Northern Case Management Limited

Northern Case Management Leeds Office

Inspection report

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Date of inspection visit:
03 May 2017
05 May 2017
09 May 2017

Date of publication:
25 May 2017

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 was an announced inspection carried out on the 3, 5 and 9 May 2017. At the last inspection in January 2016, we found the service was not ensuring proper and safe management of medicines. Also, where people were unable to consent because they lacked capacity the service was not using the Mental Capacity Act 2005 to assess and record decisions made in people's best interests. At this inspection we found the required improvements had been made and these regulations were now being met.

The service is registered to provide personal care to people living in their own homes. The service provides care and support to people of any age who require rehabilitation following a brain or spinal cord injury. At the time of the inspection, there was one person receiving the regulated activity of personal care from the provider

There was a registered manager in post. 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 and associated Regulations about how the service is run.

A relative of the person currently using the service told us they were happy with the support their family member received from the service. They said they felt their family member was looked after well and were confident they were in 'safe hands'. The relative told us their family member had a good quality of life because of the support received. They said they felt involved in the development of all aspects of their family members support package.

There were arrangements for the safe handling of medicines in place and staff were trained and competent in people's medicines support. Staff understood how to keep people safe and told us any potential risks were identified and managed well. We found there were systems in place to protect people from the risk of harm and safe recruitment procedures were in place.

There were policies and procedures in place in relation to consent and the Mental Capacity Act 2005 (MCA). Staff showed they understood how to ensure their practice was in line with the MCA and could describe how they made sure they respected people's choices and wishes.

Arrangements were in place to make sure any dietary requirements were met and a range of other professionals were involved to help make sure people stayed healthy.

Staff were supported to do their job well. Care and support was provided by appropriately trained staff. They received support to help them understand how to deliver good care and support and confirmed their training prepared them well for their role. Staff knew the person they were supporting well and were confident they delivered good support.

People's needs had been assessed and support plans contained good information which guided staff around how care should be delivered in a person centred way. Support plans covered what was important to the person, what they wanted to achieve and what support they needed. This included the support needed to enjoy and experience leisure opportunities.

There were effective systems in place to monitor the quality and safety of service provision and we found there were appropriate systems in place for the management of complaints. The relative of the person who used the service was aware of who to speak with to raise any concerns. They confirmed anything raised was always dealt with promptly. Staff and the relative we spoke with told us the management team led the service well and had driven improvement.

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.

There were appropriate arrangements for the safe handling of medicines.

Risk was assessed and managed well in order to keep people safe.

Staff had a good understanding of safeguarding and how to appropriately report abuse. There was a robust recruitment policy in place.

Is the service effective?

Good

The service was effective.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

There were a range of health care professionals who provided treatment and advice when required to ensure people's health care needs were met.

Staff training and supervision equipped staff with the knowledge and skills to support people effectively.

Is the service caring?

Good

The service was caring.

There was evidence of good involvement in making decisions about care and support received.

Staff knew the person they were supporting very well and were confident good care was delivered.

Is the service responsive?

Good

The service was responsive.

Support needs were assessed and plans identified in detail how care should be delivered in a person centred, individualised way.

There was evidence that individual choices and preferences were discussed and identified with the person who used the service and their family.

The service had systems in place to manage complaints.

Is the service well-led?

Good

The service was well- led.

The management team were familiar with individual care needs and knew the person who used the service well.

Staff were clear about their roles and responsibilities and felt well supported by the management team.

There were effective systems in place to monitor and improve the quality of the service provided.

Northern Case Management Leeds Office

Detailed findings

Background to this inspection

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

This inspection took place on 3, 5 and 9 May 2017 and was announced. On day one we visited the provider's office and on days two and three we made telephone calls to staff and a relative of the person who used the service. The provider was given short notice of the inspection as we needed to be sure key members of the management team would be available at the office.

The inspection was carried out by one adult social care inspector.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the service. We contacted the local authority, other stakeholders and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection, there was one person receiving the regulated activity of personal care from the provider. During our inspection we spoke with their relative, three staff; which included two case managers, the training co-ordinator and the registered manager. We spent time looking at documents and records related to this person's care and the management of the service.

Good

Is the service safe?

