

Care and Case Management Services Limited

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Inspection report

The Old Smithy, 1 North Road
Stokesley
Middlesbrough
Cleveland
TS9 5DU

Tel: 01642713720

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Care and Case Management Limited was inspected between 10 and 26 September 2018 and was announced. We gave the service 48 hours' notice of the inspection as this was a small service and we wanted to ensure management and staff were available to speak with us.

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 of England. At the time of the inspection, 14 people were receiving personal care support.

Care and Case Management Limited was last inspected on 16 December 2016. The overall rating for the service was good. On our last visit the well-led question was rated as outstanding. This inspection has found the service has improved its rating from good to outstanding.

There was a registered manager in place at the time of our inspection. 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.

Staff we spoke with told us of the excellent support for their personal and professional development. There was a proactive support system in place to encourage staff to develop and deliver outstanding care.

People were supported by staff who were extremely well trained. All staff received what one member of staff referred to as an "exceptional" induction, which introduced them to what excellent care meant for each individual person. Staff received mandatory training in addition to specific training for people's individual needs delivered by specialists in that field. The service had innovated to deliver observational training across a wide geographical area. Staff consistently expressed an enthusiastic commitment to providing excellent care. The service was proactive in seeking professional advice and in working with other specialists to give people the best possible outcomes for a fulfilled life.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were both innovative and dedicated in their approach to supporting people to make informed decisions about their care. People were fully 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 supported this practice. Staff advocated on behalf of people to challenge decisions about people's care and also to challenge poor practice by other services ensuring people got the rights and services they were entitled to.

We heard how the staff team by their dedication, knowledge and kindness had helped people and families live meaningful and fulfilled lives following the tragedy of an acquired brain injury, often caused in highly traumatic circumstances. We heard so many stories of the practical and emotional support provided to people and their families that had helped their lives. On an individual basis, staff recognising when people were in danger of becoming overwhelmed and offering their personal time or specialist help to keep people and their family or loved ones together.

People were placed at the heart of the service by strong, caring leadership which promoted an open culture. The management team respected, supported and listened to staff to improve the quality of service. There were now a number of champions within the staff team who each took enthusiastic responsibility to improve the quality of service in their chosen area. The service acted on people's and staff views and regularly consulted with them about how to improve. The service had excellent links nationally and locally within the case management and acquired brain injury sector and was recognised as a beacon service by those in the profession. The registered manager understood the service's strengths, where improvements could be made and had plans in place to achieve these with timescales in place.

Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement. The service continued to build its capacity by recruiting staff with specialist skills and in developing the staff team through a personal and professional development programme.

People's safety was maintained as staff had good knowledge how to safeguard people. People were supported by staff who were trained and skilled and support was provided at the staffing levels of each individual's assessed needs. Recruitment processes were robust and involved people who used the service and their families. Medicines were managed safely and the provider maintained a safe working environment.

People were supported to achieve their goals, through individualised person-centred care. Positive risk taking was encouraged throughout the service, balancing the potential benefits and risks and empowering people to reach their full potential through greater independence. Strong community inclusion enabled people to live fulfilled and meaningful lives, through accessing a wide variety of local activities, education and leisure opportunities.

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 remained good.

Is the service effective?

Outstanding ☆

The service improved to outstanding.

Staff told us about personalised training opportunities that improved the quality of life of people using the service as well as giving staff excellent continuing professional development.

The service had developed an innovative way of delivering the Care Certificate that meant it was personalised to each individual's staff team.

We saw people were assessed in a multidisciplinary format by highly qualified staff that was praised by external professionals for its detail and robustness.

The service was committed to ensuring people's rights were upheld and worked with legal advocates, ensuring court deputies were involved in any best interest decisions.

Is the service caring?

Outstanding ☆

The service had improved to outstanding.

Staff were extremely skilled in clear communication and the development of respectful warm and caring relationships with people and their families, involving them in all decisions.

Staff supported people to build their confidence and to feel reassured. They were exceptional in enabling people to be as independent as possible.

The service also supported its own staff team with a caring approach to their well-being and promoted equality and wellbeing for everyone.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

The service remained outstanding.

Outstanding 

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 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.

