

Break Barriers (Nottingham) Ltd

Break Barriers Nottingham Ltd

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 27 July and 8 September 2017 and was announced. Break Barriers [the service] is a domiciliary care agency which supports people in their own homes living in the Nottinghamshire area.

There was a registered manager in post who was out of the country on the first day of our inspection. A registered manager is a person who has 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. In this report when we speak about both the charitable body and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection in April 2015 the service was rated Good. At this inspection we found the service remained Good overall but outstanding in being a responsive service.

People received safe and effective care from staff. Staff had a good understanding of the various types of harm and their roles and responsibilities in reporting any safeguarding concerns.

Risks to people's individual needs and their home environment had been assessed. Staff had information available about how to meet people's needs, including action required to reduce and manage known risks.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. Staff received regular training and supervision and were able to reflect on the care and support they delivered and identified further training requirements.

People received their medicines as prescribed. Staff were able to explain the process they followed when supporting people to safely take their medication. Records we checked confirmed this.

People's rights were protected under the Mental Capacity Act 2005. Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when required.

The service was outstandingly responsive and caring. People's care plans clearly reflected their individual needs and personal wishes. People and their relatives were fully involved in the development of their care plans and these were reviewed regularly. There were varied activities that respected people's cultural diversity that suited everybody's individual needs. Advocacy information was made available to people. The service encouraged feedback from all people involved with the service.

A complaints process was in place. People were able to make a complaint and felt confident that staff and

the registered manager would respond appropriately.

People were extremely complimentary of all aspects of the service provided and spoke very positively of both staff and the management team. People received care and support from kind, caring and compassionate staff, who respected their privacy and dignity at all times.

People had full confidence in the registered manager and the way the service was run. The vision and values of the staff team were person-centred and made sure people were at the heart of the service.

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.

Systems were in place for staff to identify and manage risks and respond to accidents and incidents. Risks to people were managed safely.

People received their medicines as prescribed.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

People were assisted with their care needs by staff that were trained and had suitable knowledge and skills to provide effective support.

People were assisted by staff who knew about the Mental Capacity Act 2005 and its implications for people in a care setting. Staff knew how to ensure they promoted people's freedom and protected their rights.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when needed.

Is the service caring?

Good ●

The service was exceptionally caring.

Staff were patient, compassionate and kind and relationships between staff and the people they were supporting were good.

People were always involved in decisions about their care.

People were treated with respect and their dignity maintained.

Is the service responsive?

The service was outstandingly responsive.

There was appropriate information available to staff about people's care needs.

There were varied activities that respected people's cultural diversity that suited everybody's individual needs.

People were asked for feedback about the service they received.

People had access to a complaints procedure and complaints were recorded and responded to appropriately

Outstanding 

Is the service well-led?

The service was extremely well-led.

People, their relatives, health professionals and staff were confident in the management of the service. People were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

There were systems in place to monitor and improve the quality of the service provided.

Outstanding 

Break Barriers Nottingham Ltd

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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The inspection was carried out on 27 July and 8 September 2017 and was announced because the location provides a domiciliary care service and we needed to be sure that someone would be in.. The inspection team consisted of an inspector and an inspection manager.

Local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and health and social care professionals involved with the service were contacted to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with three people who used the service, five relatives, three members of care staff, two managers and the registered manager. We looked at the care plans of five people who used the service and any associated daily records such as the daily log and medicine administration records (MAR). We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People told us the service they received was safe. A person told us, "I couldn't feel any safer, they're [staff] lovely." One relative said, "There was no risk to [relatives]", when they were receiving support. A professional involved with the service told us, "They [the service] have always responded appropriately to any issues including safeguarding concerns raised."

Staff confidently were able to describe the various types of harm people could experience and would report these to the registered manager, local authority or CQC. All staff had completed the appropriate training and information. Posters were visible in the office on how to report safeguarding concerns.

People were kept safe because risks associated with their support needs, lifestyle choices as well as those relating to the environment had been identified and action had been taken to minimise and reduce those risks. The staff we spoke with were familiar with people's needs and knew how to manage the associated risks and records viewed confirmed risk assessments were in place. Where risks had been identified, plans were developed to help ensure staff knew how to support people safely. For example, risks with moving and handling, skin integrity and risk associated with people's health and medical conditions.

Records also confirmed the service had supported people and their relatives liaise with health and social care professionals such as occupational therapists, social workers and GPs around supporting people manage known risks when at home and when out in the community. Some examples included supporting a person access their healthcare appointments and another included supporting a person collect their medicines from the pharmacist.