Our findings

At the last inspection in January 2016 we found appropriate arrangements were not in place to ensure people were given their medicines safely. At this inspection we found the provider had made the required improvements.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their roles and responsibilities. Staff had completed training in the safe handling of medicines and told us this gave them the knowledge and confidence to support people with their medicines safely. Staff told us their competency was checked on an annual basis to make sure their practice remained safe. Records we looked at confirmed this. At the time of our visit the service was supporting one person with their medication. We saw detailed support plans were in place to show how the person took their medication. We saw appropriate arrangements were in place in relation to the recording of medicines; medicine administration records (MARs) were used and those we looked at were completed accurately and in full which demonstrated medication was given as prescribed.

Staff we spoke with were aware of their responsibilities regarding the medication support needed. The relative of the person who used the service had no concerns about how the staff managed their family member's medication. We saw one medication was to be given as and when necessary for pain relief. The instructions for this medication were detailed to give enough guidance for its safe administration. The guidance linked to information in the support plan on how pain was expressed by the person who used the service.

The relative of the person who used the service said they felt their family member was safe with the staff who provided the support. Their comments included; "I have every confidence in them."

The support plan we looked at showed risks were assessed properly and restrictions were minimised to make sure the person who used the service had the freedom and choice they needed to live their life to the full. We saw these were reviewed as needed when any changes occurred. Staff were aware of risk management plans and said these were updated to ensure current needs were met. In the PIR, the registered manager said, 'We have a risk assessment policy and a wide range of supporting documents for service user risk assessments, care worker risk assessments, specific risk assessments and environmental risk assessments to ensure the risk of accidents and harm happening to Clients and their support staff in the provision of the personal care, is minimised but their lives are enriched with a range of stimulating and interesting activities.'

Staff spoke of their training in managing behaviours that could challenge the service and others. They said they were trained in de-escalation techniques and felt confident these techniques prevented incidents of behaviour that could challenge the service and others. Staff also said they were trained in low level restraint should this be needed. They said this was based on the assessed individual needs of the person who used the service and would only ever be used as a last resort such as when the person put themselves or others in serious danger. Records we looked at confirmed any incidents of physical restraint were recorded, analysed

by the management team and staff were given opportunity to de-brief and discuss the situation where restraint had been used to ensure on-going safe practice. Staff and the training coordinator confirmed all staff were trained in the safe use of any physical restraint.

There were effective recruitment and selection processes in place, which included people who used the service or their family member being on the interview panel. The registered manager spoke of the importance of ensuring people who used the service or their family members were involved in identifying the right applicant to work with them or their family member. We looked at recruitment records of four care staff. We saw appropriate recruitment and identification checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. The relative of the person who used the service said they were fully involved in recruiting staff and were pleased they were able to influence the process to ensure they found the right staff.

Overall, there were effective procedures in place to make sure any concerns about the safety of people who used the service were appropriately reported. Staff had received training in the safeguarding of vulnerable adults and children and the records confirmed this. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to; this is known as whistle blowing. We saw one allegation of abuse had been reported and thoroughly investigated with the local authority as directed by the provider's policy. However, this incident had not been reported to CQC as the provider is required to do so. The registered manager looked in to this and confirmed an error had occurred. The registered manager was fully aware of their responsibilities to report any alleged abuse and said this had been an oversight.

We found staffing levels were sufficient to meet the needs of the person who used the service. A small team of regular staff provided the service in the person's home which included care and support at all times the person was at home; including overnight support. Rotas were prepared in advance so the person and their family were aware who was providing the support. Bank staff were also employed to cover sickness absence or annual leave if necessary.

Staff said they felt confident and trained to deal with emergencies and were trained in first aid. The registered manager told us the provider operated a 24 hour on call system. They said there was an on-call team available to provide assistance and support to staff at all times. Accidents and incidents were recorded and kept under review to ensure staff learnt from previous experiences. There were systems in place to ensure the premises in which people lived were safe and that any risks were identified to ensure staff could work safely.

Good

Is the service effective?

Our findings

At the last inspection in January 2016 we found where people were unable to consent because they lacked capacity the service was not using the Mental Capacity Act (MCA) 2005 to assess and record decisions in people's best interests. At this inspection we found the provider had made the required improvements.

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. Staff we spoke with said they had received training on the MCA and understood their obligations with respect to people's choices and the need to ask for consent prior to carrying out any care tasks. The provider had comprehensive policies on consent procedures, the MCA and best interest meeting procedures.

The registered manager, case managers and staff demonstrated an understanding of the MCA. For example, staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. In the PIR, the registered manager stated, 'We will continue to monitor staffs understanding of capacity and consent as being part of the MCA.' We saw they did this through staff meetings and supervision meetings.

