

Break Barriers (Nottingham) Ltd

New Brook House

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 undertook an announced inspection of the Break Barriers service based at New Brook House on 9 December 2014. We told the provider two days before our visit that we would be coming.

This was the first inspection of this service.

Break Barriers (Nottingham) Ltd is registered to provide personal care from New Brook House to people in their own homes. This is a small service and was providing care to 14 people when we carried out this inspection.

There was a registered manager at the service. 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.

People were kept safe and free from harm. The manager supplemented the staff team by carrying out some of the

Summary of findings

care and support herself, so that people's needs were always met and a flexible service was provided. There were systems in place to ensure support was provided on time.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs and provided a personalised service. Care plans were in place, which

detailed how people wished to be supported and people were involved in making decisions about their care. People received a caring and appropriate service that met their needs.

Staff supported people to access the community and attend healthcare appointments. The service was able to respond to people's individual preferences which enhanced people's quality of life.

The manager led by example and was arranging further support to assist with managing the service.

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

People were protected from harm as staff understood what action they needed to take to keep people safe. All risks to people were assessed so that action was taken to reduce any risk of harm.

People's needs were met safely by the numbers of staff available and recruitment for new care staff was on going. Staff were employed in teams to meet the needs of specific people.

People had safe support from staff when needed with their medicines.

Good



Is the service effective?

The service was effective.

People's diverse and specific needs were met by appropriate staff training. New staff worked with the manager or other experienced staff to increase their knowledge and awareness.

People made their own decisions about their care and staff always consulted them about all aspects of the support they needed.

People also received appropriate support with meeting their health care needs and staff gave support as requested and needed with eating and drinking.

Good



Is the service caring?

The service was caring.

People valued having positive caring relationships with the staff.

People were at the centre of planning the care and support they needed and staff always consulted them about all aspects of the support they were providing.

Privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People received care that was personalised just for them and met their individual needs.

People were encouraged to make a complaint if they needed to and could do this in person, by telephone or in writing. The manager followed a clear process to ensure people were satisfied with the action taken.

Good



Is the service well-led?

The service was well led.

There was a registered manager, who led by example and had systems in place to support, supervise and manage the staff.

Systems were in place to assess and monitor the quality of the service provided.

Good



New Brook House

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 9 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be available.

The inspection was undertaken by one inspector who visited two people using the service in their own homes by arrangement and spoke with two others by telephone. The inspection also involved speaking to staff and a review of records. We also spoke with a representative of the local authority and two relatives of people that used the service.

We reviewed some records in people's own homes and others held at the agency's office. These included a sample of three people's care records, information from staff training records and the outcomes of complaints and a survey.

Is the service safe?

Our findings

People we spoke with told us they felt safe when they were being cared for by staff from the service. One person told us, “I feel safe and better when they’re here.” Another said, “I always feel safe and have no issues around that.”

Staff told us they had received training in safeguarding vulnerable adults during their first two weeks and were shown how to use all equipment to make sure they were competent in using it safely. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knew how to recognise signs of potential abuse and understood the relevant reporting procedures. The CQC had received no safeguarding concerns since the agency started operating in August 2013. There was information in people’s folders in their homes about keeping safe and who to contact if they had any concerns about their safety.

One person said, “I feel safe with all my staff because I make sure they know what they’re doing with using the hoist before they start.” Assessments were undertaken to assess any risks to individual people using the service and to the staff supporting them. We saw examples of completed risk management forms that included environmental risks and any risks due to the health and support needs of the person concerned. There was clear information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed and this included the use of a hoist. The information given showed that risks were identified and managed to keep people safe.

There were sufficient numbers of staff available to ensure people’s needs were met safely. The number of staff employed was determined by the number of people using the service and their needs. We saw that staff were employed in teams to meet the needs of specific people and the number of staff supporting a person could be

increased if required. The registered manager explained that she recruited staff that were living in the same geographical area to provide care to specific people. If staff were needed to work in a different area transport was provided to ensure they could arrive and meet people’s needs at the time required. The manager encouraged people to contact her if any staff were more than 10 minutes late. People told us staff usually arrived at exactly the right times. One person said that had not always been the case, but when they reported one person for being late, the manager took immediate action and the person was no longer on the team. The manager was regularly included in the staffing rota and provided cover when any other staff were not available. People told us that they received a phone call from the manager if their usual person was not available and they knew who to expect in their place. This meant staff were always provided to meet people’s needs safely.

People were protected against the risk of receiving support from staff who were unsuitable for their role. Staff confirmed they had been through a robust recruitment process that made sure they were suitable for the work. One person using the service told us they had been involved in short listing and interviewing potential staff. We looked at the way checks were undertaken and found there was a clear procedure, so that no new staff could start unless they had appropriate references and been through satisfactory checks. The manager was adding health declarations to this process to ensure people were supported by staff who were sufficiently physically fit to meet their needs.