Inspection activity took place from 10 to 26 September 2018 and was announced. We gave the provider 48 hours' notice so that staff members and records were available for us to review. The inspection included visits to the provider's office where we reviewed records, policies and procedures.

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

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We contacted the commissioners for the service and the local authority safeguarding team.

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

During the inspection we met with the registered manager, the clinical lead, four case managers and two administrative staff. We also carried out telephone interviews with two senior support workers and two support workers.

Due to the nature of people's acquired brain injury, the geographical distances people were located, and gaining people's consent, we were only able to speak with one person using the service. We did speak with

four relatives of people who used the service.

We looked at four people's care records and records relating to the management of the service including the recruitment and personnel records of three staff.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People and relatives told us they felt the service was safe. Comments included, "Yes of course I feel safe, I don't feel as vulnerable now as I once did," and "Yes we all feel safe, the staff are all highly professional and we know exactly what to do if we have an emergency."

Risk assessments were in place to ensure people were supported in a safe manner. Risk assessments were highly personalised and covered areas such as people going camping and driving their own vehicles where support staff may accompany them.

The provider had systems and processes in place such as safeguarding and whistleblowing policies for staff guidance. Staff received training in safeguarding and had a clear understanding of what constituted abuse and how to report it. One staff member told us, "Everyone knows to report any concern to the case manager but we also have information regarding local safeguarding services if we need it."

The provider had a system in place for managing accidents, incidents and safeguarding and whistleblowing concerns. We saw the management team shared learning from incidents and quality checks. For example, the registered manager told us of a safeguarding event where they were on leave and processes were not consistently followed. On their return they carried out a review of safeguarding processes and undertook staff meetings so people felt safe and assured straight away. They said, "We then introduced an independent safeguarding lead to review and assure our processes. It's meant they can focus on any new information and developments in that area and share it with everyone."

We met with the safeguarding lead who was a case manager and qualified social worker. They told us, "I have attended conferences relating to safeguarding and recently I attended a national one focussing on risks around social media and internet use. Following this I spoke with colleagues in a team meeting about my learning and we discussed ensuring people have the right security settings on their internet profile and speak with people about who they may be talking to online."

Care and Case Management Services Limited (CCMS) employed the registered manager, a clinical lead and seven case managers who were all qualified health or social care professionals. The service also employed 15 support workers as 'bank' staff and who step in to provide additional support where needed and holiday cover. Support staff are recruited on an individual basis by CCMS and supported and trained by them but are mainly employed by the person via their legal representative or court appointed deputy. There were currently 46 support staff employed in this way. People and relatives we spoke with told us staffing was deployed to meet their needs following their assessment by the case manager. One person told us, "My life changed for the better as I went out and did stuff." One relative told us, "There is a system if one of the support workers is on holiday, and we have an out of hours contact for any emergencies, we know contingencies are there."

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. We saw people and their families were involved in the recruitment process if they so wished.

Where staff supported people with their medicines this was managed safely. Staff had received training at induction and on an ongoing basis. The case managers who were qualified nurses led the medicines process at the service. They observed staff on a regular basis to ensure their competency in supporting people with their medicines. The lead nurses carried out the risk assessment and medicines profile for each person ensuring documentation and training were bespoke.

Infection control procedures were in place and staff had access to personal protective equipment to reduce risk of cross contamination.

Health and safety checks were in place regarding the office location for fire and electrical equipment. The service's administration support team ensured the office location and staff training were up to date in relation to safety related issues.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service had improved and we now found it outstanding.

One person told us, "They always consider my wellbeing, that's massively important to me," and another person said, "Every day is like a breath of fresh air, new opportunities and new places to go. With [Name] support worker by my side its excellent." A relative we spoke with said, "They are on the ball with absolutely everything, there is no stone unturned in relation to training, they go above and beyond to provide the best."

Staff we spoke with told us of the excellent support for their personal and professional development. There was a proactive support system in place to support staff to develop and deliver outstanding care. One support worker told us, "I have regular supervision with my case manager who I find very approachable. I once had a staff situation which I found difficult to deal with. [Name] fully supported me in handling the situation and did it in such a way that I could learn from it so I can confidently say I would feel much better equipped to deal with a situation like that again."

One person we spoke with also told us of their experience of their own empowerment by being supported to access training in their condition. They said, "I went on a course for brain injury and got a certificate for it. It was exceptional, I still have it and want to get it framed."

