Care and Case Management Services Limited

# Care and Case Management Services Limited

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Outstanding |

# Summary of findings

## Overall summary

Care and Case Management Services Limited is a private case management service, providing case management, personal care and support services. It is an independent company predominately commissioned by Deputies appointed by the Court of Protection or Litigation Solicitors. The service undertakes assessments, and provides and reviews care and therapeutic services for children and adults who, as a result of medical negligence or personal injury, have suffered brain injury, spinal injury, or other serious medical conditions.

The service coordinates services from an office base in Stokesley. However, services are provided across a wide geographical area in the North East of England. At the time of this inspection the service provided the regulated activity personal care to 27 people. The service employed 52 staff who were involved in providing the regulated activity.

The service had a registered manager, who had been registered with us since April 2009. 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.

People benefited from a service with strong leadership and an ethos of providing high quality, bespoke care and support. The registered manager was very well qualified and experienced, and an appropriate management structure was in place to support them. People who used the service, relatives and professionals expressed a very high level of satisfaction with the standard of care provided. All told us the service was very well led, with a clear focus on providing individualised and person centred care. Staff were passionate about providing high quality services that focused on the individual.

Quality monitoring took place and included listening and acting on feedback from people who used the service, staff and other professionals. Checks and audits took place to monitor the quality of the service's work. People who used the service, relatives and other professionals were routinely involved in meetings, reviews and on-going work so that their feedback could be taken into account.

The service was committed to continuous learning and development and proactively embraced community involvement, keeping up to date with developments in their areas of expertise and sharing good practice. Professional networks and contracts with support organisations were in place, to help staff remain up to date with best practice and share their own professional skills and expertise with the wider community. Staff were members of the appropriate professional bodies and associations to help support their work.

People were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us that they were safe and could raise concerns if they needed to. Staff were aware of safeguarding procedures and could demonstrate how they had taken action to safeguard people when

necessary. Staff also told us that the registered manager listened and acted on their feedback.

Safe arrangements were in place for staff recruitment, with people who used the service being involved in the recruitment process and decisions about which staff supported them. New work was only taken on if staff felt that they had time to do it well. Care workers were organised and deployed in a way that met people's individual care needs, with small individual teams of staff who knew people well. People who used the service and their relatives told us that they received an individual, consistent and reliable service.

The service had health and safety related procedures, including emergency plans, in place. The office had been assessed for safety, with appropriate maintenance in place. Systems for reporting and recording accidents and incidents, including detailed reviews and actions, were in place. The care records we looked at included individual risk assessments, which had been completed to identify any risks associated with delivering the person's care. Where people's needs were complex relevant professionals had been involved to provide advice and training. Risks were managed positively, so that people were supported to develop confidence, skills and independence.

Safe systems were in place for assisting people with medicines, where this was part of their agreed care plan. Records and discussions with staff evidenced that that staff were trained and checks took place to ensure medicines were being given safely. Detailed information was available about people's medicines and the support they needed, which had been reviewed regularly to ensure it was up to date. People were supported to take medicines independently wherever possible.

Staff had been provided with training and support to help them carry out their role. This included specialist training and support from relevant health care professionals where someone had complex needs. People and their relatives told us that staff were competent and knew what was expected of them. Staff told us they were well supported by the registered manager and other staff, who had clear expectations and provided regular support. We saw evidence of staff being encouraged to develop their own professional expertise and there was a strong focus on professional development. Training opportunities were also offered to people who used the service and their relatives.

This service supported people in their own homes and provided help with meal preparation, eating and drinking where this had been agreed as part of the person's care service. If people needed support with eating and drinking this was detailed in their care plan and professional advice had been sought if people had complex nutritional needs.

People's care records included detailed information about their health and wellbeing, so that staff were aware of information that was relevant to their care. Relevant health care professionals had been involved and people were involved in decisions about which therapists and professionals supported them.