Staff spoke of the person they supported and the need to respect parental responsibility when any decisions were made regarding the person's welfare. Records we looked at showed how the relative was involved in all decisions that affected the person and how these had been made to benefit the person. For example, the use of a safety harness when travelling by car. Other professionals such as an occupational therapist were also involved in the decision making process.

The relative of the person who used the service said staff knew how to care for their family member and had the right skills and abilities to do their jobs. They said, "All of the staff are well trained and know what to do." Staff said they received training that equipped them to carry out their work effectively. Staff's comments included; "Very thorough training" and "The best training I have ever had."

Staff told us they received a good induction which had prepared them well for their role. We looked at the records of induction and saw a number of training courses were all delivered in one day. This included; health and safety, fire safety, load handling (moving objects), basic food hygiene, risk assessment, infection control, safeguarding, MCA, handling and administration of medicines and management of actual and potential aggression (MAPA). The training co-ordinator told us the training was delivered, based on the individual needs of the person who used the service and this approach enabled them to cover all these topics in this space of time. Staff said their induction had covered what they needed. In addition to this induction training; first aid was completed and shadow shifts (working alongside an experienced staff member) were undertaken to enable staff to meet and get to know the person they were to support. In the

PIR, the registered manager said, 'All support workers complete a comprehensive induction programme with our in house trainer and the client's case manager. This includes bespoke training about the specific client who they will be working with; to ensure they are trained to best meet the client's needs.'

The induction training was refreshed at intervals identified by the provider to ensure staff's practice remained up to date. For example, first aid every three years and safeguarding and MAPA every year. The training matrix showed us all staff's training was up to date. Specialist training such as epilepsy was provided if staff were supporting people with this need.

In the PIR, the registered manager told us, they were working alongside the British Association of Brain Injury Case Managers (BABICM), the Case Management Society UK (CMSUK) and Vocational Rehabilitation Association (VRA) to develop professional competencies in case management, leading to a professional qualification. We spoke with a case manager who was currently undertaking this and they said they had received good support from the provider to enable them to meet and demonstrate the competencies required to become an advanced practitioner in case management.

During our inspection we spoke with staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Records showed staff received regular supervision and appraisal which gave them an opportunity to discuss their roles and options for development. Staff told us they were well supported by the management team. One staff member said, "We see our managers regularly, always have supervisions and discuss everything." Case managers told us they had regular contact with staff when they were providing support in the home of the person who used the service and they used this opportunity to assess staff's on-going competence and practice.

Care records gave information on the food preferences of the person who used the service and the support they needed at meal times. Staff were familiar with the support needed and described how food should be prepared. Records showed arrangements were in place that made sure health needs were met. We saw evidence staff had worked with various agencies and made sure people accessed other services such as speech and language therapists, physiotherapists and psychologists when needed. In the PIR, the registered manager said, 'Our case managers are all registered health professionals and have a designated small case load of clients and manage all aspects of a client's care.'

Good

Is the service caring?

Our findings

At this inspection we again found that the staff had developed positive and caring relationships with people who used the service. The rating continues to be Good.

A relative of the person who used the service told us the staff were kind, caring and compassionate and they knew their family member well. They said, "They all get on so well with [name] and he likes them."

Comments from stakeholders involved with the service included; "My [person who used the service] is clearly very happy with the current care he receives and has very positive relationships with all his carers", "Northern Case Management (NCM) Leeds Office provide a caring person centred professional service to the cases on which I have been involved. Conscientious approach applying expert knowledge about brain injury rehabilitation in order to support service users and their families. I would recommend this service" and "I have always found NCM and specifically [Name of case manager], to be sensitive, supportive and caring. She appears to have a good relationship with her clients and their families."

Staff showed they knew the person well and could describe in detail their support needs. The registered manager and case managers also demonstrated they knew people well and had developed a relationship with them and their family. All staff spoke about the person they supported with warmth and fondness and showed they were respectful and mindful of the fact they worked in the person's family home and needed to respect the family's privacy. Staff explained to us how they protected people's privacy and dignity and gave good examples of how they ensured this such as being aware of where they spent time in the family home and respecting the wishes of the family of the person who used the service.

People and their family were encouraged to make choices, express their views and be involved in their own care and support. The staff we spoke with understood the importance of offering people choice and allowing them to make decisions about their own care. Care records showed how the person was supported to make decisions and how they communicated their choices.

We saw the person's independence was encouraged and staff knew what to do to encourage this. We saw from records the person was making progress on their independence goals with staff's support and guidance. The relative of the person who used the service said, "[Name] is doing really well; improving all the time." Staff spoke of the importance of ensuring as much independence as possible for the person. One staff member said, "It's important to keep moving forward."