Although the service was not responsible for people's premises and equipment, senior staff carried out risk assessments and checks to ensure the physical environment was safe.

We saw documentation relating to accidents and incidents was logged on a computer system. We reviewed records and the computer system was being used effectively to analyse incidents to identify patterns and check what actions were recorded to minimise the risk and re-occurrence. This included what action was taken following an incident including the reviewing of risk assessments and care plans.

People told us their medicines were managed safely. People received their medicines from care staff who had received specific training and supervision to carry out the task. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people. We found that there were reliable arrangements for ordering, administering and disposing of medicines. Staff correctly followed written guidance to make sure that people were given the right medicines at the right times.

People and relatives told us there were sufficient staff available and staff stayed for the duration of their calls and if required would stay on longer until a family member arrived. We reviewed the staff rotas that showed there were sufficient staff to cover all calls. People told us they were always informed if a staff member was running late. We were told this happened very rarely.

We checked the recruitment files of four staff members. Safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

Is the service effective?

Our findings

People received effective care from staff that achieved positive outcomes. A person told us, "I would recommend them [the service] without hesitation." A relative said, "They [staff] do make helpful suggestions which I can put to the GP." A family member told us, "People [staff] are of a high calibre". Another relative said, "I'm impressed by the people who are doing the job".

For people with complex needs a professional told us, "Break Barriers have managed a few people who I have struggled to find appropriate services for, either due to their behaviour or demands on their services. Break Barriers have always taken on these challenges and provided effective care to people, meeting their needs in a positive way."

Every staff member we spoke with said their induction was good and prepared them for their role. Their induction included completing the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

The registered manager told us inductions involved staff shadowing co-workers to build trust and understanding of people's needs and preferences. We were told that people and their family members took part in new staff inductions within their own home by informing new staff how they prefer to be supported. One manager said, "We always call ahead and ask clients if we can introduce a new worker to them and one of the manager's will always go with new workers on their initial visit." Another member of staff confirmed this and said during their induction they were, "Always introduced to clients on their initial visits."

A manager told us some people required specialised support to maintain and manage their health conditions at home. The service arranged with people and specialist nurses from the hospital, training in tracheotomy care and specialist massage to reduce risk of infection. Another example included staff receiving training from the local hospital in how to administer insulin to a person when they were out in the community. This showed us staff knew how to support people who lived with particular medical conditions.

Records confirmed that staff had attended relevant training for their roles and were booked on updates as required. At the time of inspection all training was up to date. The office management showed us a training plan that confirmed this training had been arranged and was regularly reviewed. Some of the training completed included, moving and handling, diversity and equality, dementia awareness, Mental Capacity Act (MCA) and safeguarding adults. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

Staff had received opportunities to meet on a one to one basis with their line manager to review their work, training and development needs. These are referred to as supervision or appraisal meetings. Records checked confirmed supervision was taking place regularly.

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.

We checked whether the service was working within the principles of the MCA and assessments were being completed when necessary, and best interest decisions had been recorded for areas such as medication changes, personal care and nutrition. Records showed that where appropriate, people's relatives were involved in these decisions. Staff we spoke with had a good understanding of the MCA.

People's support needs in relation to preparing food and eating and drinking was documented in their care plans and daily logs. People and their relatives spoke positively about the support they or their family member received in these areas. People and their relatives explained how staff respected people's religious and cultural needs when it came to meals whether at home or if out in the community. We were told that where people expressed a preference about not eating certain foods due to their religious and cultural needs this was always respected. Various examples were shared by staff about how people were supported to shop for their meat and groceries at their local Asian and Caribbean shops. This enabled people to remain in control of their lifestyle and preferences by having support that respected people's diverse cultures.

Another person shared with us that their faith meant they followed a strict diet, He told us they [family] were, "Pure vegetarians, no milk, no eggs and no garlic." He went on to say, "The staff were fully aware [of dietary needs] and always respected these from the start."

People were supported to maintain good health. People and their relatives told us that staff supported them to access healthcare services when required. A health professional confirmed this and told us, "I have had the pleasure to work closely with Break Barriers Care Agency on numerous occasions over the past 18 months and I have witnessed them providing excellent care for patients with terminal neurological conditions, and supporting them to end of life." They went on to share, "I believe the care agency has been integral in keeping many of these vulnerable patients at home (their preferred place of care and death) and supporting them to have some quality of life in their last few months."