People and their relatives told us that staff were caring, treated them well and respected their privacy. Staff were able to describe how they worked to maintain people's privacy and dignity. We saw clear examples of people being supported to develop skills and independence.

People's care records showed that their needs had been assessed and planned in a very detailed and person centred way. People who used the service and their relatives told us that they were involved in planning and reviewing their service and that their views were listened too. We saw clear examples where staff had supported people to take positive risks and develop their independence.

People had been provided with written information on the formal complaints process. People also told us

that they were given opportunities to raise issues or concerns on an on-going basis. There had been one recent complaint, which had been responded to and resolved promptly. There were many compliments and letters of thanks.

## 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 who used the service were protected from abuse, by staff who knew how to identify and report concerns and felt confident in doing so.

People's needs were assessed by appropriate professionals, to identify risks and put in place the necessary training, equipment and support to deliver people's care safely. Risk was managed positively, with people supported to reach their potential.

Care was provided by staff who had been recruited safely [with the involvement of people using the service] and were effectively organised to provide the individual care and support people needed.

### Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to do their jobs, including specialist training and support where necessary. There was a strong emphasis on professional development and sharing good practice.

Detailed information about people's health needs was included in their care records and relevant health care professionals had been involved. People and their families were involved in decisions about which therapists and professionals supported them. If people needed support with eating and drinking this was detailed in their care plan and professional advice had been sought if people had complex nutritional needs.

The service understood and worked within the requirements of the Mental Capacity Act. This included best interest decisions and the involvement of families, professionals and court appointed deputies where appropriate.

### Is the service caring?

Good

The service was caring.

People were treated in a caring way and were at the centre of the service's approach. Staff were focused on, and skilled in, helping people develop their independence and reach their potential.

People were involved in day to day decisions about their care, including who their staff were, which professionals supported them and how their care was provided.

Staff knew how to treat people with dignity and respect.

## Is the service responsive?

Good

The service was responsive.

People's assessments and care plans were extremely person centred and contained individual, detailed information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances. We saw examples of bespoke and innovative packages of care being provided.

People were encouraged to provide feedback about their service on an on-going basis and had been provided with information on how to make formal complaints.

## Is the service well-led?

Outstanding

The service was very well led.

People benefited from a service with strong leadership and an ethos of providing high quality, bespoke care and support. People who used the service, families and professionals expressed a very high level of satisfaction with the standard of care provided.

The service was committed to continuous learning and development and proactively embraced community involvement, keeping up to date with developments in their areas of expertise and sharing good practice.

Quality monitoring took place and included listening and acting on feedback from people who used the service, staff and other professionals. The service was well led, with the registered manager and staff committed to providing a high quality service.

# Care and Case Management Services Limited

**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.

We carried out our inspection on 16 December 2015. We gave the service short notice of our visit to the office, because we wanted to make sure the people we needed to speak with were available.

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses care services. The expert-by-experience who assisted with this inspection had experience of using health and social care services and caring for people who used these services.

Before the inspection we reviewed all of the information we held about the service. This included looking at past inspection reports, any information that had been shared with us about the service and any notifications we had received from the service. Notifications are information about changes, events or incidents that the provider is legally obliged to send us within a required timescale. Surveys were sent to 3 people who used the service, six staff, three relatives and 14 community professionals. Surveys were returned by three staff and three community professionals.

The provider completed a provider information return (PIR) before our inspection visit. 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. The PIR provided us with detailed information about the service and was returned on time.

At the time of our inspection the service provided personal care and support to 27 people. As part of the

inspection we telephoned and spoke with one person who used the service and six people with the help of their relatives. This was because the majority of people who used the service were unable to discuss their support with us independently on the telephone, but could do so with their relative's support.

During our visit to the office, we spoke with the registered manager and two of the service's case managers. We also spoke with the business manager and support team manager. After the inspection visit we spoke with two members of care staff on the telephone.

We contacted five professionals who work with Care and Case Management Services Limited to gather feedback about the service. This included solicitors and therapists.

