

Anglia Case Management Limited

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Inspection report

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13 June 2019

18 June 2019

24 June 2019

27 June 2019

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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Anglia Case Management is a specialist agency which provides case management support and advice to children and adults who have sustained complex life changing injuries such as an acquired brain injury, spinal injury or cerebral palsy. The service is registered to provide personal care and treatment of disease, disorder and injury. It supports both adults and children. At the time of our inspection there were 41 people receiving the regulated activities provided by the service in Suffolk, Norfolk, Essex, Hertfordshire, London and Northamptonshire.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had completed a high level of specialist training which provided them with the expertise to assess, monitor and support people with their complex needs. The service worked closely with other health and social care professionals involved in people's care to ensure they received a high level of care and support. Staff supported people in an innovative way to maintain a healthy diet by using creative ideas to encourage people eat and drink sufficient amounts.

People received an extremely personalised and bespoke service, which was tailor made to meet their complex needs and preferences. People were central to the care and support they received and their decisions about their care were valued, including the decisions they had made regarding their end of life. There was a complaints procedure in place.

There were very robust and high quality governance systems in place to assess and monitor the service provided. The service had continued to improve the service since our last inspection. People's views were extremely valued and used to drive improvement.

Risks in people's daily lives were assessed and mitigated. Staff were provided with safeguarding training and understood how to keep people safe. Recruitment of staff was completed safely and there were sufficient staff numbers to provide the care and support required by people to meet their needs. People were supported with their medicines safely, where required. Infection control procedures were in place.

People were supported by staff who were caring and compassionate and who knew them well. People's rights to dignity independence and privacy were promoted and respected. People's choices were sought, valued and used to plan their care.

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

Rating at last inspection

The last comprehensive inspection rating for this service was good (published 22 September 2016). The

service was rated in good in the key questions safe, effective, caring and well-led and rated outstanding in the key question responsive. We undertook a focussed inspection on this service and they were rated outstanding in effective (published 8 December 2017). This meant the overall rating for the service was outstanding.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Anglia Case Management Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by one inspector and a specialist advisor.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also has a community rehabilitation service, specialising in brain injury rehabilitation in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure the provider or registered manager would be in the office to support the inspection. In addition, we needed to arrange to meet some people in their homes and gain their consent to do so.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Our inspection activity started 12 June 2019 and ended 8 July 2019. We visited the service's office on the first day and the other days we visited and spoke with people who used the service and spoke with care staff. We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection

A variety of records relating to the management of the service, including the results of quality assurance satisfaction questionnaires, were sent to us by the service. We reviewed these records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were provided with training in safeguarding. They understood their roles in protecting people from abuse and actions they should take if they were concerned that someone was being abused.
- The service used several methods of disseminating learning relating to safeguarding to improve staff's knowledge. For example, the support worker newsletter from June 2019, advised staff of a recent television programme relating to abuse. Staff were also reminded how to report any concerns, abuse or of bad practice, known as whistleblowing.
- Appropriate referrals were made if there were any concerns of people being abused and the service worked well with safeguarding professionals. Outcomes and developments from safeguarding were discussed in team meetings, including actions taken to reduce future risks.

Assessing risk, safety monitoring and management

- People's care records included detailed risk assessments, which identified how the risks in their daily living were assessed and mitigated.
- Risk assessments were kept up to date and regularly reviewed. People's choices and preferences were sought and included in the records.
- People told us they felt safe using the service and with their care staff. One person told us how they felt safe with the staff who supported them because they were shown how to use the hoist and, "Make me safe."

Staffing and recruitment

- Recruitment of staff was done safely, including checks on their suitability to work in this type of service. The person who used the service had the final say about the appointment of a new member of staff. Staff recruitment took into account the person's individual situation and sometimes whole staff teams were employed whilst the person was recuperating in hospital.
- There were sufficient staff members to meet people's needs and people received care from a dedicated team of care staff to ensure they received consistent care and support.

Using medicines safely

- Where people required support with the medicines, this was done safely. This was confirmed in records were reviewed.
- Staff were trained in the safe management of medicines and their competency was checked by a senior member of staff.
- Regular audits ensured discrepancies were identified and addressed.
- Since our last inspection, medicines error forms had been developed to show a clear audit trail of any

errors that occurred, and actions taken to reduce future risks.

