Debbie Eaton Case Management Limited

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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

This announced inspection took place on 26 and 27 March 2018. This is the first inspection carried out by the Care Quality Commission (CQC). Not everyone using Debbie Eaton Case Management Ltd receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were two people receiving personal care.

The service is a case management service. The purpose is to support people who have experienced catastrophic or life changing injuries including brain injuries. The service acts as an intermediary between the person requiring support and specialist agencies who supply the care (support workers). Case managers are responsible for ensuring people's needs are met. They work alongside agencies such as solicitors, the Court of Protection and health and social care organisations. They also support people to employ their own staff, for example support workers and/or therapists.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe because it had systems in place to ensure people were safeguarded against the risk of harm or abuse. The provider had trained staff in how to safeguard people. Care plans and risk assessments provided information to staff on how to minimise the risk of injury. Sufficient staff were in place to support people. Staff had been trained in the areas required to keep people safe, this included areas such as supporting people with challenging behaviour.

Staff were provided with support through training, supervision, appraisals and team meetings. We were told the senior staff were easily accessible and responded to requests for support.

People's care plans were person-centred and reflected their cultural, social and health needs. Systems were in place to ensure coordinated person centred care benefitted people. People's health care needs were considered and appropriate support was available to help people maintain their health. Support was available to people when they needed it. Relevant others were kept informed of any changes to the care plan or changes in the needs of the person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated equally and fairly regardless of their disability, gender, age or chosen lifestyle. Staff received training in equality and diversity. The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information

Standard.

The provider had a complaints policy and procedure. Staff were aware of how to access the information if needed to deal with a complaint. Complaints had been dealt with appropriately and to the satisfaction of the complainant.

End of life care plans were in place for people, the registered manager was knowledgeable about how people's rights should be protected when making decisions regarding resuscitation. Do not attempt resuscitation forms had been completed for people where this was appropriate.

We received positive comments about the management of the service from staff, a relative and a healthcare professional. Through our discussions it was evident their focus was on meeting not only people's needs but their dreams and desires. Where possible they had helped to make these things a reality for people. This improved the quality of life for people and protected them from social isolation.

The performance and quality of the service was reviewed through audits. Where improvements were required, these were actioned. This ensured the service constantly learned from experiences.

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.

People were protected from the risks of abuse as staff were suitably trained and policies were in place to safeguard people.

Risks were identified and minimised. Risks were kept under constant review in order to keep people safe. This reduced the risk of people receiving inappropriate and unsafe care.

Is the service effective?

Good

The service was effective.

People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Staff understood the Mental Capacity Act 2005 and how this applied to people. This protected people's human rights.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

People were able to communicate with staff in a way that was meaningful to them.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care plans and risk assessments described the care they needed and minimised hazards.

People participated in activities at home and in the wider community. This encouraged inclusion and protected people from social isolation.

Is the service well-led?

Good

The service was well led.

Staff told us the management were supportive and they worked well as a team. There was an open and honest culture which enabled good communication and a positive working environment.

The registered manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

There were clear visions and values for the service. There was a shared philosophy of person-centred care, which enhanced the service to people.

Debbie Eaton Case Management

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 March 2018. The provider was given 48 hours' notice because the location provides a case management service, so we needed to be sure someone would be available to assist with the inspection. At the time of the inspection the service was providing support to over nine people but only two people were receiving personal care. The inspection was carried out by one inspector.

Prior to the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person and one relative. During our visit to the office we spoke with the registered manager. Following this we spoke with two staff and a health care professional by telephone.

We reviewed various records of care including two care plans. We also examined medicines documents namely medication administration records (MAR) charts. We read documents including audits, records related to the employment of staff and the operation of the service.

Good

Is the service safe?

Our findings

One person and their relative told us they felt the service provided to them kept them safe. Their relative explained to us this was because they [Debbie Eaton Case Management Ltd] "Had their best interest at heart."

Staff received training and understood how to identify indicators of abuse. They were aware of how to report concerns. The service had a safeguarding policy in place. The registered manager through discussion with us agreed they would benefit from safeguarding training at a management level. This was organised and booked during our visit. There had been no safeguarding concerns at the service.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed. We saw that people had risk assessments for medicines, skin integrity, fire, and finance amongst others. External professionals were sought to give advice on how people's care could maintain their safety and well-being. For example speech and language therapists had advised on the diet of one person. This was because the person was at risk of choking. Clear guidance was available to staff on how food should be prepared.