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good. People experienced care and support that met their needs and preferences.

We looked in detail at the support plan for the person using the service and saw this included very individualised, person centred information on how the person and their family wished support to be provided. For example, plans on how to support with personal care tasks while encouraging independence and how to positively manage behaviours that challenged the service and others. The plans gave information on what the person could do for themselves and what they needed help with, their routines and the importance of a consistent approach from all staff and how to manage any health support needs. They also included individual ways of communicating with the person.

Staff told us they found the support plans very informative and said they gave them all the guidance they needed to meet the person's needs. Staff showed an in-depth knowledge and understanding of the person's care, support needs and routines. We also saw the support plans contained detailed information about what the person wanted to achieve in their on-going rehabilitation. Goals had been set around skills of independence and we saw records showed this was monitored daily to show the progress made.

In the PIR, the registered manager said, 'Our case managers provide full and detailed care plans for our support workers to follow which are prepared in conjunction with the service user and/or their family/representative.'

Records showed the person who used the service was supported to play, maintain their hobbies and interests and to enjoy their free time. Staff were aware of what the person enjoyed doing and they maintained a record of this.

People who used the service had access to a complaints procedure. A relative we spoke with told us if they had any concerns they would raise them with staff and the case manager. They said, "Any niggles, things that have annoyed me I feel happy and confident to raise and they have always been sorted." In the PIR, the registered manager said, 'NCM has comprehensive policies and procedures regarding the raising and management of concerns and complaints. We have an out of hour's Advisory line so that a senior case manager with a wealth of experience in dealing with complex issues can respond to any client's problem out of usual office hours.'

Good

Is the service well-led?

Our findings

At this inspection, we found the service was as well-led as we had found during the previous inspection. The rating continues to be Good.

There was a registered manager in post. They managed this service and another service for the provider. The registered manager was supported by a group of case managers identified to oversee the care and support of people who used the service in this location. Case managers told us the registered manager was present at the location at least weekly and often more frequently. They described the registered manager as an excellent practitioner in brain injury and told us they had a wealth of knowledge they shared with them to develop their skills.

A team of support workers was in place to provide the care people required, under the direction and supervision of a case manager.

Other stakeholders we contacted said the service demonstrated good management and leadership. One said, "I have always found the service to be safe, well managed and effective. We have had several professionals meetings during this time and have found [Name of case manager] and the other professionals to be just that, professional in their approach. Any identified actions are followed through and relevant information is passed on." Another stakeholder said, "I have always found Northern Case Management to be a professional organisation, who I believe have provided a good service to their clients."

In the PIR, the registered manager stated; 'NCM's Supervision and Compliance manager and Registered Manager is an elected Board Director of BABICM and current Treasurer. He was selected as a member of the working group developing new rehabilitation good practice guidelines. These are part of the updated Rehabilitation Code which are the industry standards of rehabilitation. This means that NCM's management are not only keeping up to date with best practice but are helping to develop it in the field of brain injury case management.' Staff told us they felt proud to work alongside the registered manager and found them to be inspiring and motivating. Staff told us they enjoyed their jobs and found the management team approachable. One staff member said, "There's always someone to call we get great support."

People and their relatives had opportunities to be involved in discussions about developing their packages of care and support. Monthly meetings took place with case managers, the staff team and the relative of the person who used the service to review all support plans and goals. A relative of the person who used the service said they found the service to be well run and organised. They said communication was good.

Staff were given opportunities to be involved in developing the service through their one to one supervision meetings, appraisals and a staff survey. Staff we spoke with felt well supported in their roles, felt listened to and could contribute ideas or raise concerns.They felt they were encouraged to put forward their opinions, were confident about reporting any concerns or poor practice and were valued team members. In the PIR, the registered manager said, 'NCM holds regular senior team management meetings and company feedback meetings to keep our case managers informed of any changes within the company.' All staff told

us they were kept well informed of important aspects in the service.

The service carried out routine audits of a number of areas related to the running of the service. There was a system in place to monitor the quality of care records; including daily recordings and MARs. The audits of the daily records were not always signed to show they had been checked. However, case managers told us they did this and fed back any concerns to staff in supervision meetings or by e mails to staff. Staff confirmed this happened. Audits were also completed on staff training, supervision, appraisal and recruitment to ensure staff's on-going competency. Any action plans developed in response to audits were signed off when actions had been completed to show the improvement in the service.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in December 2016 and this showed a high degree of satisfaction with the service. The results of the survey were published on the provider's web site.