

Breakthru Care Ltd

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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 ●

Summary of findings

Overall summary

About the service

Breakthru care is a small domiciliary care service, providing personal for people living within their own homes. At the time of the inspection there were 17 people using the service. At this inspection the service provided care for older people and people living with dementia.

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.

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

We found that people were safe, risks were identified for each person and control measures in place to prevent safety concerns. People told us they felt safe with the care they receive.

People and relatives we spoke with told us that they felt the service provided was of good quality and management and carers were all very caring.

We identified gaps in training, however the registered manager took immediate action during the inspection to ensure all staff members were fully trained.

People had person centred care plans in place that had been created listening to people's choices and preferences along with relatives where appropriate.

The provider had systems and processes in place to oversee the service provided and to maintain a safe service. This included audits such as medication and environmental audits.

Systems in place to monitor the call times, including the check in and check out times were not effective due to WIFI issues within people's homes. The provider had identified this before our inspection and had plans in place to improve the quality of this system.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Rating at last inspection

This service was registered on 17th February 2018, and this is the first inspection.

Why we inspected

This is the first inspection since the provider has registered with CQC.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are within our safe finding below.

Is the service effective?

Good ●

The service was effective.

Details of our findings are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service is responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are found in our well findings below.

Breakthru Care 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

The inspection team comprised of 1 inspector and 1 Expert by Experience who made telephone calls to people and relatives. 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a

Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

Inspection activity started on 8 June 2023 and ended on 21 June 2023. We visited the location's office on 8 June 2023. During the inspection, we spoke with 4 people who use the service and 1 relative. We reviewed 5 people's care plans and risk assessments. We reviewed health documents for people. Compliance documents were also reviewed. These included medicines audits, staff competency assessments, training records and recruitment files.

We spoke with 2 directors, 1 who was also the nominated individual and the registered manager of the provider. A nominated individual is a person who supervises the management of a regulated activity across an organisation. We also spoke with 1 clinical lead, and 3 care staff

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were identified, this included health risks to individual people. The provider had ensured that risks had control measures in place to reduce the level of potential impact to the person.
- Staff showed clear understanding and knowledge of people's care plan guidance and risk assessments in place.
- People we spoke with told us they felt safe with the support of staff and had no concerns over their safety.
- Risk assessments were not always completed in a person centred way. For example, some risk assessments were generic and not tailored to each individual. We raised this during the inspection to the registered manager who took our feedback positively and agreed to review risk assessments in place.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong

- We were assured from feedback from people that calls were taking place at the agreed times, 1 person told us, "Always on time, give or take 5 minutes".
- Systems were in place to protect people from abuse and lessons were learnt when things went wrong.
- We found a clear accident and incident system in place, that showed what the provider had done to protect people. Staff were aware of the accident and incident protocol and the correct documentation to complete.
- The provider showed us how they had learnt from 2 incidents that had taken place. Documents had been updated and ways of caring adapted.
- All staff had completed safeguarding training and demonstrated good knowledge of identifying potential abuse.
- People and relatives spoken with told us they had numbers to report any concerns they had around safety and would make a report if required. One person told us, "I am sure the manager would listen to me if I needed to report any concerns".

Staffing and recruitment

- Recruitment processes were in place and staff were recruited in a safe way.
- Recruitment checks were present for staff files we reviewed.
- Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained to confirm applicants' character and conduct. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At the time of this inspection the provider had the required number of staff available to cover care hours. We saw that if a shortfall was to happen the registered manager, clinical lead and director would fulfil this

gap.

- The provider at the time of this inspection was actively still recruiting staff to allow emergency cover for care calls when required.