Staff were trained in the administration of medicines. Medication administration records for some people were checked by the service. Where people were supported by agency staff, this was the responsibility of the agency. Care plans contained clear information on the medicines people were required to take. Information about people's preferred methods of receiving medicines was recorded. Guidance on "Medication problem solving and solutions" covered areas such as missed doses and side effects, this was also available to staff. Staff competency was assessed and observations took place to ensure staff were delivering care in a safe and appropriate way.

Prior to people receiving a service, their needs were assessed. This was to ensure their needs could be met. This enabled the service to plan the resources the person needed to keep people safe.

Environmental risk assessments were in place alongside risk assessments related to the care provided for people. Where people required specialist equipment to support their needs, staff were trained to operate the equipment safely. For example a transferring hoist. Maintenance and insurance details related to equipment were retained by the provider to ensure the equipment was safe to use.

Staffing levels required for each individual were decided following the assessment of need. At the time of our inspection the registered manager told us of the importance of a consistent approach with regards to staff working with people. Due to the needs of some people it was necessary for staff to be consistent in their approach to minimise anxiety and keep people safe. A staff member was due to leave, the service were in the position of recruiting for this vacancy. Staffing hours were monitored to ensure staff did not work excessive hours.

Safe infection control techniques and systems were in place to reduce the risk of contamination. Staff

received mandatory training in infection control to ensure people and themselves were protected against the risk of illness. Staff were able to discuss with us the measures they put in place to protect against the risk of infection. The provider had an infection control policy in place to inform staff of the correct procedures to use.

Where accidents or incidents had occurred, these were recorded by staff. The records remained in the people's homes. We discussed with the registered manager how it would prove useful for a copy to be held in the office. They were in agreement and assured us this would be put in place.

Because of the complex needs of the people using the service, it was imperative that staff were skilled and knowledgeable about how to care for people. With this in mind, people and Debbie Eaton Case Management Ltd staff were part of the recruitment and selection process. This was to ensure candidates had the right training, experience and skills to support the person in a safe way.

Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, occupational health checks, and proof of identity and of address. This process reduced the risk of unsuitable staff being employed by the service.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty in case management services must be made to the Court of Protection. 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 were being met.

People receiving support from the service had access to a Court of Protection Deputy. These are people appointed by the Court of Protection to look after the person's affairs. For example, their finances. Staff had received training in the MCA. Some people receiving care from the provider had the mental capacity to make their own decisions. Where people lacked the mental capacity to make decisions for themselves, mental capacity assessments had been completed. Records demonstrated how best interest meetings attended by the relevant professionals had been held to ensure future actions were carried out in the person's best interest. The restrictions imposed at the time of our inspection included the management of people's finances. This was carried out by a court appointed deputy.

New staff attended induction training. This included areas such as Health and safety, food hygiene, safeguarding and first aid amongst others. The specialist nature of the service included the provision of care to people with brain injuries. The provider produced and carried out specialist training to staff employed by people to ensure they had sufficient knowledge about the needs of the people they cared for with brain injuries. Where agency staff were used, they were also offered training in this area. A health professional told us the service was very proactive in ensuring new staff were given the correct training when starting work with the company. They were approached to provide training to new staff to ensure a consistent approach was offered to people. They felt staff were well trained and skilled to carry out their roles.

One staff member told us "Learning is the life blood of looking after [named person]; if I am not learning I am not developing." They told us they had received sufficient training to carry out their role. Staff were also supported to learn by shadowing a more experienced staff member. They received support through regular supervision sessions with senior staff and annual appraisals. One staff member told us how useful supervision was as they were reminded of the things they had to achieve over the following month. Regular team meetings enabled staff to discuss relevant topics, to obtain advice and offer ideas for improvement.

People were supported with their hydration and nutritional needs. Where possible people took part in menu planning and were able to voice their preferences. Where people required special diets for example pureed food these were described clearly in people's care plans. For one person it was important to manage the

amount of fluid the person consumed in a day. To ensure records were as accurate as possible, each cup or glass in the person's house had been measured for its fluid content so that staff were confident their records were exact. Care plans reflected people's needs and the risk associated with a lack of nutrition and hydration as well as too much hydration. Consuming too much fluid can also pose a risk to people's health, this was clearly highlighted in one person's care plan.