One of the case managers told us, "I have a case conference today with a Queen's Counsel (QC) and barrister for the first time, I needed to talk with someone really for some reassurance. I talked to the clinical lead and she reassured me I am on top of it. So that conversation was able to happen because she knew the case from our monthly supervision."

We saw sessions called group supervisions were in place so the support team for each individual could come together with the case manager and discuss any issues or concerns they had. We saw that the sessions were focussed on the person and a forward plan was discussed and agreed meaning there was consistency of approach. For one person who was experiencing some difficulties, their case manager said, "We can all voice our feelings and concerns, plan actions and as case managers we are conscious that staff may experience burnout or frustration so we regularly check in with them and may look at offering them time away with other clients." This showed the service took a proactive approach to supporting staff who may work with people who may present with distress or whom require an intense level of support.

We saw training opportunities for the staff team were individualised to the person they supported to achieve the best possible rehabilitation outcome for them. We spoke with one family member who told us, "[Name] the case manager is amazing, the training the care staff has is superb. For example, the staff have been trained by nurses to take blood so we can monitor the health issues my relative has at home. That's so much better for them and us."

The service had developed an innovative induction programme including a personalised application of the

Care Certificate. The support team manager told us, "We struggled with it. We have delivered the theory, but found elements of it haven't met our specification, it wasn't in enough depth. We remote work so it was difficult to do the observations, so we mapped how we can meet the observational standards and have mapped this to each standard. We aim for a 12 week turnaround and support staff know they must complete it by their probation meeting with their case manager." One staff member told us, "I have seen a wide variation in the quality of induction training amongst care providers and to me the CCMS package stands out as exceptional, in particular the acquired brain injury training and safeguarding training come top of my list." Another new staff member told us, "I have felt encouraged to ask what might seem a stupid question. I have spent time with every member of staff to understand how the team works." The induction programme included all the mandatory training required by regulation but also spinal injury and cerebral palsy training delivered by external professionals in the field.

Without exception people's relatives and healthcare professionals we spoke with expressed the upmost confidence in the staff team and felt they understood the needs of their family members well. We spoke with one relative who explained how the service supported their relative with their nutritional needs. They told us, "My relative is fed via a tube with a blended diet, we are about to commence a specialist diet and their carer has been with us to meet the dietician and doctor so we are all learning about it. I don't know any other service where they would be given the time to attend appointments with us and ask questions to the consultant, its fantastic."

People's nutritional needs were assessed by a professionally qualified case manager and risk strategies were written into care plans, such as providing fortified foods or pureed diets in a safe way. Referrals were made to dieticians, speech and language therapists (SALT) or other specialists where necessary and advice was incorporated into care plans. If people were reluctant to eat or drink, or felt unwell and were at risk of not receiving sufficient fluids or food, staff completed charts to monitor progress in this area. Examples of charts were completed in detail and action points were included as necessary in care plans when people's intake was limited. Care plans showed how staff were to stay with people to support and encourage them with their eating and drinking when needed. Care planning documentation and charts complemented one another so that it was clear how people's needs were met in this area of care. Reviews and decisions made about nutritional care were clearly recorded.

The assessment process carried out by the case manager was extremely detailed and personalised which assisted other staff to deliver the support the individual wanted and needed. This resulted in positive enhancements to people's health, wellbeing and abilities and many people increasingly became more independent.

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 saw the service went out of its way to ensure people's rights were upheld. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). In community care settings, applications to deprive people of their liberty must be made to the Court of Protection.

One of the case managers was the identified lead for MCA implementation at the service and they had

developed robust policies in relation to MCA and best interest decisions. There was a two-stage capacity assessment process with a clear flow chart which referred the assessor to the MCA lead and also to the person's court appointed deputy at key points in the process. One new staff member who had not experienced MCA processes before told us, "I was initially bamboozled by it, but the policies were clear and I have spent time with the lead to understand the process. We saw there were clear processes in place for monitoring any applications to local authorities and to the Court of Protection where this was relevant.

