

Breakthrough Case Management Ltd

Breakthrough Case Management

Inspection report

West View
Sandy Lane
Woolacombe
EX34 7AR

Tel: 07595226097
Website: www.breakthroughcm.com

Date of inspection visit:
24 March 2022

Date of publication:
17 May 2022

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Breakthrough Case Management provides a specialist support and rehabilitation service, co-ordinating bespoke care packages for adults and children who have sustained complex life changing injuries such as an acquired brain injury, spinal injury or cerebral palsy. Eleven case managers work closely with people and families to set up and coordinate their rehabilitation, care and support needs mainly funded by legal compensation claims. Breakthrough Case Management staff oversee the recruitment process, training and performance management of support workers often employed directly by the people using the service. The service is registered to provide personal care. At the time of our inspection there were 12 people receiving the regulated activities provided by the service across Devon, Somerset, Gloucestershire and in London.

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

People were clearly at the heart of the service and they and their families spoke highly of the care they received. Comments included, "The caring is unbelievable, he is always treated with utmost dignity and respect", "You genuinely can't fault them, staff are very keen to make sure he gets the right care" and "It is so much more than a work relationship."

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.

People's needs assessments fed into the skills required of the bespoke staff team before care was commenced. Staff had completed a high level of specialist training tailored to individuals which provided them with the expertise to assess, monitor and support people with their complex needs. The service worked very closely with other health and social care professionals and lawyers involved in people's care to ensure they received a high level of care and support. Secure online feedback was shared regularly including videos which enabled health partners to see how people were progressing and if treatment/exercises were effective. Staff supported people and their families in a very person-centred way, tailored to individual complex needs and preferences to ensure they lived their best lives following life changing events. There were many examples of how excellent care and support had resulted in improvements for peoples' quality of life. Staff meticulously followed specialist health professional programmes to great effect.

There were very robust and high-quality governance systems in place to assess and monitor the service provided, with regular detailed reports also sent to the fee payers, (commissioners and lawyers). People's views were extremely valued and used to drive improvement. As a growing service, the two directors had worked hard to ensure the service remained one with a personal touch. They knew people well and supported staff in navigating complex family dynamics and emotions to promote the best outcomes for people. There was a complaints procedure in place. Care assessment and planning records were extremely detailed to enable close monitoring of peoples' care, progress and future planning individual to them.

Risks in people's daily lives were assessed and mitigated with a focus on positive risk taking. Staff were

provided with safeguarding training, adults and children, and understood how to keep people safe. Recruitment of staff was bespoke to each person's care management package and completed safely with people's involvement. There were sufficient staff numbers and flexibility to provide the care and support required by people to meet their needs. People were supported to take their medicines safely, where this was required. Infection control procedures were in place.

People were matched with bespoke staff teams suitable to meet each individual's needs before the service started. Staff were very caring and compassionate and knew people extremely well, often building up close, long-term relationships sharing common ground. People's rights to dignity, independence and privacy were promoted and respected. People's choices were always sought, valued and used to plan their care as well as staff offering up ideas and creative ways to enhance life quality and opportunities.

The values and culture of the service focussed on striving to achieve the best quality of life for people. This included being pro-active and using innovation, research and accessing specialist health professionals for people's benefit.

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

Rating at last inspection

This service was registered with us on 12 July 2019 and this is the first inspection.

Why we inspected

This was a routine, planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was extremely effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was extremely well-led.

Details are in our well-led findings below.

Outstanding ☆

Breakthrough Case Management

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 was carried out by one inspector. As part of the inspection an Expert by Experience also contacted people and families by telephone. 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 and specialist housing.

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 some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this and we needed to be sure that the provider or registered manager would be in the office to support the

inspection.

Inspection activity started on 24 March 2022 and ended on 31 March 2022. We visited the location's office on 31 March 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. 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 used all this information to plan our inspection. We visited the service's office in Woolacombe, Devon and visited one person with their families' consent in their own home. We spoke with one support staff member, and the registered manager/director, co-director and received feedback from 14 support staff via email. We also spoke to a team leader over the telephone. We spoke with 11 relatives about their experience of the care provided. We reviewed a range of records. This included three people's care records, medication records, audits, training records and three staff files.

After the inspection

We received feedback from a health professional working closely with the service.

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.