During the inspection we reviewed a range of records. These included four people's care records, such as assessment, care planning documentation and medication records. We looked at three staff files, including staff recruitment, support and training records. We also looked at records relating to the management of the service and a variety of policies and procedures. Additional information we asked the service to send us was provided promptly.

Good

# Is the service safe?

## Our findings

The people we spoke with told us that they received a safe and reliable service. Relatives told us that people using the service felt safe and told us the service was provided in a way that promoted trust and confidence. People said that they were satisfied and happy with the service. For example, one person said, "They are absolutely fantastic." Another person told us, "They [the person using the service] feel very safe and we're happy with the service."

Feedback from other professionals was that the service was safe and protected people. For example, one professional told us, "In my opinion the service is safe. They are thorough in recruitment services and new staff are always trained to the highest standards once the vetting process has been completed to ensure that client safety is paramount. The detail in the procedures, protocols and policies ensure that clients are protected and staff are highly skilled". Another professional said, "Care and Case Management Services are rigorous in terms of acting on issues regarding client safety."

We looked at the arrangements that were in place for safeguarding people and managing allegations or suspicions of abuse. Policies and procedures covering safeguarding, child protection and whistleblowing provided information and guidance to staff. Staff told us that they had been trained in safeguarding adults and children. The training records we saw confirmed this. The registered manager and other staff were aware of their role and responsibilities in recognising and reporting abuse. The registered manager talked us through an example of where they had taken action to protect a person from abuse and reported concerns to the local safeguarding authority. Staff told us that they would feel comfortable raising safeguarding or whistle blowing concerns with the case management team and had confidence that they would handle concerns appropriately. This meant people were protected by staff that were able to recognise, report and act on concerns.

We looked at the arrangements to ensure that staff were recruited safely and people were protected from unsuitable staff. People who used the service and their families were involved in the recruitment of their care staff. For example, meeting potential staff as part of the recruitment process or helping with the interview and selection process. We looked at the recruitment records for three care staff. These showed that staff had been subject to a thorough recruitment process, including an application form, interview, obtaining written references and a Disclosure and Barring Service [DBS] check. The DBS helps employers make safer recruiting decisions, by checking if people have a criminal record or have been banned from working with certain groups of people. We found that the service recruited staff safely.

We looked at the arrangements that were in place to ensure enough staff were available to meet people's needs. The registered manager explained that the service would not take on new cases if they did not have the resources to manage the work well and meet people's needs. They told us, "Cases are only accepted if the case manager believes s/he has time to do the service user justice." The registered manager also explained how the organisation of people's care staff varied depending on the individual person's circumstances. Care staff were usually recruited on an individual basis, to meet the needs of the person and deliver their package of care. This meant that people had their own small staff teams, put together

specifically to meet their needs. This also meant that where possible people had staff they had helped to recruit, felt comfortable with and who knew them well. People who used the service and relatives confirmed that they had a small number of regular care staff, who they had got to know and vice versa. There were no concerns about the service's reliability, with people telling us that their staff were reliable and provided the care and support that had been agreed. We found that staffing was well organised and ensured that people's individual needs were met.

We looked at the arrangements for ensuring the health and safety of people using the service, staff and other people involved in the delivery of the service. A health and safety policy and procedure was in place. The care records included detailed risk assessments, protocols and management plans, which had been completed to identify and manage risks associated with delivering care. Where appropriate, specialist professionals had completed these. For example, one person had needed specialist manual handling equipment and techniques to keep them and their staff safe. An occupational therapist had assessed their needs, provided advice and helped to obtain the most suitable equipment. They had also provided support and training to the person's relatives and staff on how to use the most appropriate manual handling techniques and equipment safely. We saw examples of positive risk management, where people had been supported to take managed risks in order to develop skills and independence. For example, working with an individual to develop their skills and confidence, so that they could go to the local shop independently.