One person told us staff always reminded them to take their medicines and another person told us staff always passed them the correct medicines that were prescribed for them. Appropriate training was given to staff in handling medicines. The care plans were clear about what assistance people needed with their medicines and there were medicine administration record (MAR) sheets for staff to record whether the medicines were taken. These systems gave assurance that medicines were handled and administered safely.

Is the service effective?

Our findings

People received a very effective service. One person said, “I have regular care and specialist transport from workers that know what they’re doing. I’ve tried others, but this is the best service I’ve ever had.” Another person said, “I need a lot of support and they are all trained to meet my specific needs, because the manager shows them what to do.” One relative said, “It’s a very good service, because they know how to support my [relative].”

People’s needs were met effectively, because staff received appropriate training. Staff confirmed they had extensive training and were observed by the manager to make sure they were competent. They said their induction included working with the manager or other staff for at least the first two weeks. New staff were added to the overall training plan, which identified when refresher training was needed. Some was planned for the following few weeks. We saw there were records of training given to all staff showing they were trained in all the appropriate topics to meet people’s needs. Staff were also encouraged to undertake further vocational training and some had achieved advanced levels.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. The majority of people using this service had full mental capacity and staff were aware of the principle of offering choices at all times. People funded the service themselves, either privately or with direct payments from the local authority and they had made their own choice to use Break Barriers. We saw copies of Customer Service Agreements on the care files and people had

signed these to consent to the care provided. People told us staff asked them before they did anything. One relative said, “They do things the way my [relative] wants. They always ask first.”

We checked arrangements in relation to protecting people from the risks associated with eating and drinking. One person told us, “They always ask me what I want to eat and they cook what I ask.” Two people told us that staff differed in their cooking abilities and they knew which staff would be able to cook certain things. When they knew which staff to expect they could plan the meals to have during the week. They were happy to have a mixture of microwaved meals and some that involved more preparation and cooking. We observed a lunchtime visit to a person who used the service and saw that the person chose what to eat and the staff member completed all the agreed tasks, including washing dishes and tidying the kitchen after use. Staff confirmed that before they left their visit they always ensured that, if people were left alone, they had access to the food and drink they may need.

We saw records of the care given and of contacts with various health professionals. One person told us, “It’s up to me when I want to see a doctor, but I can talk to any of my team about it.” Another said, “They are very good at arranging transport for appointments. They helped me get to the dentist for treatment.” A relative told us, “They soon contact a doctor when [person’s name] is not feeling well. And then they let me know too.” Staff were also trained in first aid. They told us they felt it was important to monitor people’s health. They talked to people about their health, recorded any changes in the care notes and reported concerns to the manager or directly to the person’s doctor’s surgery if it was urgent. This ensured people’s changing health needs were effectively met.

Is the service caring?

Our findings

People described staff as, “Very kind and helpful” and “Caring without a doubt.” Two people said it was important that they were matched with their staff. When a new member of staff started, they were always introduced by the manager. People told us that if they did not get on with any of the staff they told the manager and the staff were changed. One person said, “I have to have staff that I can have a positive working relationship with. I soon know if they really care or not.”

A relative of a person who used the service commented, “They [manager and staff] provide the kind of care where nothing is too much for them”. Two people and one relative told us that the service really does “break barriers.” One person said, “They have made a big difference to my life, because I know they will be here. They care what I do and I can plan my life better.” One relative said, “Up to now they have all have been very caring. And they treat my [relative] as an individual.”

People told us they were involved in developing their own care and support plans and had discussions with the manager about the staff that would provide the support. One person told us, “They ask me what I need them to do and then get on with it. I have to book transport in advance if I want to go out somewhere and I know which staff are suitable for going out to different places.” Staff told us, “I ask people what they want me to do and what support they need. If they’re happy, I’m happy.”

There was information available about advocacy service in the information pack that each person had, but no one we spoke with felt they needed anyone else to speak on their behalf. One person said their relative would always make sure their rights were respected.

Staff were respectful and maintained people’s dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falling. One person told us, “They are all very respectful in the way they help me, but sometimes they forget to ring my doorbell before they walk in. I can’t get to the door and they use the key safe, but I like them to ring the bell as well.” A relative of another person also told us some staff needed a reminder to use the doorbell, but they felt all the staff were very respectful and careful to maintain a person’s dignity in all other ways. We saw a member of staff respectfully ask a person how they wanted their clean clothes prepared for them. Another person told us, “They look after my things and keep them tidy, so I know where everything is.”

One person felt their team of staff got it right for them and said, “They don’t care for me, they support me to look after myself. I feel they respect me and what I can do - they value me.” Staff were promoting independence in a respectful and caring manner.

Is the service responsive?