Systems and processes to safeguard people from the risk of abuse

- Relatives all said that they felt people were safe. All the people we contacted during this inspection were non-verbal. Comments from their families included, "Yes, [person's name] is cared for in his own home with carers we trust who provide very good care. [Staff] are well supported and have a lot of training", "[Person's name] feels 100% safe, [staff] have a good relationship with him and are trustworthy and reliable" and "The team of carers are lovely, very professional, completely devoted and are always here for [person's name]."
- Staff were provided with bespoke training in safeguarding, including children's safeguarding where appropriate. Staff understood their roles in protecting people from abuse and actions they should take if they were concerned that someone was being abused. Staff told us how they worked very closely with families and understood complex dynamics around complex emotions and feelings due to the life changing injury sustained by their loved one. Staff often signposted families to additional support or training or research that may benefit their understanding. Much of the work was supporting families whilst the focus remained on ensuring the person's best interests and promoting positive relationships for the future. For example, where one family was struggling to cope, discussions with the person's legal team had resulted in a change in how funds were allocated to relive pressure and anxiety with good effect.
- Staff felt they were well trained and communication care plans specifically for families ensured consistency for the person and family receiving support so that the staff team knew what helped families to manage situations positively in ways they felt comfortable with.
- Part of promoting peoples' independence was ensuring they had informed choices. Staff supported people to make decisions that could be seen as unwise and would offer bespoke training as issues occurred. For example, such as safe internet use and relationships.
- Staff knew how to make appropriate referrals if there were any concerns of people being abused and were aware of local safeguarding teams for children and adults. The service had not been required to make any referrals since their registration. There were examples of where staff had identified possible situations early and resolved them before they became a safeguarding issue.

Assessing risk, safety monitoring and management

- People's care records included detailed risk assessments, which identified how the risks in their daily living were assessed and mitigated. The focus was on enabling people to continue to do what they wanted after their life changing event. Initial assessments discussed life dreams, preferences and goals and risk assessments reflected this. For example, assessments with children in school environments looked at equipment required to ensure the person could have as many opportunities as the rest of the class. This included communications with the school about ensuring the person was able to access the white board, encourage challenges rather than only offering what was known the person could achieve and promoting digital equipment use.

- Risk assessments were kept up to date and regularly reviewed. People's choices and preferences were always sought and included in the records. Each event included an extremely detailed risk assessment. For example, day to day risks such as use of oxygen, suction equipment and the risk of being exposed to strong odours. Care plans included clear photographs and diagrams of how risks should be managed to enhance staff understanding. Outings were clearly risk managed to ensure a positive result such as day trips, sports and goal achievements.
- Financial risks were also recognised, and support offered such as the ever-present risks around making a family financially dependent on an injured loved one as family dynamics change after life changing injury. For example, enabling a family member to become a trained employee so they could give up their day to day work to alleviate stresses.

Staffing and recruitment

- Recruitment of staff was done safely and was highly bespoke, including checks on staff suitability to work in this type of service and social media checks. Each appointment and advertisement was made for a named individual and people were matched to their support staff with their full involvement. The person and family who used the service had the final say about the appointment of a new member of staff and were involved in meet and greet sessions with potential staff. Staff recruitment considered the person's individual situation and often whole staff teams were employed to be ready for discharge whilst the person was recuperating in hospital. Each team was managed by a named team leader.
- There were sufficient staff members to meet people's needs and people received care from a dedicated team of care staff to ensure they received consistent care and support.

Using medicines safely

- Where people required support with the medicines, this was done safely. This was confirmed in records we reviewed. Medicine records were extremely detailed explaining what each medicine was for and how the person reacted to them. For example, where steroids resulted in poor appetite, staff encouraged the person to have fun with food and be involved in using play food when shopping to maximise involvement.
- Staff were trained in the safe management of medicines and their competency was checked regularly by a senior member of staff. Families were supported to be involved in the medicines regime and risk assessments around that were clear and shared with staff to ensure delivery was safe and understood.
- Regular audits ensured discrepancies were identified and addressed.

Preventing and controlling infection

- Staff were trained in infection control and food hygiene and understood their roles and responsibilities relating to infection control and competency was included in spot checks and supervision. During the pandemic, PPE (personal protection equipment) was delivered to each person's home. National guidelines were known and followed to keep people safe. For example, a requirement for safe discharge was that all staff were fitted correctly for FFP3 masks for use in the community.

Learning lessons when things go wrong

- The service had systems in place to learn from incidents and use this learning to drive improvement and reduce future risks. Daily records were bespoke and so could monitor individual issues. Regular multidisciplinary meetings with all health professionals involved were very detailed and discussed each person's progress. There was much discussion of how progress could be further enhanced by resourcing specialist equipment or training people around the person to ensure consistency. For example, staff researched innovative practices and pro-actively sought new therapies that could assist and promote better quality of life for people. The focus was on sharing information about what people could achieve with the right tools, such as using music therapy and reassuring those around them not to be afraid of promoting

challenges in a safe way.

- Learning was discussed in management and team meetings and cascaded to all staff individually. Incidents were assessed, and analysed, and appropriate actions put in place to reduce future risks, for example reviewing people's care needs and sharing people's intentions and desires.

