



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

14/04/2023

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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	14 September 2022
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, accommodating both planned and emergency stays. Care staff follow an active support model, which encourages people staying at the service to maintain their independence and direct what they want their stay to be like. Following several changes in staff and management last year, the staff team is now stabilising and is well led by a hands-on management team. Personal plans are outcome focused, and regular reviews encompass information gathered from the person, and from relatives and external professionals involved in their care. Care staff are trained and supervised to be competent and confident in their roles. Facilities and equipment remain safe for use. There is a new designated Responsible Individual (RI) currently completing their application process with CIW. They have completed a monitoring visit and show good awareness of their role in oversight and quality assurance.

Well-being

People are encouraged and supported to have control over their day-to-day lives whilst staying at BreakAway. We spoke with some people staying at the service and they confirmed they can choose their preferred foods, mealtimes and general content of their days. Care staff also facilitate people to continue in their usual jobs, education, or day services during their stay. We observed care staff meeting people that they had not met before, and saw warm interactions and introductions, mediated by care staff they were familiar with. People were using different communication methods and technology to settle themselves into their stay and interact with the new people arriving.

People, their representatives, and care staff are all asked for their feedback on the service that is being provided. The service is adapting to people's needs to make it the most accessible it can be.

There are systems in place to protect people from harm and abuse. Risk assessments are included as part of people's service delivery plans and any incidents are recorded. Management competently reports concerns to safeguarding but needs to ensure the regulator is made aware of when these referrals are made. All care staff have received safeguarding training and there is an up-to-date policy in place for additional guidance if needed.

The environment supports people's wellbeing. The home is now running at full occupancy, and people's compatibility is considered prior to agreeing their stay. There are communal areas where care staff encourage people to congregate, interact, and share meals. Facilities and utilities are maintained and fit for purpose.

Care and Support

People can be confident that care staff are following an accurate and up to date plan of how they would prefer their care needs to be met. The manager and deputy have completed new service delivery plans and risk assessments for everyone who is currently using the service. These plans are person-centred and outcome focused and are reviewed every three months as required. They contain relevant information from the multi-disciplinary team of professionals involved in people's care. Those who do not stay at the service regularly have a pre-stay review to ensure there has been no change in their circumstances since their last stay.

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 their 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. Care staff follow a keyworker model, whereby one staff member oversees the day of one individual, and so can tailor their medication administration, or PEG feeds for example, to the day of activities they have planned. Medication is stored safely, and administration is recorded accurately. People bring medication with them for their stay and take any surplus with them at the end. A medication policy has now been agreed and will replace interim guidance issued by the provider after our last inspection.

The service promotes infection control practices. There is an infection control policy in place that has been updated since our last inspection. Care staff complete domestic tasks, and people help during their stay as much as they are able. The home environment was clean and tidy when we visited. Temperature checks are completed on entry to the property to help monitor for signs of illness.

Environment

People's care and support is provided in a location and environment that promotes achievement of their personal outcomes. We saw that the rolling schedule of servicing and maintenance of facilities and equipment such as hoists, mobility aids and the lift in the building is still ongoing, ensuring everything is fit for purpose and safe to use. Individual bedrooms are spacious and neutrally decorated. People bring in personal items for their stay. Designated bedrooms have ceiling hoists and adjoining bathroom facilities for those who require them. Laundry facilities are available if needed. The community spaces are clean, tidy, and comfortable. There is a large, accessible outside space for use in good weather.

Actions are taken to minimise risks to people's health and safety. The house is secure from unauthorised visitors. People visiting the home are signed in and out by care workers. Areas of the home that may contain items hazardous to health, such as the medication room or laundry, are locked when not in use. Care documents are stored confidentially. Maintenance requests can be made to the service provider and are responded to.

Leadership and Management

At the time of the last inspection, there was a changeover in the staff team and a review of the nature of the service and how it is provided. Since then, new staff have been recruited and the staff team has become more settled and stable. One staff member told us: *“we’ve all been learning about each other as staff and learning about the people coming in to stay”*. Care workers were positive about the management team: *“they’re brilliant”, “they listen to our suggestions, they are very supportive”*. There is one vacancy in the team for which recruitment is ongoing, but this is not affecting staffing levels at present.

People are supported by care workers who have been safely recruited, and who are suitably trained and supported in their roles. Recruitment information is gathered by the Local Authority Human Resources department, and all staff are working with a current Disclosure and Barring (DBS) check. The manager advised that the Local Authority have provided a lot of training opportunities for staff, and all staff are currently up to date with their mandatory training. External professionals have also worked with the service to train care workers in interventions specific to the people they support. For example, PEG feeds. Care workers told us they feel supported by management, and we saw that all care workers have had individual supervision sessions to discuss any personal or professional issues and their further development.

There is good oversight of the quality of care and support being provided by the service. Since the last inspection, a new person has applied to be the RI for the service. They have completed their first monitoring visit, as required. The report shows that they have analysed feedback and events in the home and identified actions for themselves or management to complete prior to the next monitoring visit. There have been improvements in the content of the policies and procedures used by the service to guide staff when necessary. The priority action notice issued at the last inspection has been fulfilled and we will look at policies and procedures again at our next full inspection.

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
N/A	No non-compliance of this type was identified at this inspection	N/A
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.	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

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