A case manager told us, "I act as an advocate for my clients, they can be overlooked in relation to statutory care and support. So I have helped people source benefits and entitlements. For one person, the local authority decided to remove their 1:1 night care and put in assistive technology. I knew this would not work for them as it created gaps in their care as they can't identify risk. I escalated my concerns through their consultant to director of adult services level. A social worker was brought in and we were able to work collaboratively. Their needs were re-assessed and they got the support they needed. We have kept him safe. I had to challenge professionally but we got a great outcome for them."

We were also told of another person with the service who had been subject to poor case and financial management previously. The service was asked by the official solicitor to take on their case and they did so on a pro bono basis due to the person's lack of funds. Following an assessment, the service found the person was being disempowered by their support staff who were following an institutionalised programme of care. The case manager told us, "We put positive risk-taking programme in place and additional safeguards and worked with partners in the NHS such as occupational therapists to review their current abilities and set goals. We advocated that social services should undertake their responsibilities in relation to funding but they were reluctant to do this. We challenged this, getting as much evidence of the previous negligence as we could and petitioned the person's MP. The local authority conceded and agreed to fund their package. We have now managed to reduce that package giving [name] the freedom they craved." The person's sister said, "They are so much more confident and happy now." This showed the advocacy work undertaken by the service and the determination to get people the rights and support they were entitled to as well as demonstrating working in partnership with other agencies.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service had improved and we now found it outstanding.

The person we spoke with and relatives of family members using CCMS without exception told us of the exceptional care and support they received from the service. We were told stories of how the CCMS staff team by their dedication, knowledge and kindness had helped people and families live meaningful and fulfilled lives following the tragedy of an acquired brain injury, often caused in highly traumatic circumstances. One person we spoke with told us, "My support team are excellent, they give me my independence which is my life. I like them so much, and I count them as good friends." They also told us, "They have made a huge difference to my life, the team had helped me do that, they make things fun." One person had written, "The extra support and guidance has helped me through difficult times and aided me into the stronger, more self aware person I am today." A relative had written, "You [case manager] are the reason our family is still together. I sometimes don't think you realise how much you have saved us."

We received feedback that the staff from CCMS showed people and their families exceptional compassion and empathy and that staff gave them time and listened to them. One family member told us how their case manager had recognised one of the family who had found their family member following a catastrophic road accident may be suffering from post traumatic stress disorder. They helped them get support from a neuro-psychologist. They said, "We came from such a bad place, we feel so blessed to have them. They are such lovely people and I don't know where our family would be without them."

Another family member told us, "Our support worker knows [Name] as well as we do. Our lives have been enriched by the emotional and practical support they give us. We have used two other case management services and we didn't stay with either very long, CCMS are the best by far, it's no wonder they are the leaders in the field."

People were supported to maintain relationships by a service committed to involving those close to people. One family member gave us the example of how their support worker went above and beyond to help them in the support of their loved one. They said, "[Support worker] intuitively knows when things are getting hard for me. She sends me a text message asking if I am ok and asking if I want her to come and sit with [Name] for a few hours so I can have a break. She isn't paid for this but does it because she cares about [Name] and us as a family unit. I cannot thank her enough." We saw for one person who had only recently experienced a traumatic brain injury that they had been supported to go on a previously booked family holiday. The case manager worked with a specialist travel agent and hotel to set up a taxi service and specialist equipment at the hotel. They also arranged for the equipment to be practiced with at home with an occupational therapist so their family would be confident using it abroad. They also arranged with a physiotherapist to support the person and their family to be able to access the swimming pool safely. The family met together with the case manager and the person to go through any risks so that everyone could stay safe on holiday. On return the person's partner said, "It was the best holiday they could have wished for." This shows how the service goes above and beyond to enable people to live as normal a life as possible and to support people

and their families to retain their relationships.

All staff we spoke with told us the most important things for them to uphold at the service were privacy and dignity. Some people had very complex support needs that meant staff had to provide extensive personal care. One staff member told us, "We [support staff] had training from an NHS continence nurse on client specific abdominal massage and this training had a huge impact on promoting the client's independence and dignity."

We spoke with staff about diversity and human rights. Staff spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual, sexuality and cultural differences. One person we spoke with told us they clearly identified with one geographical community and had been supported by CCMS to move back there. We also saw other people were enabled to explore their sexuality with the help of psychologists through a clearly recorded plan of support. We saw that for one young person, the case manager had carried out an awareness session to their teenage friends for a condition caused by the sudden onset of high blood pressure and how to administer their rescue remedy. The case manager told us this not only helped reduce the risks to the person but it enabled them to lead a normal life when out with their friends and gave their friends a better understanding of their disability.