Procedures were in place to ensure people were protected when staff supported them with financial matters. For example, people we spoke with told us that where any money or financial transactions were involved, there was a clear and transparent system in place that worked well and they were happy with. Records of these systems were also available in the office.

We looked at the arrangements that were in place for managing accidents and incidents and preventing unnecessary risk of reoccurrence. We saw that individual accidents and incidents had been recorded and reviewed by the case manager and safety officer. Records showed that each incident was followed up with an accident investigation report, identifying any further actions needed. Examples of actions that had been taken to minimise risk and prevent reoccurrence included reviews of risk assessments and protocols and staff supervision and training sessions.

We had not received any recent statutory notifications from the service. Notifiable incidents are events that the service has a legal requirement to inform us about. We discussed this with the registered manager, who was able to describe the notification requirements correctly and clarified that there had been no recent notifiable events at the service. This was supported by the accident and incident records we viewed. People were being protected by the service's approach to risk assessment and safety, with serious incidents and injuries being prevented.

An emergency plan was in place and covered planning for emergency scenarios, such as outbreaks of illness. This planning helped to ensure that people were kept safe if emergency situations occurred. The business manager had completed an office safety risk assessment and was able to provide evidence that appropriate maintenance inspections and servicing had taken place. A confidential waste disposal contract was in place.

The staff provided help and support with medicines, where this was an agreed part of people's personal care package. People told us that, where staff assisted with medicines, this was working well and they had no concerns. The service had a policy and procedure for the safe management of medicines. The case managers we spoke with were both registered nurses and demonstrated a good understanding of safe medicine management. They told us that each person had a medication risk assessment, profile, protocol

and care plan, and showed us examples of these in practice. We saw that there was detailed information available about the support each person needed with their medicines. The case managers were able to give examples of how different people were supported to manage their medicines safely, while also supporting people to be independent as possible. For example, one person had historically been completely dependent on staff administering all of their medicines. When Care and Case Management Services Limited took over the person's care they recognised the person's potential and challenged previous assumptions about their abilities. They worked closely with the person and their care workers to manage risk while also building their skills and confidence. This had been successful and the person was now able to administer their own medicines independently using technological support.

Care staff told us that they had received training in managing medicines and felt competent assisting people with their medicines. Where staff were delivering support with medicines they confirmed that the case managers had gone through everything with them, ensuring staff knew what they were doing. The training records we looked at confirmed that training had taken place. Case managers were described how they monitored medicine administration records, to ensure medicines were being administered correctly. We saw examples of completed medicine administration records (MARS) that had been returned to the office for checking and filing. The recording was clear and of good quality, with codes used correctly to record events.

Good

# Is the service effective?

## Our findings

People who used the service and their relatives told us that the service was very effective and provided the care and support they needed. Comments made to us included, "They understand [name of person] and how they communicate", "They've got to know [name of person]. They're quite complex." Two relatives talked about how involved the family were in the care process and how this enhanced confidence levels in the service. People indicated that staff listened and worked in a way that was appropriate for the person, with comments including "They know how to encourage him" and "Yes, they work flexibly."

Feedback from other professionals about the effectiveness of the service was extremely positive. For example, comments made to us included, "I would say that they are probably one of the most effective case management companies in the market. They are proactive, cost efficient, have a wealth of experience in various areas and make a real difference to people's lives" and "The service is highly effective; works are completed in a timely manner. Regular team meetings for clients ensure that goals are collaborative, services integrated and potential maximised."

Staff had completed appropriate training, which enabled them to understand people's individual needs. People who used the service and relatives thought their staff were competent and knew people well. One relative said, "They've had the correct training and they've got on-going learning to help them understand [name of person]'s needs." Another relative told us how the care staff 'shadowed' them to gain an understanding and insight into how their relative needed support, before staff started working with the person alone. This helped staff to better understand the person they were caring for and recognised the knowledge and 'expertise' the relative could offer.

