

Break Barriers (Nottingham) Ltd

# Break Barriers Nottingham Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Break Barriers Nottingham Ltd is a domiciliary care agency which supports people in their own homes living in the Nottinghamshire area. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection 57 people received support with personal care.

### People's experience of using this service and what we found

There was an increased risk of staff not managing people's medicines consistently and safely because medicines records were not always accurate.

Whilst staff worked well with other health and social care professionals once they were involved, the referrals to the external agencies were not always made in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, some mental capacity assessments required further work to ensure they were completed thoroughly and as per the best practise guidance.

The quality assurance systems were not always effective in monitoring the quality of the service. A range of checks were completed; however, they had not identified the shortfalls we found during the inspection. Learning from errors and improving care was delayed at times because the providers response to addressing shortfalls was at times reactive rather than proactive.

People had care plans which reflected their individual needs. When risks to people's health and wellbeing were identified, appropriate mitigating action plans were put in place. Staff knew people's needs and people told us they knew and were comfortable with the staff delivering care and support.

There were enough staff to meet the needs of the people using the service. People received their care visits on time.

People were safe from the risk of abuse. Staff understood what concerns should be reported and knew how to report them.

Staff had received appropriate training to carry out their role safely.

People received support from kind and caring staff. Staff were respectful and promoted people's independence. People and their relatives were involved in decisions about their care, which was regularly reviewed.

People felt the staff supported them with their personal goals and remaining as independent as possible. People's communication needs were recorded in their care plans and staff were aware of how to best communicate with people in their preferred way.

People, their relatives and staff spoke highly about the management. They had confidence in the leadership and felt they could report any issues or concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was outstanding (published 8 September 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was not always safe	<b>Requires Improvement</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always well-led	<b>Requires Improvement</b> ●

# Break Barriers Nottingham Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

Two inspectors completed a site visit. An Expert by Experience made telephone calls to relatives off site to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the location's office on 29 June 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service from a variety of sources including notifications received from the registered manager (events which happened in the service that the provider is required to tell us about). We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people and five relatives of people who use the service. We spoke with 16 staff members, including the registered manager, customer service manager and care workers. We reviewed a range of records, including parts of eight people's care records and medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- There was an increased risk of staff not managing medicines consistently and safely because medicines records were not always accurate. The guidance in people's medicines care plan was not always in line with people's medication administration record sheets (MARs). For example, one person's care plan stated they should be administered one Senna tablet per day, but the MARs recorded administration of two tablets per day.
- People's medicines care plans were not always detailed enough. For example, they had not always included information about when the medicines support will be reviewed or what the medicines were prescribed for.
- When people refused to use their medical equipment, this was not always clearly documented. For example, one person was prescribed continuous positive airway pressure (CPAP) machine, however the staff did not always document when the person refused to use it. This could prevent staff from effectively reviewing the person's treatment.

Following our feedback, the provider reviewed all relevant medicines records and made the required changes.

- Staff who administered people's medicines were trained and had regular checks on their practise to make sure they were competent. Medicines training records and competency checks were completed and staff told us they were confident supporting people with their medicines.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly.
- Where required, the provider completed investigations of safeguarding incidents in accordance with the safeguarding policy. The investigation of the safeguarding incidents was clearly recorded and transparent.
- Staff completed safeguarding training and were aware of the safeguarding policies and procedures. They knew how to recognise signs of abuse and neglect and how to report it. One staff said, "Anything that is suspicious that could harm the people under our care should be reported so that the responsible authority can investigate".
- People felt safe using the service. The relatives we spoke with felt assured about their loved one's safety.

### Assessing risk, safety monitoring and management

- People were involved in managing risks and risk assessments were completed and reviewed regularly.
- Individual risks to people's health and safety were identified, documented and staff were provided with

guidance on how to mitigate the risks.

- When people were emotionally distressed, staff managed the situation in a positive way and protected people's dignity and rights. We saw an example of a clear care plan and a risk assessment for a person who frequently felt anxious and emotionally distressed.
- Staff were aware of risks to people's health wellbeing and knew how to manage them. The information about risks was shared with staff reliably, including in handover meetings, one-to-one supervisions and via communication book.

#### Staffing and recruitment

- There were enough staff to ensure people received consistent and reliable care. Staff were given enough travelling time to make sure people received the amount of care agreed in their care plan.
- People told us staff were reliable and attended to their care needs on time. One person said, "They [carers] come on time and stay even longer if needs be".
- Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as standard practice. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents. We saw a clear record and review of incidents and how they were investigated.
- When shortfalls were identified and reported to other agencies, such as Local Authority and CQC, the provider responded to feedback and engaged with support offered.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Whilst all staff received online training about MCA, not all staff fully understood how to apply the training in practise.
- Staff involved in people's mental capacity assessments, did not always complete them correctly. For example, the assessments did not always clearly conclude if a person had the capacity to make a specific decision. Since the inspection, the provider reviewed and amended the relevant MCAs.
- Staff knew what they needed to do to make sure decisions were taken in people's best interests when they were not able to make decisions for themselves.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and identified upon starting to use the service.
- People's care and support needs were reviewed and updated regularly.
- People and their relatives, when appropriate, felt involved in planning and reviewing their care. One person said, "Yes, I feel involved in discussions about my care".
- Care staff understood the key requirements of the Mental Capacity Act 2005. They demonstrated how they put these into practice effectively, and ensured that people's human and legal rights were respected.

Staff support: induction, training, skills and experience

- All staff completed an induction and did not work unsupervised until they and their manager were confident, they could do so. One staff said, "Yes, I had an induction. It definitely covered all that is required.