People's healthcare needs were supported by the staff. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs. Staff supported those people who required it to attend appointments. For one person physiotherapy was important to ensure they remained as independent as possible. It also assisted with the person's self-esteem and quality of life. Staff supported the person to attend physiotherapy sessions and hydrotherapy sessions. Medical needs were included in people's care plans to enable staff to support people with their health. For example, Epilepsy. This ensured staff had access to up to date accurate information, which assisted them to support people in an appropriate way.

A key part of the role of case management is the coordination of organisations and resources to enable people to live a fulfilling life. Documentation evidenced close liaison with external services such as care agency staff, solicitors and therapists to enable person centred support for individuals. For one person they were supported by a care agency. Debbie Eaton Case Management Ltd had access to the daily records data base for the person. They also worked closely with the Court of Protection Deputies, who dealt with people's finances. Joint meetings took place with relevant parties to ensure effective and synchronised care was provided to people.

Good

Is the service caring?

Our findings

Through our discussions with staff and the registered manager we saw evidence of their caring nature. One healthcare professional told us "The attitude of the staff is really caring." Comments from staff such as "Keeping things as high quality as we can is paramount" reflected the willingness of staff to provide a good quality service to people. The registered manager shared with us their philosophy behind the service they offered, this was, "It's not, what is the matter with me? but what matters to me." The registered manager told us this was their motivation, to make sure the things in life that were important to people were maintained and developed where possible.

Part of the role of the service was to signpost people to resources that would be beneficial to them. For example, one person with the assistance of the service had employed the skills of a personal trainer to assist with their physical mobility. The registered manager told us how the service was flexible, it did not operate on a 9am to 5pm basis, but was available to people when they needed the support. Some people received 24 hour support.

One relative told us they were kept informed of any changes in the care needs of the person. They were actively involved in contributing to the care plan of their family member. They told us they felt their contributions were listened to and when appropriate acted upon. The staff we spoke with were compassionate and empathetic towards the people they cared for. They believed people had rights and their role was to advocate for people and support them to make choices and decisions for themselves. This was echoed by the registered manager who told us about the people they supported, they said "It is not about them fitting into our lives, it is about us fitting in with them." Throughout the inspection they demonstrated a strong person centred attitude towards the people they were supporting.

We discussed with the registered manager how they provided care to people who had protected characteristics. There are nine characteristics protected under the Equality Act 2010. These are:
Age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The registered manager told us people would be valued regardless of their characteristics. Discussions would take place with each individual to establish "How he or she wants to live their life." The registered manager had previous experience of providing care to a person who was transgender. They told us what was important to that person was how they wished to be addressed and how they could be supported with their lifestyle. Staff received training in Equality and diversity. They told us it was important to "Make sure we give staff the tools to be able to look after people." This supported staff to treat people as equals and ensure their care was appropriate to their individual needs.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place by the NHS from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Communication was an important aspect of the care being provided. For some people with brain injuries their memories were affected.

When appropriate to do so staff continually prompted people to help them remain independent and to minimise confusion. Tools such as a whiteboard were used to record which staff were on duty, and what activities or appointments were planned for the day. This was refreshed at intervals during the day. Care plans reflected people's communication needs. Advice was given on how to maximise people's ability to convey information and to receive information. For example one person's care plan stated staff should consider the environment, to reduce noise and distractions. To speak using short sentences and break information down, and to avoid using two questions at once. This assisted the person's understanding. To enhance their expressive language they had access to a text-to-speech device. The person could type a message on the keyboard, and this was verbalized by the machine. These tools assisted people and staff to achieve the best outcomes in terms of communication.

Good

Is the service responsive?

Our findings

People's care plans were person-centred and reflected their cultural, social and health needs. Care plans and risk assessments addressed people's lifestyle choices, physical, health and psychological needs. Meetings convened between relevant parties checked the accuracy and quality of the care being provided. Discussions with people or their representatives ensured their opinions contributed to the care planning and reviewing process. For one person whose care was provided by a care agency, the provider attended regular meetings to ensure care was still appropriate. Care plans were jointly written to ensure the approach was suitable and relevant.

People's personal goals and ambitions were taken seriously by the staff at Debbie Eaton Case Management Ltd and where possible each person was encouraged to fulfil their dreams and aspirations. The registered manager told us how they worked with family members to prevent social isolation. Family occasions were also an important consideration. Where the person wished to be supported this was provided to enable people to attend family or social occasions. Activities were arranged as requested by people to enable them to spend quality time enjoying themselves. Such activities included attending rock concerts and following their interests in archaeology and travelling on cruise ships. "Positive risk taking" was an area the registered manager believed was beneficial to people. Planning ahead and minimising risks enabled people to improve the quality of their lives.