All of the staff we spoke with told us that they were provided with good training and development opportunities and the records we looked at supported this. The registered manager and case managers were able to explain and show us evidence of additional training, provided to reflect the individual needs of the person staff were supporting. For example, by involving specialist professionals (such as occupational therapists, speech and language therapists or physiotherapists) to deliver bespoke training and support that was focused on the particular individual staff were supporting.

Overall we found that the service positively valued and developed their staff, by actively providing opportunities for training, personal development and career progression. The registered manager and case managers also showed us how people who used the service and relatives were encouraged to attend and access training free of charge. They explained that this could be a very effective learning and development tool for all involved.

We looked at the arrangements in place to ensure staff were adequately supported, through effective supervision and appraisal systems. The staff told us they felt very well supported and could approach other staff for support whenever they needed it. One staff member said, "I have really good quality supervision, there isn't one case where I feel I'm working in isolation." Another said "Everyone is amazing, you can go to anyone and they will help you." Case managers were able to explain how they provided supervision and

support to the teams of care workers who worked in the community. For example through regular visits, group and individual supervision sessions and meetings. The supervision and support records we viewed supported this.

Arrangements were in place to ensure people were able to maintain their health, including access to specialist health and social care practitioners when needed. People told us that staff were flexible and mindful of their relative's health and wellbeing. For example, one relative said "I have confidence in them." Another said "They [staff] will encourage him, but if he's unwell they'll back off until he feels better." People and their families were involved in making decisions about which therapists they wanted to use, benefiting from the service's database of health care professionals. Feedback from health and social care professionals was positive, indicating that the service involved them appropriately, kept them informed and followed their advice. For example, how staff had obtained physiotherapy input for an individual and successfully implemented physiotherapy exercises.

People's care records included detailed information about their health and wellbeing, so that staff were aware of information that was relevant to people's care. Health care professionals had been involved where needed, to complete assessments and provide specialist support to staff. For example, in one person's case an occupational therapist, physiotherapist and speech and language therapist had provided assessments, equipment and staff training, to help staff meet the person's needs effectively and safely. Some people the service supported had complex health care needs, such as epilepsy and seizures, or the use of cerebral shunts (surgical interventions used to treat swelling of the brain). Detailed information was available about these needs and how they affected people's care. For example, one person had a cerebral shunt and disliked clothing being put on or removed over their head. Care records detailed how staff should ensure care was provided in a way that did not unnecessarily distress the person, by choosing button through clothing where possible, making a fun game out of dressing/undressing and having clothing set out ready.

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

The service had policies in place covering MCA, Deprivation of Liberty and how people should be supported with decision making. The registered manager had undertaken training on the MCA and was able to describe the main principles of the Act and how they involved people as much as possible in making decisions about their care. Up to date best practice guidance on deprivation of liberty and people living in their own homes had been provided by one of the service's stakeholders and had been used by the registered manager to improve practice. For example, they had reviewed their approach and implemented new assessments and records around capacity, consent and deprivation of liberty, which we were shown during our visit. These records had been completed and shared with people's court appointed deputies to ensure that people were being cared for in the least restrictive way possible and were not being deprived of their liberty. The registered manager recognised that this was a complex and important area of practice. Further staff training was planned and there was a clear commitment to seek out guidance and review their approach on an on-going basis.

The assessment and care records we saw included clear information about how to communicate with people, their needs and preferences. Where people lacked capacity to make certain decisions we saw evidence of best interest decision making involving other relevant professionals. For example, decisions about the need for medical treatment to maintain a person's wellbeing. Where appropriate relatives and

other professionals had been involved to support people and help with decision making. Some people had court appointed deputies to help manage their affairs. Where this was the case we saw evidence of the deputies being informed and involved in decision making and care planning.