Yes, I was confident to start work unsupervised".

- Staff received mandatory training and additional training to make sure they could meet people's individual needs safely. For example, some people required support with tracheostomy, additional face to face training was provided to the staff who supported people with this care need.
- Staff told us they felt they were given opportunities to reflect on their practise and for professional development through supervisions and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People who required support to eat and drink were encouraged to have healthy diets in line with their cultural preferences. For example, one person enjoyed Caribbean food and the provider matched the person with a member of staff who was able to prepare their meals in line with their cultural preferences.
- Staff monitored and recorded fluid and food intake for people who needed support to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider had systems and processes in place for referring people to external services. We saw examples of positive and effective work with other health care professionals to achieve good outcomes for people.
- When people moved between services, the provider supported people's transition and involved them or their next of kin whenever possible.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service and their families told us they were treated with kindness; staff were caring and attentive. One person told us, "They [care staff] are very good, they always do their best".
- People told us they were treated with dignity and respect. One person said, "They [care staff] are all very respectful".
- People had individualised care plans which reflected their diverse needs and promoted equality. Staff had time to read and implement the care plans, ensuring people received care in their preferred way.

Supporting people to express their views and be involved in making decisions about their care

- All people and their relatives we spoke with told us they felt involved in making decisions about their care which was regularly reviewed. One person said, "They [care staff] discuss everything with me". Another person said, "We had a good meeting, we talked about all aspects of my care".
- The provider ensured advocacy services were accessible to people when this was required.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality were respected. Information about people's care were kept confidential and were only shared on a need to know basis.
- Staff understood the importance of confidentiality and being discreet. One staff said, "We maintain people's confidentiality by keeping information on a need-to-know basis and not sharing any information with others who do not need it".
- People received consistent and timely care and support from familiar staff who understood their needs and got along with them. One staff said, "We are given enough time to spend with people and I know the people I look after very well."
- Staff supported people with maintaining independence to support their physical and mental wellbeing. One staff said, "I don't do anything for [the person I look after] that [the person] can do for themselves, for example washing their face. I also encourage [the person] to move as much as possible to promote mobility".

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their families told us they felt involved in developing their care and support plans. People's needs were identified and their choices and preferences and how these are met were reviewed and accommodated.
- People's care plans included information about their life stories and included information about their skills and goals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording and meeting the information and communication needs of people. People's communication needs were recorded in their care plans and staff were aware of them.
- The provider used technology to promote timely and responsive care and support. For example, a mobile messaging service was used to communicate any updates to staff. The registered manager told us, "Once people's need change, we make staff aware through a mobile messaging service group and electronic care plan which flags up the change".
- Technology was also used to support people's communication needs. For example, one person did not speak English as their first language and staff used a translation App to be able to effectively communicate with the person and their family.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- If people were identified as requiring additional support to avoid social isolation, the registered manager told us they would discuss this with their families and other health and social care professionals and consider signposting to relevant organisations.
- Where support with activities was identified staff encouraged and supported people to access the activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was shared with people when they started using the

service.

- When people or their relatives made complaints, these were thoroughly investigated by the management in line with the provider's complaints policy.
- People and their families told us they felt confident when they complained, their concerns were taken seriously and responded to in good time. One person said, "I asked for one member of staff to be changed and this was done". Another person said, "If I had any problem, they deal with it very well".

#### End of life care and support

- At the time of inspection, no one using the service was considered to be reaching the end of their life. However, the service worked with healthcare professionals, including palliative care specialists to support a person who was receiving palliative care. The person had an appropriate care plan in place.
- Staff were able to explain what good end of life care looked like. They had also received training on end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance of the service was not always reliable and effective because it did not always identify shortfalls. For example, provider's audits did not identify issues around medicines records and mental capacity assessments. Following the inspection, the provider reviewed and rectified the identified shortfalls.

- Quality assurance arrangements, such as audits were not always effective. This prevented the provider from learning from errors in a timely manner. On some occasions, the provider relied on the errors being identified by external agencies, for example the Local Authority.

- The registered manager did not always fully understand when they needed to notify CQC about certain changes such as events and incidents that affect their service or the people who use it. As a result, CQC was not notified about one incident in a timely manner.

- Care staff understood their responsibilities and had confidence in the support provided by the management. One staff said, "There is always someone we can call no matter what happens, from my experience so far we are not only a team, but we are like a family".

- Staff told us they received feedback about their performance in supervision and appraisal meetings. We saw records of the meetings taking place regularly.

Working in partnership with others

- The service worked in partnership with a range of professionals and demonstrated joined-up care for people who had other health care professionals involved in their care. For example, we saw examples of positive collaborative work between staff and district nurses. However, the referrals to external agencies were not always made in a timely manner which meant the best outcomes for people could be compromised at times.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under duty of candour.

- We saw an example of the duty of candour when an incident had taken place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt the service was well led. One person told us, "[Registered manager's name] is very good and efficient". Another person said, "The managers go out of their way to do what they need to do for me".
- Staff we spoke with understood the vision of the service and told us they enjoyed their jobs. One staff said, "I do enjoy my job, manager always comes in to support when needs arise".
- People who used the service, their relatives and staff felt their feedback was welcomed and acted upon. People's diverse needs and preferences were considered when feedback was requested.
- People told us they could express their views to carers daily, by contacting the management or completing annual surveys. We saw an example of a recent survey for people and staff.
- Staff had opportunities to share feedback through team meetings and supervisions. Staff had good relationships with their managers and felt listened to. One staff said, "Meetings are held often and are helpful. When I cannot attend, the minutes are emailed to me".