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 Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Each person had a named case manager who undertook extremely detailed and person-centred needs assessments. These informed the person's care plans, which were tailored to the individual. Staff used their specialist knowledge to develop bespoke packages of care to support the needs of people and their families. Assessments were often completed whilst a person was rehabilitating in a health setting or at home using non specialist care.
- Most people were referred through their legal deputy trustees as part of compensation claims following their life changing events. Assessments were very detailed and realistic and always included people's desires and goals with regular contact and reviews with the legal finance teams. Some people with complex needs were also supported to claim health funding to cover their needs in a more bespoke way.
- The assessments were completed over a period of time and the initial assessment helped the service to identify how they could meet the person's needs effectively and resource appropriate equipment and staff team.
- People, their relatives and other professionals involved in their care and support were consulted throughout the assessment process to ensure people's preferences, lifestyles and life choices were met. People were empowered to make choices about how they wished to live, including using assistive technology to support their independence and wellbeing. Support was provided to enable people to rehabilitate and maximise their independence, whilst also considering the long term, financial implications, of paying for a life of care and support. Meeting support needs had included sourcing a bespoke gym for a person previously working in an active physical sport role and supporting them to become a para-cross fit champion ranking fourth globally. Staff were able to assess peoples' responses to their changed lives and support them in a bespoke way. These assessment reports were then developed into very detailed care plans. For example, the person using the gym was matched with a rehabilitation assistant who shared similar interests.

Staff support: induction, training, skills and experience

- There were comprehensive systems to train and support staff to provide a high level of bespoke care and support and develop professional excellence. Each staff team were trained according to peoples' individual needs before the service began. Core training and bespoke and innovative training was provided to ensure staff were knowledgeable about individual needs and conditions of the people they cared for and supported. This included training on cerebral palsy, spinal and acquired brain injury. For example, staff received training in epileptic medicine management, digital communication devices such as Eye-Gaze (using eye gazing with technology to communicate) and sign language. The majority of people were children

at school so sharing communication was important to their learning and also had helped them be included in the lesson more and make friends and connections. For example, lesson assessment ensured the right setting, such as being nearer to the white board or sitting with another child who understood how they communicated.

- Some people required therapy to be provided by their care staff, so staff were trained by specialists in these subjects in the person's home, including home ventilation, hydrotherapy, home based physiotherapy or occupational therapy programmes. Staff shared video updates securely with external health professionals which fed into the regular multidisciplinary reviews. For example, we saw how one person had been using sensory play and the health professional had commented on how well their hand/eye co-ordination was progressing. This gave staff confidence and they said it felt rewarding to have direct access to advice and reassurance
- Those people with physical therapy programmes had clearly experienced improved mobility due to staff consistent efforts and one person's swim sessions showed increased engagement and speech over time because they were also having fun in the pool whilst doing the exercises using play. One person, for whom an exoskeleton robotic device had been sourced), had not only been supported to walk again but had excelled in sport with the determination and encouragement of their rehabilitation assistant and staff team. The director had been present to celebrate those first steps and the service celebrated the person's amazing effort as a whole.
- Person specific specialist training was provided where needed, for example, in the administration of medicines via a gastronomy tube, emergency medicines, life support and equipment. Staff had individualised competency checks on their learning. For example, we saw competency reports for staff who had completed training in Respiroics cough assist training (one person's care plan showed how they liked to face one side in the morning meaning they felt less 'chesty' during the day), F&P humidifier and a Devilbiss suction machine.
- All staff spoke about the excellent standard of training and support they were provided with. Staff were well supported in their preferred method of learning and ease of location of training to them. Discussions with staff evidenced their exceptional understanding and knowledge of the needs of people they cared for and supported, and how these were met. One person said, "We are so well supported. We had a manual handling trainer come to work with us in the home. We have just had specialist training to prepare [person's name] for an operation. We are always looking for new ideas and we are encouraged to share them."
- A very robust induction was provided for new staff, which included bespoke learning and shadow shifts relating to the individual needs of the person they would be caring for. New staff were issued with a handbook which gave details of the organisation, employment rights and the policies and procedures that they needed to know to fulfil their role. Where new staff had not achieved a qualification relevant to their role, they were supported to undertake the Care Certificate, which is a set of standards care staff should be working to. Career progression was encouraged, and one staff member said how they had been supported to access further qualifications and promotion. Staff could access any relevant courses.
- Staff teams generally worked within their location teams led by a case manager. The service was working to integrate communication across teams to encourage cross location learning and support. Case managers met regularly with the directors and they had recently been on a successful team building day. Topics covered included, 'How to get the best out of yourself', role responsibilities, the new care computer system, media and promoting case management and strategic direction.
- Staff teams met regularly with other health professionals involved with individuals to build on their knowledge, evaluate their practice, discuss concerns and learn from others. For example, there were discussions about how to deliver care at night for one person with minimal disturbance resulting in a different chair and a longer extension lead to enable quieter assistance with overnight nutrition. This meant the person's parents were able to have restful nights enabling them to have good quality time as a family.
- Staff fully embraced specialist advice programmes. For example, one young person could now sip from a

normal cup, had not had an infection for two years, was walking without multiple falls, had improved speech and was able to manage school by breaking focus time into 15 minute sessions. This meant they were able to progress along with their peers, for example learning letters rather than symbols effectively.