Some people were able to express their views clearly but there were others whose voices may not have been so easily heard. The registered manager, and staff made special efforts to make sure these people's views were heard and acted on. We saw how the service had provided accessible information for one person whose first language was not English and how the service worked with their legal representatives to ensure the information about the service was in the appropriate language and that an interpreter was present at any multidisciplinary meetings. Staff told us that people who were tired or unwell were consulted at other times when they were most comfortable. People who had difficulty communicating were enabled to give their views by staff spending time with them, understanding their body language and consulting with those who were close to them. The case managers had organised for people who needed them to have communication aids to assist with expressing their wishes. For example, one person used a Moodle system with the help of their support worker to help their education. Moodle is a learning platform that creates a personalised learning environment. This was recorded in the person's plan of support so it enabled the person to keep their anxiety reduced by referring to it and reducing their sensory overload at busy times.

The service's philosophy of care was to enable people to reach their potential and a large focus was on supporting people to be as independent as possible. We saw they worked innovatively using information technology such as speaking clocks and other assistive devices. One person was due to take GCSE exams but an issue arose with their support staff assisting them in the examination environment, the case manager liaised with school and the examination board and enabled the support worker to be trained in annotating the person's work. This meant the person had the support from their staff to take their qualifications and the support worker became a resource for the school's special educational team. The person went on to achieve their expected grades and was now enjoying attending college.

Two members of staff sought us out on our visit to tell us how they had been inspired by the registered manager of the service. One staff member told us that during their recruitment that they were given a flexible notice period by CCMS whilst they moved from their old job. They said, "I wanted to ensure there was a good transition in the care to the child I was working with to a new lead nurse. Not everybody would have understood that but they did here." Another staff member told us of the exceptional personal support they were given by the registered manager. We met with this person on the inspection visit and their account of the confidential and empowering support by the registered manager during a period of illness to them

was highly moving. They said, "I want you to know she is so positive about everyone but I would not be here without her."

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

We found support plans to be person-centred, containing people's preferences, goals and wishes as well as care and support needs. Support plans were concise and easy to follow, and where specific techniques were required such as moving and assisting someone or therapy exercises, these were clearly detailed for staff to follow. One support staff told us, "The care plans are great and easy to follow and we are all involved in their review which is great, we are listened to and feel valued."

Support staff maintained daily contact records of what support the person had required and any changes in support or behaviours. Records also included any healthcare or specialist therapist support and the outcomes of support staff following therapist techniques. This meant that there was a clear unbiased evidence record for therapists to review how their intervention was being delivered by the support team.

The provider's support plan review system encouraged people and relatives to be involved in any discussion regarding their care and support package. Any reviews were undertaken in a multidisciplinary format involving all of the support team and external professionals such as therapists who had been brought in by the case manager. One relative told us, "CCMS have ensured that [Name] is heard via the multidisciplinary (review) process. [Name] talks to a family member who helps him organise his thoughts and write them down and these are presented to the meeting if [Name] doesn't feel able to be there for all of it."

We found the provider responsive when people's needs changed. One of the case managers we spoke with said, "We work with a rehabilitation plan aiming towards goals with therapists and ensuring we constantly review these goals and make new ones." One person we spoke with said, "I like meeting with [Name] my case manager, we plan for the future and talk about me going further afield."

We saw people were supported to undertake social and leisure opportunities. This included people attending a variety of community activities. We spoke with one person who told us, "I have been out for coffee this morning and then I have some time alone in town, it's great that I have that independence but I know [Name] my support staff is close by and can be with me if I ring them." People were also supported to go on holidays and one person told us of the great time they had with their support staff in Dublin.

We looked at how complaints were managed in the service. The provider had a policy and procedure in place which provided clear information for people who used the service. The complaints procedure was issued to people on commencement of their support. Although there had been no formal complaints since our last inspection we saw that the service encouraged feedback and sought to deal with issues or concerns early before they escalated to formal complaint status. We also saw that learning opportunities from incidents including safeguarding events were positively embraced and shared with the staff team.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of outstanding. At this inspection, we found the service continued to be exceptionally well-led.