Arrangements were in place to ensure that people received the help they needed with eating and drinking. The service supported people in their own homes and provided help with meal preparation and eating and drinking where this was part of the agreed care plan. We saw that detailed information about the assistance people required and their dietary preferences and routines was included in their care plans. Where people had complex needs, such as swallowing difficulties, health care professionals had been involved, to assess their needs and provide advice and support. For example, we saw cases where dieticians and speech and language therapists had been involved in supporting people. This support included detailed risk assessments and protocols provided by the professionals to help staff care for people safely and effectively.

Good

# Is the service caring?

## Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people who used the service. People we spoke with said that the staff were caring and treated people very well. They also told us that the service was individual and tailored to meet people's needs. Comments made to us about Care and Case Management Services Limited included, "They're brilliant," "They're excellent," and "They're very dependable, trustworthy and reliable."

Other professionals who worked with the service told us that staff were caring and offered tailored support that was bespoke to individual needs. One professional told us, "Yes (they are caring), they show empathy, professionalism and go the extra mile when families are in difficulty." Another professional said, "The service is a caring service, which supports families in a variety of ways, including attempts to recruit staff who are compatible with the family's lifestyles and cultural beliefs." Other comments made to us included, "Care and Case Management Services' staff put their clients' needs at the centre of all work that I am involved in."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and encouraged to maintain independence. Everyone we spoke with felt they had appropriate involvement in all aspects of the care processes. For example, one person said, "Yes they do involve as much as they possibly can." Another said, "Yes they do involve [name of person]. They explain everything to them." People we spoke with felt they had control over the service they received and the people involved in delivering their support.

The staff we spoke with were all able to describe how the service's ethos and approach was focused on involving people in decisions about their care and support as much as possible. This often included the involvement of people's families, especially where care was being provided to children or people who might lack capacity to make certain decisions about their care. For example, we saw evidence of staff regularly meeting with people and their families to discuss their care and how things were going. We also saw evidence of people who used the service and their families being given access to free training, so that they had information and knowledge to help them make informed decisions about their care and support.

The case managers we spoke with were clearly passionate about providing individualised care and supporting people to be as independent as possible. This came across in their detailed and enthusiastic description of people's needs, what had been done to support them and how they had actively challenged other professional's assumptions about people's abilities. They were able to give detailed examples of how they had supported people to regain independence and tailored people's care to suit their preferences. This was also evident from the detail we saw in people's care records.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. People told us that care staff maintained people's confidentiality appropriately. For example, by not talking about other people while working. They also told us that staff maintained people's privacy and dignity at all times. For example, one relative told us, "They keep [name of person] covered up, doors closed, etc." Another relative told us, "When they're getting changed, they close the blinds and the door." The staff we

spoke with were able to describe how people's privacy and dignity was maintained while care was provided. For example, by enabling people to do as much as possible for themselves, shutting doors and curtains and covering the person during personal care tasks.

Good

# Is the service responsive?

## Our findings

We looked at the arrangements in place to ensure that people received personalised care that was responsive to their needs. People we spoke with all told us that they were involved in planning and reviewing their or their relative's care. People felt that care was personalised and tailored around what the individual and their family wanted and needed. For example, relatives told us, "Yes [they are involved], it's always begun with 'what do you need?'" and "They never do anything without involving the family." Relatives indicated that they felt involved that the service recognised and valued their 'expertise'. The service's approach to assessment and care planning benefitted because staff involved and recognised the experience and knowledge of relatives. For example, learning from relatives about the way people responded in certain situations and using this knowledge to help staff care for people in the way that was best for them as an individual.

Professionals who worked with the service told us that Care and Case Management Services Ltd were responsive and flexible, making changes to people's care and support when needed. For example, a professional told us "They act very quickly to the changing circumstances of their clients in order to ensure a first class service." Another professional said "In my opinion the service is responsive as I have experience of families in crisis being prioritised and resources channelled to ensure that they have the appropriate support as quickly as possible." Other comments made by professionals who worked with the service included, "They act on changes to a client's status, such as protocol revision (changes to written procedures) following surgery, and ensure staff have updated training when circumstances change."