- Supervision included formally organised one to one sessions, appraisals, peer support and regular team meetings. These provided staff with the opportunity to discuss and receive feedback about their work practice and identify any training needs. Feedback from people using the service was discussed in supervision and appraisal sessions. All staff spoken with were highly complimentary about the support systems in place. One staff member said, "I'm finding working for Breakthrough fantastic. There is so much support from staff and management. The management are very hands on which I think is great and they are always aware of what is going on and what the client needs."

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

- People's records included very detailed information about each person's health needs and guidance for staff to show how these were met and affected their daily lives. Staff often worked with people in hospital and in school environments and were committed to consistency of care. Where possible, hospital admissions were avoided because staff had the specialist skills and knowledge to assess and monitor people's health. Staff also communicated effectively with health professionals to ensure people were only discharged with everything in place and that any issues were resolved. Staff then trained school and hospital professionals which reduced inconsistency, poor discharges and anxiety for people.

- 'How mental health supports physical rehabilitation' was an important focus for Breakthrough Case Management. All individuals had access to a qualified psychologist. They recognised that mental health, whether fear of cars or crowds or the workplace could be a particular factor for those affected by life changing injuries. Staff worked with people to take back control and look towards a more positive future. Small goals were agreed as a multidisciplinary team; this could be getting themselves up in the morning or walking a mile. One person experiencing PTSD had achieved milestones over time such as travelling on public transport and making a purchase in a shop with initial support from staff, decreasing slowly. Their mental health and confidence had improved dramatically enabling them to be motivated to achieve further.

- Breakthrough Case Management is registered with The Major Trauma Signposting Partnership Code of Conduct. This organisation worked to improve the overall person experience and their rehab journey by creating a baseline quality, protect people from harm and ensure only high quality providers worked with them.

The directors had also accessed an external company to ensure they continued to work within a values driven culture. This included holding meetings with every member of the organisation, mentoring, collaborating across the board and nurturing new talent.

- Specialist health professionals were resourced to further assist people with living their best lives. For example, Breakthrough Case Management worked with a health professional specialising in oromotor programmes. This had resulted in methods that helped to strengthen tongue and muscles and work with people who were food averse. One young person could now tolerate brushing their teeth and eat a wider range of foods. The family were now able to eat together. Another young person had been unable to go out to eat and now had better speech, less negative reactions when eating and was enjoying going out for lunch. This meant families and siblings were now able to enjoy fun, family time together without focus on people's conditions.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had fully embraced the MCA and assessments had usually been undertaken pre-referral under the legal deputies. Staff received comprehensive training and care plans showed decision making was central to day to day support to ensure people received the care they needed and lived their life how they wanted.
- We saw one care worker consistently ask one young person living with cerebral palsy, who was non-verbal, if they were happy, what activity they would like to do and following their lead. The care worker waited patiently for the young person to formulate a response and clearly understood their method of communication.
- A specialist nurse working with Breakthrough Case Management to support a person with a complex life limiting condition told us, "This client has firm ideas of how they would like their care to be provided and goals that they would like to achieve despite their current health and care needs. BCM have supported him in trying to ensure their care is individualised and his goals can be met wherever possible."

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

- Staff received specific training called, 'Meeting nutritional and hydration needs'. This included parenteral nutrition and dietary supplements and followed by staff competency checks. Many people receiving care had complex nutritional needs and staff were able to access very detailed care plans showing exactly how to manage these needs. There was additional regular input from dieticians and speech and language therapists. Where required, people received support from staff to eat and drink enough to support good health. Pre-assessments and care plans were very detailed and included how a life changing injury had affected senses such as taste and smell and how people could be supported to enjoy food as much as possible. Staff followed health professional recommendations including how to manage food aversion, make food shopping fun and inclusive using play toy food and knew how to promote safe and nutritional health for individuals. There were many examples where families were now able to eat together, people's weight had increased to healthy levels and people were able to feel less excluded for 'normal daily life.
- Regular multidisciplinary team meetings showed how detailed the care plans needed to be for people. There were discussions about positive settings, finger food and how side effects from medication may be a factor in poor appetites. For example, one team meeting minutes record showed how a very specialist diet may be required which needed a lot of training and organisation to be able to put into practice effectively with consultant support.