Care plans advised staff on how to deal with difficult situations that arose. The guidance was based on the individual needs of the person. Where required advice was sought from a neuropsychologist to provide direction for staff on how best to support a person. For example, one person occasionally got upset with staff. The care plan stated how the staff should deal with the situation, how to respond and what triggers may cause a person to become upset or angry. The staff we spoke with were aware of how they should interact with people when these occasions occurred. This protected people's dignity and ensured the support they received was relevant and appropriate.

The provider had a complaints policy and procedure. Staff were aware of how to access the information if needed, to deal with a complaint. The provider had a complaints log to enable them to review information and to implement changes where needed. Feedback from a health professional confirmed if any concerns (not complaints) were raised these were dealt with promptly.

Where people had memory loss making a complaint was particularly difficult. Documentation showed how the provider put in place extra measures to enable the person to give their feedback on how the care was being provided and any difficulties they encountered. They did this by sitting with the person and asking simple questions, using photographs and obtaining an overview of the person's feelings and opinions. In this way they were able to ascertain if there were any areas the person was not happy with. As a result they were able to put measures in place to address any concerns.

People had been approached to establish how they wished to be cared for following their death. Do not attempt resuscitation (DNAR) forms had been completed and were placed in people's care plans. For one

person it was clear to the registered manager the correct process for completing the form had not been followed. They challenged this with the medical profession to ensure the person's wishes were documented correctly and the correct procedure was used. We discussed how end of life care plans could be improved by including information related to people's preference when nearing the end of life, for example whether they wished to go into hospital or if possible remain at home. In doing so the provider would be able to ensure people's end of life was dignified and in line with their wishes. The registered manager told us they would be following this up.

Good

Is the service well-led?

Our findings

Through our discussions with the registered manager it was clear they were passionate about providing good quality and effective care to people. Their focus was very much on people and their needs, and how best the service could meet those needs. Staff spoke positively about the senior team. One staff member told us "I feel much more confident working with [registered manager]. If she puts her name to something she does it….You can rely on her."

Staff told us the best thing about their work was "The satisfaction you get when you see [named person] achieve their goals. This makes them feel very happy and content." "[Registered manager] herself. I can rely on her, if she says it will happen it will. I feel in this job I can rely on her and that is refreshing." A health care professional told us they felt the service was well managed. They told us "They [staff] are really easy to communicate with and they are accessible… I am very impressed with the consistency of staff."

People were encouraged to give feedback on different aspects of the service through a customer satisfaction survey. The last one had taken place in October 2016. Responses were positive about the service people received. Other feedback was obtained from staff during staff meetings and supervision. One staff member told us how action is taken when appropriate suggestions are made to improve the service to people. Staff told us they felt respected and supported by senior staff in the service. Staff felt they received constructive feedback from senior staff on their performance. Records showed this took place through supervision and appraisals.

A number of quality assurance checks were undertaken to ensure the safety and quality of the service being provided. These included training audits to ensure staff had the correct and up to date training and skills to support people. Other audits included medication record audits, care plan audits and information technology (IT) audits. The IT audit and work recently undertaken was to ensure the service would be compliant with the new General Data Protection Regulation which comes into effect in May 2018. Work had been done to identify what areas of information security needed improving and this had been achieved.

The vision and values of the service were to provide a high quality, person centred service to people. This ethos was apparent in the records and in the attitude of the staff we spoke with. Their comments about the aim of the service included "The values are integrity and normalisation of our particular client. We strive to support them to have a full and independent and a complete life alongside their family." "A high quality of care and a strong professional structure." The registered manager told us their emphasis was to focus on what was important to people at that time. They gave us an example of how they had supported a person to "spread her wings." This was achieved through the commitment of staff "going the extra mile". By staff working together to assist people to achieve their dreams.

The registered manager was an occupational therapist by profession. They also practiced as an expert witness. This gave them the opportunity to work alongside other professionals and develop their skills and knowledge in areas such as the Mental Capacity Act 2005. They were a member of the British Association of Brain Injury Case Managers. They gave us an example of how this had improved their practice.

When convening meetings with other professionals to discuss people and their needs. They felt the meetings needed to address peoples' wishes, and so the format of the meeting changed. Now people speak first and are able to discuss their wishes and ambitions, this is followed by professionals. The emphasis has shifted from professionals being prescriptive about how they would meet people's needs and the focus is very much on the person rather than vice versa. This placed people at the centre of their care.