The records we viewed showed that people had detailed assessments, risk assessments, protocols and plans in place. The records were very detailed and included input from other professionals when this was relevant to the person's care. The care records we looked at showed a variety of different care and support packages, which had been put in place to meet each individual's specific needs. There was a clear focus on empowerment and independence. For example, care plans contained programmes for empowerment and support, which included measurable goals and timescales, to help the person reach their own personal potential.

People told us that the service was appropriate to their or their relative's needs and had evolved or adapted as necessary. For example, one person said, "It's evolved as his [person using service] needs have changed." Somebody else told us, "Yes it's flexible." Another person said, "They involve the whole family and we have regular reviews of how things are working." The records we looked at confirmed that people were regularly involved in reviews of their needs and reviews also included a multi-disciplinary team of relevant professionals. We saw examples where people's support and care had changed over time.

Staff we spoke with knew people very well and were able to give examples of how people were supported in a person centred way. For example, the use of a white board and prompt cards to help provide messages and reassurance to one person when staff were not present. This had been put in place to develop the person's confidence and independence, so that they could spend time at home alone without staff support.

We also saw how equipment and assistance from other community services, such as telecare services and medication dispensers, had been used to manage risk positively. Telecare helps to manage risk and support independence by means of unobtrusive wireless sensors placed around the home which detect possible problems, such a person falling, or exiting a room and not returning within a specified time period. This had been used to enable one person to live safely, but more independently and without the need for constant staff supervision.

We saw how the service had reviewed and changed care arrangements for another person, to better suit the individual's cultural and religious beliefs. This had resulted in the person becoming less isolated, because they were more comfortable and confident accessing their local community with staff who fitted into the person's cultural scene. When we checked people's care records we found that they matched what staff had told us about people's needs and the way services had been adapted to meet them. The service provided people with very individual and person centred care.

The provider had a policy setting out how complaints could be made and how they would be dealt with. A complaints leaflet was available. A copy of this had recently been provided to people who used the service and their families, following feedback from a quality survey which highlighted that people did not know about the formal complaints procedure. This showed that the provider had responded to feedback about the service and made improvements.

Everyone we spoke with knew how to complain and indicated that they would feel able to raise concerns if necessary. Nobody had made a complaint, but everyone spoke positively about the quality and management of the service and felt able to raise any issues if needed. One person told us, "If I ring the office they always get back to me." There was a record of complaints and compliments, which we viewed during our inspection. There had been one complaint within the last year. Records evidenced that the service had responded thoroughly and resolved the matter at the first stage of the complaints process. There were many compliments and letters of thanks also on record, showing good feedback about the service.

Outstanding ☆

# Is the service well-led?

## Our findings

People unanimously told us that they felt the service was well led, with strong and effective management. For example, one person said, "I'm very happy with the service." Another person said, "It's an effective management team who are proactive in getting things done."

Feedback from professionals was that the service was professional, well run and had strong leadership. Comments made to us included: "My opinion is that the service is well led. There is strong leadership within the organisation that ensures the service is responsive and effective." "Care and Case Management Services seem very well led, they have expanded recently and with the strong leadership this has not diluted the quality of service." "Yes they are very well organised and run, [name of staff member] and [registered manager] run a very tight ship."

The service had a registered manager, who had been registered with us since April 2009. The registered manager was very well qualified and experienced, with many years of experience as a social worker, case manager and manager. They told us, "I do think we are good with our clients, and I think we do a good job." They were passionate about the service they provided and clearly communicated the service's ethos of providing truly bespoke, person centred services that focused on the person. A strong management structure was in place to support the registered manager, including an experienced business manager. The business manager told us about their focus on supporting the service to deliver high quality services, through robust quality assurance and business systems.