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

- Without exception people and relatives told us about the positive and meaningful relationships they shared with the staff who supported them. A relative told us, "it is unbelievable, he is always treated with the utmost dignity and respect". Another relative said, "Staff recognise that [person's name] misses the banter of the working day, and they try to make it more like that. They are like mates in the professional sense. It feels less clinical and makes him happy. They make him laugh."
- Care plans included 'what makes you upset'. This ensured that people were receptive to care. For example, one person particularly found it difficult if staff were not punctual, so staff arrived early to reduce anxiety. Another person was known to communicate much better in the mornings, so this was shared with the staff team to promote effective support in the morning.
- People were matched to their staff team, so they had common interests. Relatives all felt that the staff team genuinely cared about people and the families saying, "Yes, it is much more than a work relationship: [person's name] often has stays in hospital, they will get special messages, when it's their birthday staff make contact. They will make contact regularly to check up on them. [Person's name] is not shy with staff, they are building a relationship with them as well as us."
- Staff said they looked at ways that enabled people to be as included as much as possible, making it easier to show their personalities, make friends and have fun. For example, staff spoke about people being more than their disability and enjoyed telling us about people's personalities. One staff member told us how the young person was so funny meeting new potential staff and found it hilarious to try their different methods of communication technology and making jokes. A care plan pen picture described a young person as, "Bright and bubbly, loves hearing you sing songs. They are a real pleasure to be around."

Respecting and promoting people's privacy, dignity and independence

- The service was committed to ensuring that people had the same rights and opportunities as everyone else. An acquired brain injury often meant people were mourning their previous life, so staff were innovative in always trying to find a way to enable people to achieve in different ways. People and their close family were fully involved in goal setting. For example, staff acted as advocates for people to ensure they had the equipment and support they needed, including training school staff to maximise potential. Goals were regularly monitored to ensure effectiveness.
- Staff supported people's privacy and dignity. Staff spoke and wrote about people in a positive respectful manner. Information celebrated their positive attributes and characteristics. For example, celebrating achievements at school. Relatives said, "Yes, staff are mindful of [person's name's] dignity and privacy, and will always knock before entering" and "Absolutely, they observe privacy and dignity, [person's name] is very proud, you genuinely can't fault them, they are very keen to make sure [person's name] gets the right care."

They needed someone compassionate."

- Staff were very sensitive at recognising when people required additional emotional support and care. Staff looked at peoples' family and home situations and how support could help people navigate marriage breakdown and changes in family dynamics, supporting both parents and giving the person space and support to process the changes.
- One person who was terrified of hospitals was supported by two staff for the length of their stay. They staff were able to ensure the person received the care they wanted and fed-back to trained hospital staff when they witnessed a poor quality approach.
- We observed respectful interactions between staff and people who used the service. They had clearly developed close bonds. Staff knew people very well and this included their social histories, background, and preferences. These issues were taken into account when arranging support for people.
Supporting people to express their views and be involved in making decisions about their care
- Staff understood the importance of independent advocacy and were proactive in asking for such advocacy for people using the service. People's voices were heard, and their views regularly sought including how they were supported to make decisions. We observed staff respecting people's choices. One relative said, "[Person's name] has no speech, they are totally dependent. Staff talk to them, ask them before they do something, they don't just do it. [Person's name] trusts them implicitly."
- People were fully in control of their care and this was promoted in everything the service did, including choosing the staff team. Each care plan section began with what the person's wishes were and what they could do themselves.
- Each person using the service was supported to share what was important to them and how staff should behave. This helped staff know what was important to each person and how to support them and began at pre-assessment.
- People's care plans were written in consultation with the person and families and included their preferences in how they wanted to be cared for and supported. Care plans focused on the enablement and the skills of the person.
- People's privacy was respected. For example, their records were maintained securely to ensure they could not be accessed by others.