Documentation within people's care records provided evidence of the input of district nurses, dentists and GPs. When these professionals had provided recommendations or advice this had been implemented.

Is the service caring?

Our findings

People we spoke with told us they were very happy with the care they received from the service and that they had positive relationships with staff. A relative told us the service had been, "Wonderful, wonderful wonderful!" [in supporting his relative] and went on to say, "The staff are very very friendly...even the boss and they take care of my wife really nicely." Another relative said, "They [staff] care about [family member]. They don't rush in and dispense the pills and rush out again. I think that's really important."

If someone was interested in using the service the registered manager visited them personally to carry out an initial assessment to make sure they could meet the person's needs. Talking of the importance of managing new clients', the registered manager told us, "Following the assessment we have a chat [within the senior team] and decide if we can cater for them." If they can management would introduce staff that were best matched with people. If this was not possible they would look to recruit the right person. Throughout the selection process we were informed that, 'Customers' would be take part in the selection process when choosing the new worker.

We reviewed people's care plans and saw that they were well-organised and provided staff with detailed information on how to respond to each person's individual needs and preferences. For example, one person who used the homecare service had specified that they wished staff to pick up their medicines and dressings from the pharmacy, in addition to their daily care calls.

We were told people were supported with their celebrations and through more difficult times of bereavement. One person's husband had died and the service supported them through her bereavement process. The registered manager dedicated her time to take this person out into town for a meal and to meet her elderly friends for tea. All this was done in order to support this person through her loss. This showed us the service was caring and compassionate.

We were told staff supported people to their hospital appointments. Staff would always ask people if they want them to be there during their examination/consultation or not. This showed the service were sensitive and respectful when supporting people attend health appointments.

The registered manager told us, "If I take on new client I do the first few calls myself [and] build up [the] care plan. I don't send any carer to a new client without [them] being introduced [by me]. I think that's really important." Senior staff reviewed each person's plan on a regular basis to make sure it remained up to date. In addition, senior staff organised regular 'care review' meetings in consultation with people and their relatives, if they wished this level of involvement. Talking positively of the provider's approach to reviewing their care plan, one person who used the service said, "My [family member] always attends my [care review] meetings."

We were told that on occasions one relative struggled to cope with their partner's illness and had sometimes sought support from carers. When this happened the carer would stay on a bit longer to comfort and reassure the relative. The carer would call the office to advise they will be running a little late for their

remaining calls. The office would advise clients and offer alternative cover if they wished, but most were happy to wait for their regular carer.

For one person the service had arranged to organise a surprise celebration for a significant birthday. The family were happy for the service to organise this. The registered manager also informed all the staff that work with this person and reorganised the staff rotas so that all could be there on the day of the surprise birthday. The service worked alongside family members to extend invitations to neighbours and close friends. However not everyone could easily access public transport to and from the celebration. The service used their accessible vehicles to pick up and drop off this person's elderly friends who would not have made it otherwise. The person shared, "That this was the best day of her life." This showed us flexibility, innovation and a caring service achieved an extremely positive experience for this person.

People, their relatives and health professionals were consistently telling us that the registered manager and her staff were exceptional in enabling people to remain independent and have an in-depth appreciation of people's individual needs around privacy and dignity. People told us they valued their relationships with the staff team and felt that they often go 'the extra mile' for them, when providing care and support.

Staff told us they enjoyed working at the service. One member of staff said, "I love my job." Another said, "It's not just a job, it's a way of life." A third member of staff said, "I look forward to going into work." This was evidenced by people telling us they were very satisfied with the support they get. A relative said, "The staff are lovely... and so caring."

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Without exception people and their relatives consistently told us they valued their relationships with the staff team and felt that they often go 'above and beyond' what was required. This was equally evident from how people spoke of the management team. We were told that the management which included the registered manager would regularly deliver care calls that gave them the opportunity to have a 'catch up' with people' when providing care and support. This meant a great deal to people and we were told it showed the management really cared about getting things right. This showed the registered manager led by example and delivered kind and compassionate care.

Staff completed equality diversity and human rights training as part of their mandatory training programme. We noted that care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. One relative told us the staff were, "Very respectful," of his wife's faith and every morning after personal care they would support her to a prayer room but would not go in. Staff would help remove her shoes and then put them back on when she is finished. In addition, the staff were aware of how to support people who had English as their second language, including being able to make use of translator services.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Records showed that when people had been first introduced to the service they were asked how they would like staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people's wishes while

ensuring that people were safe and secure in their homes. In some instances this entailed care staff knowing how to obtain the keys to people's homes if they preferred not to answer their door bell. In addition, there were arrangements for care staff to follow if they were not able to obtain access to someone's home. If necessary this included contacting the emergency services so that help could be provided if a person needed assistance and could not open their front door.