Preventing and controlling infection

- Staff were trained in infection control and food hygiene and understood their roles and responsibilities relating to infection control.

Learning lessons when things go wrong

- The service had systems in place to learn from incidents and use this learning to drive improvement and reduce future risks.
- Learning was discussed in management and staff meetings and cascaded to all staff in internal bulletins and support worker newsletters.
- Incidents were assessed, and analysed, and appropriate actions put in place to reduce future risks, for example disciplinary action and reviewing people's care needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Each person had a named case manager who undertook extremely detailed and person centred needs assessments. These informed the person's care plans, which were tailored to the individual. Case managers were highly skilled and used their specialist knowledge to develop bespoke packages of care to support the needs of people and their families.
- The assessments were completed over a period of time and the initial assessment helped the service to identify if they could meet the person's needs effectively. The service had taken action after one such assessment to provide training in a specific culture to assist the staff member to meet the particular needs of the person. This meant each person received a unique service designed to meet their individual needs and to ensure the best possible outcomes.
- People, their relatives and other professionals involved in their care and support were consulted throughout the assessment process to ensure people's preferences, life styles and life choices were met. People were empowered to make choices about how they wished to live, including using assistive technology to support their independence and wellbeing. Support was provided to enable people to rehabilitate and maximise their independence, whilst also taking into account the long term, financial implications, of paying for a life of care and support.
- The community rehabilitation service consisted of a team of specialist neuro-occupational therapists working in the community to provide bespoke brain injury rehabilitation to adults. Person-centred goals were planned using GAS Goals, working in collaboration with the person using the service, their families, employers and other therapists to achieve the best possible outcomes. They could provide innovative therapies such as Interactive Metronome Therapy as well as source creative uses for assistive technologies. Quality assurance feedback rated overall satisfaction with the therapists as 100% good or exceptional.

Staff support: induction, training, skills and experience

- There were systems to train and support staff to provide an extremely high level of care and support and develop professional excellence. As well as core training, including safeguarding and moving and handling, bespoke and innovative training was provided to ensure care staff were knowledgeable about the individual needs and conditions of the people they cared for and supported. This included training on cerebral palsy, spinal and brain injury.
- Some people required therapy to be provided by their care staff. Therefore, staff were trained by specialists in these subjects, including hydrotherapy, home based physiotherapy or occupational therapy programmes. Specialist training was also provided in the administration of medicines via a gastronomy tube. Since our last inspection, the service now had an in house nurse trainer to provide training and

guidance in the management of epilepsy and emergency medicines.

- All staff spoke about the excellent standard of training and support they were provided with. One member of staff said about their training, "Can't fault it, amazing." Discussions with staff evidenced their exceptional understanding and knowledge of the needs of people they cared for and supported, and how these were met. One person told us, "My [care staff] are the best, best training and everything, nice workers."
- Robust induction was provided for new staff, which included classroom learning, shadow shifts and in house bespoke training relating to the individual needs of the person they would be caring for. New staff were issued with a handbook which gave details of the organisation, employment rights and the policies and procedures that they needed to know to fulfil their role. Where new staff had not achieved a qualification relevant to their role, they were supported to undertake the Care Certificate, which is a set of standards care staff should be working to.
- Staff received additional learning and development opportunities as part of their professional development. This included newsletters, development days and the use of case studies provided staff with the opportunity to build on their knowledge, evaluate their practice, discuss concerns and learn from others. Staff had a high level of achievement in qualifications relevant to the care industry.
- Supervision included formally organised one to one sessions, appraisals, peer support and regular team meetings. These provided staff with the opportunity to discuss and receive feedback about their work practice and identify any training needs. Feedback from people using the service was discussed in supervision and appraisal sessions. A newly introduced workbook on safeguarding had been developed for the staff to complete before their appraisal. This was to ensure knowledge remained current and to provide the opportunity to discuss how this applied to the people they supported. All staff spoken with were highly complimentary about the support systems in place. One staff member said their supervision was, "Regular and relevant."