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 were provided with an extremely personalised and bespoke service which is the nature of case management. Peoples' individuality and preferences were central to the service they received. People were highly complimentary about the care and support they received. One relative said, "Absolutely, they all go over and above."
- People's care records demonstrated how their care needs were assessed, planned for and met in a highly personalised way. People's diverse needs were always promoted and supported. Staff knew the people they cared for extremely well, including their diverse needs and how they were met. They were committed to provide a very high level of care and support at all times. Staff said, "[Director's name] is great and it's lovely she takes time to really get to know clients and their families. In my interview it was really reassuring to me to see how she interacted with the family and how open they were with her company. After all we enter their home, which understandably was a very difficult decision for the family."
- Daily records were extremely detailed, each and written against bespoke goals and issues to enable truly person-centred monitoring. For example, one person had sent a text to the director to say they had seen a discounted hot tub. Risk assessments, staff training including manual handling, environmental adjustments and discussion with health professionals and enabled the person to enjoy the hot tub all year round. They were now planning a mural and sound system. Another person had had assessments into pain management. This had included stretching exercises to promote mobility. The person now had no pain clinic referrals and was managing well with over the counter analgesia.
- People had a small team of staff, including case managers, team leaders and support workers. Care staff were usually employed by the person and their shift pattern and job descriptions related directly to the person's needs and preferences, offering a truly personalised service. For example, one person had more energy early morning, so their day began much earlier to make the most of the day.
- People were supported to develop new skills and maintain existing ones by having the right support and expertise to help motivate and enable them to achieve and reach their potential. For example, to encourage sensory play staff had requested sensory equipment. This had been promptly sourced and sent to the home. We saw photographs in their newsletter showing how making shapes with shaving foam on glass doors had been successful with enthusiastic engagement. Care workers showed that they thought about the people they cared for all the time, thinking about what they could do to engage with them and have fun. One care worker bought ingredients to make edible Christmas decorations and enabled all the grandchildren to be included to make a Christmas cake with family.
- People were supported and empowered to identify and achieve goals and aspirations. Goal setting was person centred and involved the person using the service, their relatives, staff and the multidisciplinary team. Goals were incorporated into people's care plans and helped the person and others involved in their

care see how they were progressing. For example, one staff member told us, "We support [person's name] and encourage and give moral support in a lot of aspects of their day to ensure they have a good quality of life, giving them ideas or suggestions so they can decide if it's something they'd like to do or change. For example, their last doctor wasn't very responsive to their requests and it was getting them down, with encouragement they changed doctors and now has a better service."

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

- Some people, as part of their goals to improve their wellbeing had identified specific activities that promoted motivation and good mental health. Staff were committed to make these goals happen to empower people and achieve good outcomes. People were able to continue to move forward and achieve, for example improving communication, pain management and mobility.
- Staff also supported the families to enjoy time together for fun in a positive way without focus on the health condition. For example, including siblings and wider family in activities. One young person's newsletter showed photographs of them enjoying a fun day at the zoo with their sibling.
- People's achievements were celebrated in regular newsletters and securely online which emphasised seeing people as individuals living the best life they could. Staff enjoyed documenting activities with people together, one person had a video diary. They were then able to show their friends and wider family positive aspects such as managing to focus on a fun task.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were very detailed, and staff were guided how to communicate effectively with them. This included any technology they used to support their communication and information about how to communicate effectively when people were non-verbal.
- Regular multidisciplinary meetings were held with the staff team and speech and language therapists including oromotor specialists with the person to monitor improvements. Staff were delighted to share feedback to specialists when one young person visited the seaside and said "lots water" very clearly. They had been working with the young person to slowly improve speech from using only non-verbal communication.
- Information was provided to people in an accessible format where required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which identified what actions people could expect when they had raised a complaint or a concern.
- There had been no formal complaints since registration of the service. However, there was a clear process and the directors were recording smaller concerns or issues to evidence any patterns and to show how staff had responded and resolved issues at the time for learning.
- Regular feedback was sought from people using the service and their representatives. This reduced the risks of formal complaints and any concerns could be acted on quickly to improve people's experiences. Relatives said, "[Staff] have good communication with us we are well supported by them" and "Yes, [good communication] absolutely, they are available to us 24 hours a day. The manager is always there if we need her. She will always respond or get someone else to if she is not available."

End of life care and support

- People's end of life decisions were discussed with them and/or their relatives, where appropriate, and these were recorded. People and their families were able to choose who they would like to share their end of life thoughts with when they were ready. End of life discussions were done as partners with the wider multidisciplinary team.
- Staff were provided with guidance on actions to take in the event of a person's death. For example, there was a bespoke care plan for one person with a life limiting condition written in collaboration with the Breakthrough Case Management clinical lead, a palliative care nurse and the local hospice.