We noted that written records which contained private information were stored securely in the office. Information held on the computer systems were password protected which could only be accessed by authorised staff.

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. One relative shared that, "Staff were always responsive." This relative confirmed her relatives had been using the service for nearly four years. The relative went on to say "[The registered manager] regularly reviews their [care] plans and always involves me." A health professional told us the service was responsive to changes to people's needs. She told us "This works well for some of our more complex patients, whose needs do not fit into the usual four care calls a day package. They can always increase care calls and provide double up visits, even with very short notice; meeting the needs of deteriorating patients and meeting the health and safety guidance when putting in equipment requiring two carers. This exemplifies safety and responsiveness as being core to their care provision."

A professional told us, "Break Barriers managers and staff have always responded to situations when I have needed them to, they listen and work flexibly with clients to ensure their service is very personalised and person centred planning is at the heart of their approach. They have contacted me to ask if they can use hours differently than set out in order to meet individual's needs."

We reviewed people's care plans and they were written in a person-centred way and discussions had taken place with people and relatives to gain an insight into people's life histories, care preferences, food preferences, likes and dislikes. Care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. The records when changed were quickly updated using the computer system. We reviewed people's daily summary notes that staff completed. These were meaningful and confirmed people received the assistance needed as described in their care plans.

One client loved spending time with his 14 year old daughter. The service were able to fulfil this client's wish which was to take his daughter to Anfield; the home of Liverpool football club. The service was able to support this person by providing the right support and access to one of their accessible vehicles for a memorable weekend in Liverpool.

There were team leaders that led and co-ordinated a staff team which supported individual clients. Each team leader was the main point of contact for up to four clients. We were told these team leaders would liaise with clients and relatives, schedule rotas, review and carry out checks on paperwork as well as deliver care. When we asked people about this, one person said they were, "Always aware of who [which staff] was coming [to support them]." This view was repeated by everyone we spoke with.

One person needed to apply for a bus pass and English was not their first language. The service successfully supported this person with their regular carer to town using their vehicle and the person got their bus pass.

The service had set up training for people to take part in the recruitment of new staff. When we asked people about this one person said, "It's good to choose who you want." People told us they were always supported by the same people. On occasions this would change but people were always informed in advance. The registered manager explained that this was something central to the service being responsive and person

centred.

Another example was when one client would get tearful and easily distressed. The staff member discussed various options with the person that could calm and relax them. After further discussion with the person a relaxing spa break was planned with a worker of their choice. When the person returned [from the spa break] they felt much better and valued the support from a worker they trusted and knew well.

Another person had a mobility vehicle which enabled them to get out and about in the community. However this person was unable to drive so needed to have staff member who was able to drive. This person preferred to go out on agreed days and they always knew who would be coming to take them out as rotas were always provided to all clients in advance.

One person lived with their family who were also the main carers for this person. The family informed the service of two family weddings that were taking place. The rota was planned to support the relatives on the days of these events. This enabled the whole family to enjoy the happy occasion of a loved ones wedding. After the event the worker informed the service that though their culture was different from his, he made sure '[name of person]' felt fully able to participate throughout including the dances.

A carer told us, "[Name of person] of Caribbean origin is very particular with her meals, how it is prepared, garnished and served. Hence the staff that support her are usually of her cultural background and support her with shopping and meal preparation." This person was very particular where she shopped and had been buying groceries from a select few shops for many years. The service provided transport and staff so that, "[Name of person] gets to her favourite cultural shops every Thursday." On occasions when this person felt poorly and would not be able to go shopping she entrusted staff to do this and to cook a meal for her.

An honest and responsive approach that promoted people's skills and independence was when a carer shared that they did not know how to make one person's cornmeal [dry milled corn] dumplings. The carer said they, "Would laugh with [person's name] and ask her to come sit in the kitchen with her and ask [person's name] to tell her how to do it and they would do it together." The carer shared that she, "Has learned to cook many meals she never would have, if it wasn't for [person's name] help and guidance."

One manager told us that, "After taking on a person's care package, a couple of weeks later [person's name] mobility going up the stairs was deteriorating and her [partner] informed us that [the partner] was also struggling to support her up the stairs. We quickly asked [name of] the neuro nurse for a review and this was done. The person eventually got a stair lift and hospital bed which has improved [name of person's] mobility around their home."