Using medicines safely

- Medicines were managed safely. Regular oversight and auditing took place by the registered manager and clinical lead.
- During the inspection we were made aware by the registered manager that 1 person had not had a regular medication recorded on their MAR sheet due to an ordering dispute. The provider was taking appropriate action to resolve this, which included working with the local authority and relatives.
- Medication audits were in place and audits identified concerns with documentation such as missing signatures or changes in administration directions that did not match. Clear actions were taken to resolve findings.
- All staff had received medication training. This included an observation where staff were observed by the registered manager administering medication and deemed competent.
- Staff we spoke with told us the procedure to safely administer medication. One staff member told us, "We had really good training around medication, this gave me confidence".
- Staff told us about guidance in people's care plans to administer their medication. Staff also referred to potential risks that could happen when administering medication.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- Staff told us they had enough personal protective equipment (PPE) and had easy access to PPE stock as required.
- People and relatives told us staff always wore the correct PPE whilst providing care.
- Clear protocols were in place around infection prevention and control from the provider for all staff to follow.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Peoples preferences and choices were listened to and implemented into the care they received.
- The provider completed initial assessments before a person's care package was started. This identified people's needs, additional health needs, likes and dislikes.
- Person centred plans were in place providing guidance on how to care for a person to meet their individual needs. We found the care plans were active documents that had regular changes to meet changing needs. One person told us, "We are involved in any changes to my care plan".
- Staff told us the management team were responsive to any changes. One staff member commented, "If we identify a change to a person and their needs, we let the office know and they will come out and assess. Changes would be made from this".

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction that included outlining the provider's expectations in ways of working. One staff member told us, "My induction was very good, I learnt a lot"
- Induction documentation was found to be in place, this included a starter checklist, essential training to be completed and a record of shadow shifts.
- The provider had a system in place that ensured monitoring was in place around training compliance of staff.
- We saw the provider had on-going development with training staff, this included training in additional areas such as dementia and catheter care.
- Staff had regular supervision. The registered manager had a system in place that ensured supervisions were carried out regularly with staff. One staff member told us, "I see my manager regularly and have meetings with them, I feel listened to by my manager".
- We saw that the provider had a skill matching system in place that ensured the correct staff were employed to meet peoples' needs.

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

- Records we reviewed showed that people had choice and control over meals.
- People told us they were always offered meal choices, 1 person told us, "They [carers] always offer me choices and cook nice meals".
- Staff had received training in nutrition and 1 staff member told us, "I always promote healthy meals, but know it's the client's choice".
- At the time of the inspection no people were identified to have special dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- The provider showed us how they work with the local pharmacy to ensure that people had their correct medication and directions of medication were clear.
- Staff told us about how they work with other care professionals. One staff member told us, "If ever I feel advice is needed, a GP is contacted or if serious 999 would be called."
- The local authority provided feedback during this inspection and no concerns over quality of care were provided. They told us that the provider at present does not have many packages with them.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager told us if required they would make an application to the court of protection.
- We saw that the provider completed mental capacity assessments and best interest decisions were documented where required in line with the Act.
- All staff had completed mental capacity and DoLS training. One staff member told us, "If we notice somebody's memory has changed or they struggle to make a choice then we would report this to the manager and they would follow this through".

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff knew people well and were able to tell us about people's likes and dislikes and how the person likes to receive their care.
- All staff had received training in equality and diversity. Staff shared their knowledge of what this meant and how they implemented equality and diversity into the care they provided to people.
- People told us they liked their carers and felt comfortable with them. One person told us, "The staff are so friendly, [clinical lead] always goes above and beyond".
- The provider had an effective system to communicate any changes in care plans or risk assessments, this ensured all staff were fully updated around people's needs.

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

- People were involved in decisions about their care. People's views were captured and implemented in the care provided.
- The registered manager gave examples where meetings were held with people and relatives to capture people's views about their care needs and preferences. This was confirmed by 1 person who told us, "I am involved in how my care is, they [provider] always complete regular reviews and check I am happy with the current care".
- Care call logs showed that people were provided with choices about their care and were listened to on how they wished their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. One person told us, "Any concerns of my staff not respecting me, I would contact the manager who would listen and sort this out".
- Staff told us, "We always knock on the doors before entering rooms and check if we are able to come in". People we spoke with said they felt respected by carers in their homes.
- Staff told us how they respected people in their homes. One staff member told us, "I always knock on the doors and announce myself so people know it's me".
- One relative told us they felt their relative was always supported with respect in their home and staff promoted their independence. The said, "The care staff will always check and see what the person can do and not just do it for them".
- People told us that they felt their privacy was respected. One person told us, "I can ask my carer to provide me space if needed, this would always be respected, I would be given privacy."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received personalised care that encouraged choice and control to meet their needs.
- People had personalised care plans in place which captured characteristics, this included people's gender, religion and marital status.
- Care plans recorded the gender preference of staff that a person wished to have providing care. Preference of staff was also captured in the initial assessment before the care package commenced.
- Relatives and people told us consistent care was in place, 1 person commented, "We have the same person [carer] come to us, we get on so well and they know my needs".