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 Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People, relatives and staff were highly complimentary about the service. One relative said, "The managers are amazing. There is nothing to fault them in any way, they are always there for us. We have a good relationship". Another relative said, "They get it right, they are knowledgeable, honest, caring and compassionate. We wouldn't be where we are without their support." One staff member said, "What strikes me the most is the difference in management. Breakthrough seems to invest in their workers, and this is a brilliant way to manage a business especially one as vital as this one and brings care to so many. I personally feel valued and I take pride in what I do and I know my colleagues feel the same." One person had been able to return home from a care setting and their health had improved in every area such as appetite, mobility and confidence. Their care worker said, "Bringing this person out of a nursing environment to their own home, has been and still is very rewarding. To see them go from strength to strength has been a huge pleasure, being part of a fabulous team that really care about them is fantastic."
- The service promoted a positive culture which was person centred and inclusive. There were clear vision and values. These were person-centred and ensured people were supported to regain control and autonomy over their lives after substantial life changing injuries and trauma. There was a clear commitment by all staff working in the service to provide extremely high standards of care and support and empower people to develop and regain skills.
- Employing the right staff and staff retention was very important for Breakthrough Case Management as support for people was preferably a long-term commitment. Staff felt extremely supported especially where there were challenging family dynamics. The Head of Case Management, for example, had a secure online group for all case managers and held open sessions where they were available for one to one discussion. There were senior management meetings every week, these had led to prompt guidelines being cascaded to all staff during the pandemic. During the pandemic, staff were rewarded for their commitment and they proactively asked the directors if they could send praise about the service to us.

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

- There was a clear, supportive organisational structure, including the director, case managers supported by a head of case management operations and clinical lead and a knowledgeable office team. They understood their responsibilities relating to the duty of candour and being open and transparent. All staff and families said that the directors were very hands on and involved with them and they often travelled long distances to visit people, staff and families. Clearly the service was built on passion for providing the best

care possible and ensuring people felt cared for in a way that gave them their best quality of life.

- Records demonstrated that complaints and concerns were managed well. The directors had not received any formal complaints since registration but were looking at ways to capture smaller issues to monitor patterns and note more formally where issues had been resolved before they became a problem. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Quality and governance report documents demonstrated the service had a robust system to assess and monitor the service, learn lessons and implement improvements. Each individual had regular comprehensive audits relating to individualised care. Annual audits were extremely detailed and shared with people's legal finance deputies. They included photos showing each section, documents, equipment, ratings and recommendations for improvement.
- Training audits were undertaken, staff development and appraisal, incidents and complaints were analysed. Staff had opportunities at every level to discuss ideas for the benefit of the people they supported. For example, research into innovative equipment was pro-active including sourcing new technology such as an eco-skeleton which had enabled a person to walk for the first time.
- Breakthrough Case Management had evaluated their website with input from families to showcase what they wanted to see as a positive but realistic representation of what it meant to live beyond a life changing event. The article 'Developing our new website' had been published in Modern Law to share their learning of developing a website that provided reassurance, integrity with a sense of optimism for potential clients. They ensured the images showed that people could live with purpose, energy, drive and determination using clear jargon-free language. The images were chosen to reflect positivity and demonstrate the potential for individual breakthroughs throughout and beyond rehabilitation.
- The website shared ideas and articles with people, staff and their families. One being 'The importance of innovation in case management'. This included how staff could work closely with external health specialists to explore all options for people. This could be a practical wet room, adjustable worktops or an accessible garden that allows mood boosting access to nature and time with family. A standing wheelchair had enabled one person to water their hanging flower baskets without assistance.
- A quality assurance action plan was in place and demonstrated the timescales for audits and checks, including engagement with staff, people using the service and their relatives, care records and care provided. Staff were observed in their usual work practice and feedback on their performance was received from people and their representatives. Staff personalities were matched with families and monitored to ensure positive relationships with the families as a whole.
- The service continued to inform us of any incidents we needed to be made aware of. They provided clear information of actions taken to learn from incidents and improve people's lives.

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

- People and their families were asked for their views about the service in satisfaction questionnaires. Relatives told us, "You can't fault them at all. Every time you phone it is answered. Staff are knowledgeable and honest. The empathy and support is fantastic", "They have good communication with us and are always there for us" and "They come up with new and innovative ways all the time." Relatives told us they had a secure app which enabled them to communicate easily with the staff team. One relative said, "If there are any concerns at all, they will respond. We get regular contact, even to see if we need groceries." Professionals surveys included comments such as, "They are excellent in flagging potential issues so we can address them before they materialise, very proactive and pre-emptive" and "Wonderful, caring case managers. Seeing them in action is inspiring. They connect with families to get the best result in difficult circumstances."
- All staff spoke of the personalised care and support they themselves received from Breakthrough. We

heard how staff could call the directors at any time. This was especially important as the staff were not just supporting people but families. This could be difficult as families often had to navigate difficult emotions and their place in the delivery of care in their own homes. One staff member said, "I can call and just talk about what's happened, if families are struggling or become less accepting of our involvement. There are lots of emotions, guilt, lack of control and difficulties with siblings. We can work through how to best support them together." Staff spoke about how positive it was that the service had a menopause policy and that this was a topic where staff felt able to openly communicate any issues and feel listened to.