We were told one person loved growing vegetables and flowers in their back garden. This person was supported with not only going shopping for garden items, but also with planting, watering the plants and caring for the plants. Even though gardening was not part of the support the service offered this enabled the person to feel proud of their garden and feel positive about being able to carry on with their hobbies.

One person valued her religious beliefs and she would, "Go to church in rain or shine." This person's staff team comprised of carers that shared similar religious beliefs and were aware that on Saturday she would not want any washing or cooking of big meals, as it was part of her religious belief. This person had a preferred name that carers used which acknowledged her faith and it was the way church members addressed in her church. This person would normally use the service's transport to attend church, but on one occasion the person was informed in advance that transport would not be available. An alternative taxi was arranged with a carer to and from church to the relief of both the person and relatives.

We were told by one of the manager's that they made sure people's social activities were respected. Such as late weekend night outs within the city and even outside Nottingham. One staff member told us they, "[Person's name] go out clubbing by providing [them] with transport. Sometimes [their] late night out last up to 1am and a PA [personal assistant] driver is always on stand by to pick [up person] from where [they] were dropped off." We were also informed that people had also used this transport service to and from airports when travelling abroad.

People and their relatives had access to information about how to make a complaint. People using the service told us they had never needed to make a complaint and one person said, "If I had any concerns I would speak to [registered manager]." A relative told us, "I have no concerns about the service." Other relatives told us they had made comments about the service and these have all been handled professionally and dealt with quickly. There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain clearly how they would respond to any complaints raised directly with them.

There had been one complaint over the previous 12 months. This had been responded to effectively using the provider's policies and procedures. The complaint was unsubstantiated and a letter of apology was received from the relative.

Is the service well-led?

Our findings

A professional told us, "Break Barriers is certainly one of the best agencies I have worked with, and although the skills of each carer varies, I feel the general standard of care is excellent. I am always happy to hear that they are supporting my patients. I would use them for myself or my relatives if we ever required home care." This was further supported by a social care professional who told us, "[The registered manager's name] the manager at Break Barriers has a very positive attitude, she is responsive and always communicative when working with her. The management team are clearly very enthusiastic and committed to providing the best service they can for the people they work with." Another person said, "It's wonderful you see the boss come in and doing care... you don't see the boss [registered manager from other agencies] do this... I appreciate this very much... very much...my hats off to her."

We saw that regular audits were being carried by the management team. Audits were currently completed by each manager and this then shared with the registered manager. The provider had an effective system to regularly assess and monitor the quality of service that people received. Some examples of the audits completed were health and safety, medicines and staff training. Any issues were highlighted and actioned appropriately using the computer management system. Information from this system was instantly available to the registered manager. This enabled the provider to share learning and trends to their staff team to continue to support people achieve positive outcomes in their daily lives.

To increase mobility of staff so they can get to people as easily as possible a manager told us, "The service offered driving lessons for staff development and to enable them [carers] to get from point A to B quicker and easier when supporting customers." This showed us staff were valued and offered additional up skilling in addition to standard training required for their roles.

Staff were very complimentary of the management and valued that they all worked as team. One worker said, "They [management] will book us a taxi if we have an early start or are finishing late." Another worker said, "Even [the registered manager] will come out early morning to pick us up or drop us home. Not many bosses do that." Staff confirmed when they were picked up or dropped off they did not have to pay for this. People and staff confirmed the registered manager and her management team were always available to cover if required. The registered manager confirmed this and said, "I still go out on early calls and deliver care...I don't want to forget what it feels like to be out when it's cold and dark."

An email from a staff member stated, 'Bb [service] is a brilliant company to work for, The staff are fantastic and work as a team. Management's the best ever I worked for they really care for the staff and look out for us all, you could not find a better company to work for, They are unique in that they appreciate, support and respect their employees. I have been working at Bb for over 5 months and have been working in care for over 6 years. I worked for another Home Care agency but left there to come to Bb, It was the best move I did, I get regular clients in my area and have built a great relationship with all of them. I get all the support I need from the office and I get on with all the team. Bb is a great place to work.'

On the first day of our inspection the registered manager was out of the country and she spoke with us by

telephone. She told us she felt, "Confident in her management team to support us with everything we needed." The management team were able to efficiently and professionally provide all the evidence we required to support our inspection process.