The service devoted a considerable amount of time to charitable and professional organisations, sitting on four committees for Headway and the Yorkshire Acquired Brain Injury Forum. All of the services case managers were members of the British Association of Brain Injury Case Managers, and the service itself was a member of United Kingdom Acquired Brain Injury Forum, The Brain Injury Social Work Group and Care Alliance for Workforce Development. Representatives from the service had attended networking events and regional and national training days and the registered manager was a speaker at a number of conferences and legal forums. One of the service's directors had obtained the first award given by UK Acquired Brain Injury Forum for innovative case management, an award which recognised the person's innovative and person centred approach to supporting people. The support team manager was registered with the Chartered Institute of Personnel and Development (CIPD) and in 2015 received an award for services to volunteering.

The service also offered training opportunities to people who used the service and relatives (free of charge), charitable organisations, Deputies from the Court of Protection and other relevant organisations. This showed that the service was committed to continuous learning and development and proactively embraced community involvement, keeping up to date with developments in their areas of expertise and sharing good practice.

The staff we spoke to were passionate and committed to their roles. One said, "I love it. I would not dream of leaving." Another explained what made the service special, saying, "It's the passion of [the registered

manager] and [the director], their passion and knowledge." Throughout our inspection we saw evidence [detailed throughout this report] of an organisation that focused on supporting people to achieve their potential. This applied not just to people using the service and their families, but also the service's staff.

The registered manager and case workers described how people were involved in on-going discussions and reviews of their support, which gave people using the service, their families and appropriate professionals, chance to voice any concerns or raise any issues. They felt that the service was very good at listening to people and responding to their wishes. Feedback we received from people using the service and their relatives confirmed this.

The case managers we spoke with showed us how they reviewed and checked the quality of care records that were returned to the office on a monthly basis. This included care notes, medicine administration records and records of financial transactions. The checks allowed them to be sure that care was being delivered safely and to identify any issues that needed to be raised with the staff team for improvement. The case managers also regularly visited people who used the service and the individual staff teams, to provide support and oversight through staff meetings and supervision sessions.

The business manager was able to show us the quality checks and monitoring that they undertook. For example, monthly audits of personnel files and client files to ensure that records were up to date and included all of the required information. Records showed that this process was thorough and included cross referencing different records to ensure procedures had been followed. For example, checking care recording and accident records to ensure any incidents had been recorded, reported and appropriate action taken.

In addition to the internal monitoring systems the service was subject to external scrutiny through its work with the Court of Protection and court appointed deputies. This scrutiny included a regular review of the service provided to each individual, with all case records being submitted to the court as part of the Court of Protection process.

During our inspection we asked for a variety of documents to be made accessible to us. These were provided promptly. Staff were keen to speak with us and explained the available evidence in an open and enthusiastic manner. We found all records we looked at to be well maintained and organised. This made information easy to find.

People using the service and relatives were invited to give feedback through an annual quality questionnaire. During 2015 surveys had been sent to 25 people who used the service and 24 relatives. The response rate had not been as good as hoped, with a total of 17 surveys returned. New ways of gathering and monitoring feedback were now being explored [because of the disappointing survey return rate], to better reflect the way the service worked and encourage a better response rate. For example, one new development was an exit interview/survey, which had been developed to gather feedback from people and their families where a service was coming to an end. We saw one of these that had been completed and provided very positive feedback about the service the person and family had received.

The business manager demonstrated how the survey feedback received had been monitored for trends and how actions had been taken in response. For example, last year there had been a trend of people not being aware of the formal complaints process, so an explanatory letter and new copy of the complaints procedure had been provided to everyone. This had been effective at improving the situation, because everyone we spoke with during this inspection told us they were aware of the service's complaints process.

We also saw other examples where feedback about the service had been received and acted upon. For

example, a review of the personal protective equipment and hand-washing protocols in use had been carried out following feedback from a relative. This review had resulted in changes to all similar protocols that were in place across the service, to ensure that they were sufficiently individual and person centred.

We found the leadership and governance of the service assured the delivery of high-quality, person-centred care. It also supported an open culture, with a focus continuous learning and improvement.