- Staff were kept updated with any changes and learning. There were 'brainstorming' sessions within management and team meetings to enable staff contribution. These had resulted in a new case manager handbook being developed.
- Staff were encouraged to share ideas and raise any concerns and contribute to the planning of how to address them. For example, staff had ensured teaching assistants were aware that lessons needed to be pre-planned to be effective, promoting literacy using letters with sound technology, co-ordinating complex therapist appointments using a shared app and promoting shared learning for school classmates around signing.
- The directors recognised that support was needed for those young people approaching puberty. They worked with a clinical psychologist to support families and were devising a handout and training to share with staff.

Continuous learning and improving care

- The co-founders and directors were keen to shape the future of case management and encourage more healthcare professionals into the sector. They had written articles in various publications such as the Neuro-Rehab Times and Modern Law to promote their vision of promoting tailored rehab-focused solutions for long term recovery. A director was on the editorial panel to raise case management awareness and champion careers in the unique case management industry. This had resulted in increased communication from clinicians and consultants asking for more information. Breakthrough Case Management had been nominated for a 'Business Growth and Marketing and Communication award at the national Modern Law Awards. They were also branching out to offer podcasts on topics of interest for case management teams.
- As 'changemakers' the directors believed in change being a force for good and were working on redefining rehabilitation provision using innovation and digital technologies. Breakthrough Case Management values included a passionate drive to add digital tools to the armoury, to enhance person centred care to give the best quality of rehabilitation possible. The service worked with small businesses looking at digital innovation. For example, using an app to improve a person's gait as well as monitoring post-stroke support and tracking and discussing with insurers how to introduce a digital technology assessment service. One person had had a functional electrical stimulation (FES) bike sourced as part of a tailored physiotherapy programme. This had enabled them to grow stronger by using electrical pulses to pedal a bike despite their paralysis. Another person said of their robotic exoskeleton, "The use of technology makes what can seem impossible seem within my reach again." This showed a modern, forward thinking approach to actively seeking out new technology to benefit people throughout the sector and included discussions about participating in various research trials.
- The service learned from incidents and events and they used this learning to drive improvement. This included sharing learning with staff and developing protocols and guidance to support them. Policies were very detailed and tailored to the client group.
- Breakthrough Case Management promoted an ethical responsibility for businesses to include environmental, social and governance (ESG) in future growth strategies. The service was evaluating the company against ESG criteria; for example, workforce diversity, physical and mental wellbeing of employees, equal opportunities and carbon footprint. This manifested with Employee Assistance Programme provision, cycle to work scheme and staff rewards. Alongside paperless, cloud-based recording

system investment, ecological stationary, electric vehicles, online conferencing where appropriate, energy conservation, ESG policies and environmental and social causes corporate support. Breakthrough were registered with the UK Business Climate Hub. This showed a commitment to making a difference, cutting emissions by half and developing sustainable practice by 2030.

Working in partnership with others

- The service had close links with organisations and signed up to receive newsletters and updates from various national organisations. The service was keen to share the benefits of good case management through publications which had already resulted in increased communication from health professionals. Directors and senior case managers provided peer support and supervision to other industry colleagues outside of Breakthrough.
- Case managers were very skilled and three had attained advanced membership with BABICM. BABICM is a national association established to promote the development of case management in the field of acquired brain injury through the provision of support, training and best practice guidelines. Breakthrough were also members of Case Management Society UK and corporate members of Headway (A UK charity that works to improve life after brain injury) and 'Professionals working in Brain Injury', a group that shared learning around legal topics. A director was also a member of the British Thoracic Society and Association of Respiratory Nurse Specialists.
- The service actively sought out innovative and very specialist services they had researched in order to benefit people as much as possible. For example, one person had now been accepted for a research trial in the United States, use of an oromotor specialist and psychologists to support managing mental health after a life changing injury. Results had been transformational as described within this report. One relative said, "They come up with new and innovative ways all the time, and always are up to date with the latest research."
- The service worked very closely with other professionals involved in people's care, including lawyers. One litigation solicitor commented, "Very caring, friendly and professional. They are very outcome focussed and proactive. They always strive to ensure my clients are at the heart of what they do." Each person had regular multidisciplinary team (MDT) meetings with the staff team and all health professional involved in their care. These meeting minutes were full of complex discussions and actions taken to further improve people's lives down to small details. Communication was excellent, including MDT team access to videos and visual updates of peoples' progress or how a particular piece of equipment or treatment was going. A physiotherapist commented, "Excellent communication. They go above and beyond to answer my emails, often out of office hours and took the time to meet face to face." A specialist nurse assessor working with Breakthrough Case Management told us, "In all of my interactions with BCM, I have found the [management team] to be reliable, approachable and willing to work collaboratively with ourselves and also with other professionals within the MDT to ensure high quality care provision for [named person]."