The service promotes infection control practices, however there are no up to date infection control or COVID 19 policies in place to support and guide staff. Management consult with Public Health Wales for latest COVID guidelines and to ask specific questions. We saw the home environment was clean and tidy when we visited. Care staff complete domestic tasks as required. Temperature checks continue to be completed on entry to the house and management ask anyone with cold symptoms to test for COVID 19 before coming to the service. Face masks are being worn when in enclosed spaces or providing close contact care.

Environment

People's care and support is provided in a location and environment that promotes achievement of their personal outcomes. There is a lift, hoists and mobility aids that are serviced and maintained for safe use when required. Facilities such as gas and electric have the required safety checks. Fire equipment, alarms and emergency lighting is also tested and maintained to remain fit for purpose. Personal evacuation plans are easily accessible in case of an emergency. There are communal areas and individual bedrooms for people to access as they wish, depending on if they want to be with others or be alone. Laundry facilities are available if needed. The home is decorated with a homely feel. There is a pleasant, and safe, garden and outdoor space.

Actions are taken to reduce risk to people's health and safety. The house is secure from unauthorised visitors, and areas of the home that may contain hazardous items such as chemical cleaning products, or medication, are locked when not in use. Health and safety risk assessments and any maintenance issues are including in the responsible individual's (RI) monitoring visits and reports.

Leadership and Management

People has sufficient information about the nature of the service and what it provides. Both the statement of purpose and service user guide had been updated since the last inspection to better reflect the current service being provided and the people who are providing it. There are some changes being made to the flexibility of the service, and how it works alongside sister services, which will be reflected in further updates to these documents. Management appears to have good communication with both care managers and family members to answer any questions about BreakAway or give any further information as required.

People are supported by an appropriate number of staff who are suitably fit and trained and supported to provide the level of care and support required. There is currently a change in staff team being implemented, and whilst this is going on, the capacity at the home has been reduced. Care staff work across both BreakAway and sister services to provide a flexible and tailored service to people. Rotas are completed in line with bookings, and emergency admissions are assessed and accepted if appropriate levels of staff are available. Care staff complete mandatory and service specific training. They are supervised by a designated manager in their usual service, which can be checked by manager of BreakAway if needed. New recruits to the service have received individual and group supervision from the manager within a month of them starting.

There are arrangements in place for the effective oversight of the service. The manager audits the respite stay summaries at the end of each person's stay to identify if any referrals need to be made or care documentation changed. The Responsible Individual (RI) visits the service at least every three months and compiles a report on the quality of care being provided. This includes feedback from people staying at BreakAway at the time of their visit, their relatives and care staff. We also saw evidence of the required six monthly quality of care reports, which analyses the service and identifies its strengths and weaknesses. At the time of the last inspection, the core service policies we sampled were mostly out of date and contained inaccurate information. Currently, there is an up to date safeguarding policy and operational plan and guidance for COVID 19. However, policies such as infection control, whistleblowing, medication and health and safety remain out of date or unsuitable for the service to use. Whilst there is low impact on people using the service, staff continue to not have access to guidance when it may be needed. We have informed the service provider this now requires priority action.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
12	The service provider must ensure appropriate policies and procedures are in place, and that these are appropriate to people at the service and kept up to date.	Not Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
36	Regulation 36 (2) (d)- The service provider must ensure that any person working at the service receives core training appropriate to the work performed by them.	Achieved
36	36 (2) (c) - The service provider must ensure that any person working at the service receives appropriate supervision and appraisal	Achieved

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