People and relatives we spoke with told us the service was well led. One person said, "The staff are lovely." Several relatives remarked how friendly the registered manager and her management team were and that they valued seeing them regularly delivering care. People told us if there were any concerns or changes needed these were quickly dealt with by the office.

People and relatives were provided with opportunities to tell the provider their views about their experience of the service. This included completing surveys, feedback over the phone, feedback at reviews and thank you cards from relatives. One person confirmed this and said, "They receive a feedback form every month, but prefer to talk direct to the office [to give feedback]" People told us they felt the service fully supported them feel part of the local community and could access services if they wanted. The service had a transport service that people could also access. This enabled people to maintain strong links with the local community by accessing activities and services locally.

The service ran an annual fun day where local people, people using the service, relatives, staff, external professionals and commissioners came together to celebrate with food, music and dance. We were informed it was, "Not always easy getting people to come out", however making sure everyone's transport needs and support needs were met made the event a great success. There was a mix of people involved in helping to organise the day which included people who used the service, their families and staff from the service. This showed us that the service promoted community partnership and engagement by including people that are central to their service.

The management organised a successful Christmas party in December 2017 for everyone using the service, their relatives/friends and all staff. We were told logistically it was a challenge. The registered manager shared that the event allowed people to meet some new faces, enjoy a meal out eat and a dance. This event achieved positive experiences for people, relatives and staff. A professional who also attended said, "She had tears in her eyes to see the atmosphere in the room as service users were giving out their feedback on how Break Barriers has supported them to break limitations in their lives."

The service told us they offered additional joined up support that did not come under our regulations such as provision of accessible transport. A person said, "Since I started using break Barriers I do not need to book or get on taxis where I meet strange drivers all the time." The registered manager explained the service has been planned to meet the needs of the people in their home and when out in the community. People and their relatives told us about the positive impact the transport provision had on people and how this complimented the overall service. This enabled people to maintain friendships and links with their social networks which reduced isolation and promoted wellbeing.

One person's relative went in to hospital for knee surgery. This relative was also the main carer. The management had delivered flowers to the relative whilst in hospital. The emotional health and well being of this relative was very important to the person receiving support. By understanding this the service made sure they supported the well being of the person receiving support too.

The registered manager told us, "Even though some of the additional services we provide are not regulated, it adds quality of life and gets our customers out of their four walls to something that impacts on them in an [positive] emotional way." Other examples of activities people were able to access in the community access to recreational and leisure facilities for swimming, shopping, clubbing, bowling, weekends away to the

seaside / lake district with provision of own break barriers transport. One person said, "I prefer Break Barriers transport because I know the drivers and have developed a relationship on trust, unlike having a strange taxi driver that I am meeting for the first time."

There were regular staff meetings that took place but due to the nature of the support staff which gave staff and management the opportunity to discuss and share progress about the service. This supported the service to make sure people were supported effectively. Staff told us their suggestions or ideas would always be listened to by the registered manager and her management team. One staff member who was a retired social care professional had worked for various services over the years and said, "Break Barriers is by far the best agency I have worked for." This feeling was supported by all the staff we spoke with. The service showed it has innovative ways of communicating with staff. When the registered manager was abroad she created a secure social media network that enabled staff to contact her.

The service also recognised and rewarded individual staff and teams that made a difference. The registered manager would send individual staff thank you text messages or cards, as well as giving staff positive feedback during supervision. Staff also shared that the registered manager would send flowers, book hair dresser appointments and spa treatments for staff by way of a thank you for their effort.

The service used innovative secure social media tools to keep in touch with staff when out supporting people. These tools enabled staff and management to keep one another updated about their work. Even when the registered manager was out on the country on leave she was able to access these systems quickly and efficiently.

We saw that all conditions of registration with the CQC were being met. Incidents had been dealt with appropriately and reported to the correct authorities when needed. Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents.

The service was a valued member of a professional provider network co-ordinated by the local county council. The service had benefitted from the workshops and training organised by the network. Recently the management of the service were able to share their practise and learning around person centred care with other providers. The service worked in partnership with other providers to identify the most efficient and cost effective way of maintaining and developing services in the sector. This showed us the service happily shared their best practise with other service providers.

The registered manager followed current best practice and provided a high quality service. The management team consistently demonstrated throughout our inspection that people and the staff supporting them were central to a well led service.

Interactions observed in the office between care staff that popped in and management was friendly and supportive. When telephone calls came in we saw these were responded to in a calm, professional and efficient manner. Everyone we spoke with confirmed the service was exceptionally well led because the management valued everyone's contribution into making sure people received the best service possible.