Our findings

Three people told us they received care that was personalised just for them and met their individual needs. The manager explained that she met with people and consulted their family and social worker about their needs. Once the assessments were complete and the care plan was drafted it was sent to people to review, make changes or edit to reflect their exact personal choices. After the plan was agreed, people could, and did, contact the manager at any time by voice phone, text or email to make further changes or to request changes in the timing of their support. The majority of requests could be facilitated quite quickly, but the manager was not always able to respond to the precise request. Some negotiation was needed and one person told us that some of the timing had not always been as they originally requested, but they were happy with the final plan. One relative had been warned that a regular visit to their relative may not be possible on one date, but they had been given four weeks' notice, so they could make alternative arrangements for support for their relative.

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, as they read the information in the care plans as well as talking to people. We saw that staff made written records of events and support given and they ensured information was handed over to the next staff member, so they were able to respond to any changing needs.

A local authority representative told us they had found the service provided an excellent response when they requested them to meet the needs of a particular person. They told us the manager had been able to quickly provide

what was asked for and worked out a way to assist the person to use the stairs in their home in a consistent way. This had provided support for the family and opened up the person's life.

People were enabled to access the community and socialise. The manager told us of two vehicles that were specially adapted to meet the needs of passengers with physical disabilities. We saw one of these in operation to transport a person to a medical appointment. The driver was also a full member of staff and trained to meet the person's care needs. One person told us they had a vehicle and driver in addition to their care staff member on two regular days each week, so they could plan to go shopping or to particular venues. In addition they could request the service for emergency appointments. This showed how the service was responsive to individual needs and circumstances.

People had a copy of the complaints procedure in their information packs. People were encouraged to make a complaint in person, by telephone or in writing and there was a clear four stage process to deal with it. One person said, "I cannot fault my staff at all, but I do tell the manager if I have a problem with anything." We saw that records of complaints and investigations were held in the office. A person told us about a complaint they had made and said they were satisfied with how the manager dealt with it and made a specific change as a result. The manager gave us a summary of action taken following one complaint about punctuality and had put a system in place for staff to call a specific mobile phone number on arrival, so that the manager could monitor the times they had arrived. The complainant was satisfied with this and punctuality had improved. This showed that the service was responsive to complaints they received.

Is the service well-led?

Our findings

People we spoke with and their relatives all knew the manager by name and had met her regularly. Three people told us they were concerned that there was currently no one to support the manager in the office, but they could always contact her by phone and leave a message if needed. The registered manager had started the service herself with the aim of “breaking barriers” for people with disabilities so they could take a full part in whatever they wished to do. There had been a project manager that assisted and deputised for the manager, but this role was vacant when we carried out this inspection. However, we saw evidence that recruitment was taking place and a start date was agreed. Meanwhile, the manager had support from team leaders, who covered the coordination of care if the manager was not available. The director of the company was also involved in providing some support and dealt with the pay roll for staff.

Each staff member had a copy of the Break Barriers ethos and mission statement. One staff member confirmed they had this with a copy of all the policies they needed to follow. They said the main theme was that care was based on how the people using the service wanted it. They believed that the service should remove barriers for people and not create any new ones by being restrictive in any way. One person that used the service told us they could approach the manager and any of the staff to openly discuss any issues.

Staff received regular support and advice from the manager via phone calls, texts and regular individual face to face meetings. Staff felt the manager was available if they had any concerns. One told us, “I know if I have any problems I have support from the manager.” They said the manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. There had not been any full staff meetings and the manager said these were difficult to arrange as staff were in different geographical areas, but there were opportunities for groups of staff to meet

together during training sessions. One of the staff confirmed that they had supervision meetings with the manager every two months and saw her every week during training. The manager also said she used group text messaging to keep teams of staff informed of developments and changes affecting the support they were providing and staff confirmed this was an effective method of communication.

The manager told us she made sure people’s needs were met and they were well supported by leading by example and she always did all the care planning and reviews herself. This gave her insight into people’s needs and how to meet them. She developed care plans whilst providing care and support herself and then other staff shadowed her, so that they understood what was needed before they worked alone.

The manager covered some of the care hours herself in order to regularly monitor the quality of the service. In recent times there had been a need for her to cover more often due to staff absences and she had recruited two new staff to help with cover arrangements. She recruited in different geographical areas as needed.

If any concerns were identified during visits made by the manager, she discussed these with individual staff members during one to one meetings. Punctuality and some specific care aspects had been discussed. Staff told us their manager advised them of any changes they needed to make.

In addition to her own regular visits to people the manager had also recently used a survey and had encouraged people to complete questionnaires. We saw some of the comments received and everyone had given positive feedback about the service. One said, “Brilliant experience. My support workers are angels.” A relative had commented that it was a good service, because, “I know [name of person] is being looked after and is safe with all the staff.” The manager had not yet produced a report about the results of the survey, but was planning to do so.