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.

- People had care plans that recorded communication methods. They captured how people can present when communicating and how staff should respond.
- The registered manager and clinical lead provided communication training for staff to enable them to meet a people's communication needs.
- People told us they could communicate well with staff, 1 person told us, "If I don't get what was said, I can always ask for this to be repeated".
- We saw how the registered manager and provider kept in regular communication with people and saw systems in place that could adapt correspondence to meet people's needs, such as easy read formats, braille and audio.

Improving care quality in response to complaints or concerns

- People we spoke with felt able to raise complaints to the provider. People told us they felt listened to when making complaints and action would be taken.
- A complaints policy and procedure was in place. Staff knew the procedure for reporting complaints, 1 staff member told us, "If we hear a client is not happy we contact the manager straight away" another staff member told us, "I have trust that the manager will respond to complaints and take action".

End of life care and support

- At the time of this inspection there was 1 person who was receiving end of life care.
- The provider did not have specific end of life care training in place for staff. This did not have an impact to the person receiving end of life care and the provider did provide support to staff who were caring for this person. The registered manager also kept in close contact with relatives to ensure they were working in partnership. During our inspection, the registered manager told us they would source this training for staff to ensure they had the knowledge and skills required to provide responsive end of life care.
- The person's care plan covered the type of illness they had and how to appropriately be sensitive if needing to raise this in conversation.
- The persons' end of life care preferences was captured within the care plan, this provided staff with a clear direction as to how the person wished to have their 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.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Systems and processes were in place to ensure regular audits took place to monitor the quality of care and to check people were having their needs met as agreed. These included medication and care plan audits.
- The provider had in place a spot check system where unannounced visits from the registered manager or clinical lead took place. We saw how concerns identified within the spot checks had the appropriate action taken to improve care.
- The provider had a system in place to monitor that people received the correct call times. However, this was found to not always be effective due to variable Wi-Fi in people's homes. The registered manager told us they were taking action to address this.
- The registered manager had built up relationships with other professionals to promote a quality service for people. For example, they kept in contact with the local authority, GP's and pharmacies. The registered manager told us, "We are always welcome to feedback from others on how we can improve".
- The provider had a management structure in place that clearly identified what each member of staff's responsibilities were. This structure ensured consistent and effective oversight of the service provided.
- The registered manager was aware of statutory notifications and the categories that require a notification to be completed.

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

- The registered manager promoted an open and transparent culture and promoted a person centred service.
- Team meetings were held regularly, this showed staff could be open and part of the improvements to the service. In these meetings, the registered manager raised any recent communications around people's needs and any developments in relationship to the running of the service.
- A system was in place to enable effective communication between the provider and staff. This included an emergency communications system to alert staff or any urgent safety concerns.
- The provider had clear values which included a passion for providing a high standard of care to people. These values were embedded into the service provided and staff members we spoke with.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, working in partnership with others

- The provider had systems and processes in place to involve people using the service. This included involving relatives and friends of people where appropriate
- There was a system in place where yearly surveys were sent out to people and relatives to gain feedback. We discussed with the registered manager around gaining feedback from healthcare professionals and other external agencies to gain all aspects of feedback. The registered manager agreed this would be beneficial.
- People told us they had regular contact with the registered manager, 1 person told us, "[registered manager] is fantastic, always available to be contacted and will go above and beyond".

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 responsibilities regarding duty of candour regulation.
- During this inspection no complaints were formally raised against the provider.