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

Following the award of outstanding in the well-led domain at the last inspection, there had been changes to the Care and Case Management Services (CCMS) management team to ensure the service would continue to grow and develop. The registered manager told us, "We have developed a leadership team, ensuring all case managers are registered with their regulatory bodies and have professional qualifications. We have attracted different specialisms so we now have a safeguarding lead, a paediatric lead and a moving and handling professional." This means we have specialist knowledge in-house and can deliver really high quality training and support that is based on individual need."

The provider had also changed as the previous owners retired and the service became part of a case management complex care organisation. The registered manager who has been with the service from the start said this had also taken the service to another level. "We now have a central governance system so we can anticipate and react towards trends and have specialist support in relation to areas such as spinal injury and other complex care cases."

The service had revised its policies and had embedded a central IT system which ensured data protection and the implementation of the General Data Protection Regulation (GDPR) was exceptionally robust. People using the service were located all round the north of England and so case managers were often working remotely. A case manager told us, "Our audit trail is totally secure, only the individual owner can log onto their own laptops so if there is a theft or data breach, data can be secured immediately."

The vision and values of the service that included empowerment and enablement were clearly communicated to staff, people and relatives. One relative we spoke with said, "They are so holistic in approach. They support the whole family and are mindful and supportive." A staff member we spoke with said, "We have upped our game and introduced champion roles, this has meant we can focus on our particular area such as safeguarding or paediatric care and share this with others, it's meant our quality of learning has increased. It's also meant there is no hierarchy here, we all contribute and all support each other's development."

The service had excellent links nationally and locally within the case management and acquired brain injury sector. The registered manager was the treasurer of Headway Teesside, a voluntary group providing brain injury support and awareness in the local area as well as being a member of the UK Acquired Brain Injury Forum. The clinical lead was a member of the British Association of Brain Injury Case Managers and feedback we received from professionals and relatives echoed the nationally recognised quality of the service. We saw feedback from legal professionals about a seminar regarding brain injury presented by a

CCMS case manager stating it was, "Hugely beneficial." One relative told us, "Our legal counsel was a strong advocate for using CCMS, they told us they were the best and we were very fortunate to access their services. I am aware they always have a waiting list as they are very much in demand but they retain their high quality, family orientated status."

Other local partnerships the service developed included working with the James Cook University hospital and Teesside University. The safeguarding lead told us they had spoken with Teesside University saying, "They are keen for me to speak with new social work students about my role as a qualified social worker in this specialist field." We saw the service also recognised the excellent work of others in their field. A case manager had jointly worked with the defendant insurer and their proactive partnership approach meant the person made a remarkable recovery from their injuries. The case manager told us this type of partnership working was exceptionally rare and nominated the insurer for the defendant of the year award which they were shortlisted for. Ultimately the exceptional recovery due to having early intervention meant the person's claim had very little future costs because they recovered so well, but all parties including the insurer and the claim solicitor were delighted with the outcome. This showed the service wanted to share its expert knowledge and skills with others in the area to improve public awareness for people with an acquired brain injury.

Without exception every person, relative and healthcare professionals we spoke with or whom provided written evidence gave excellent feedback about the registered manager, case managers and office team about how the service was run. Staff were also extremely positive. One staff member told us, "I am a big advocate of continuous professional development and mine has been supported and encouraged by CCMS."

We looked at the arrangements in place for quality assurance and governance. The provider had a structured audit programme and we saw areas for improvement and lessons learned were shared with the whole staff team so the service continued to develop and improve.

Feedback about the quality of life people experienced using the service and that of their families was regularly sought. One person we spoke with said, "I meet with my case manager all the time and have completed a survey but I have also visited the office three times and was made really welcome. I met with [Name] the manager who was lovely and had a long chat."

Every staff member we spoke with told us they were very happy working at the service. Everyone told us they were proud to work for the service and they felt valued and listened to. One staff member said, "I think CCMS provide an outstanding care service, from the admin staff to the senior management team and I am proud to say I work for them." Another staff member told us they had worked for CCMS for eight years as had their partner, saying, "It's testament to their support that I continue to love and enjoy my work."

The provider was meeting the conditions of its registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.