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

- Where required, people received support from staff to eat and drink enough to support good health. Since our last inspection the service had introduced a new nutritional risk screen tool to ensure the support provided was effective in terms of people's needs and preferences and the support they required.
- People's records showed staff monitored their nutritional and hydration needs and worked with a range of health care professionals to promote people's wellbeing. Some people had specific risks around eating and this had been identified and guidance was in place to promote people's health and welfare. Where people required 24-hour support, they were involved in helping to decide what they wanted to eat and food preparation.
- The service had innovative ways of empowering and educating people to make decisions regarding their nutrition which had a positive impact on their lives. This included sessions on how people's conditions could affect their appetite and supporting people to understand the link between food and nutrition.
- People's records guided staff on the specific support they needed to eat and drink. Where required detailed risk assessments were in place to show how risks were mitigated, such as with the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- Records of compliments from other professionals involved in people's care demonstrated the high level of support provided to achieve extremely good outcomes for people using the service. This included compliments from health and social care professionals and people's legal representatives. One health and social care professional stated, "It has been such a pleasure working with you on this case...It is certainly not an easy case, and I felt we worked well as a team... I really cannot imagine where [person] would be, however, without the case management support [person] has received to date."
- People's care records showed the input and advice received from other professionals was incorporated into care plans to ensure people received high quality and consistent care. For example, one person, staff

and speech and language therapists were working together to try out new technology to assist communication.

- The service had formed highly effective relationships with other health care professionals, sharing their knowledge and expertise to further support people using the service and their families.

Supporting people to live healthier lives, access healthcare services and support

- People's records included very detailed information about each person's health needs and guidance for staff to show how these were met and affected their daily lives.
- Each person had a hospital passport which included information about their past medical history, the level of support that they required and the contact details of their case manager. Where possible, hospital admissions were avoided because staff had the specialist skills and knowledge to assess and monitor people's health.
- Where people were required to go into hospital, they were supported by staff. For example, staff took a person's personal mobility equipment to the hospital to support them in their continence care, so their dignity and continence needs were met. This demonstrated the high level of effective and dignified care provided and staff commitment to providing people with continuity of care.
- We saw several examples of how staff supported people to maintain healthy lifestyles, this included a photograph of staff members and a person doing circuit training together to improve the person's physical health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had fully embraced the MCA. Staff had received training in the subject, as well as training in positive risk taking, and decision making, and understood how it impacted on the care and support they provided. In addition, staff guidance on how to support people in decision making had recently been introduced. There was a clear emphasis on ensuring people's views and consent was sought in their care. Staff understood the MCA and the importance of assisting people in their own decision making, one told us, "I wouldn't make a decision without [person being involved]."
- Our observations of staff interaction with people demonstrated that people's consent was sought, and people's choices and decisions were respected throughout their care and support. This was further evidenced from our discussions with people and staff, and the records we reviewed. Risks to people were clearly documented and staff balanced supporting people safety with their right to self-determination and proportionate risk taking.
- People were supported to make their own decisions, empowered and given meaningful choice. People's

care records identified people's capacity to make their own decisions and the arrangements in place for those who needed support with particular decisions, including court appointed representatives. The service worked with the legal sector and other health care professionals as appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception people told us about the positive and meaningful relationships they shared with the staff who supported them. One person explained their staff as, "Funny...nice to me." Another person was keen to tell us about how much they liked the care staff who supported them.
- We observed respectful interactions between staff and people who used the service. They had clearly developed bonds, for example, one person shared jokes and banter with their care staff member.
- People's care records were written in a respectful way. They referred to people's specific needs and how these were to be met.
- Staff spoke about people in a compassionate way and knew the people they cared for very well. They were aware of people's diverse needs and how these could be met.

Supporting people to express their views and be involved in making decisions about their care

- People told us they made choices in their lives and the staff listened to them and acted on their wishes. This included making the choice of the staff who cared for and supported them.
- People's care plans were written in consultation with the person and included their preferences in how they wanted to be cared for and supported. Care plans focused on the enablement and the skills of the person.
- We observed staff respecting people's choices.

Respecting and promoting people's privacy, dignity and independence

- People's care records included information about how their rights to dignity, independence and privacy were to be met. Staff spoken with understood the importance of ensuring these rights were always respected.
- People's independence was promoted and encouraged and this in turn, ensured their dignity was maintained. Support was provided to help people achieve their goals and relearn or develop skills they may have lost. People's goals were clearly documented, and records evidenced how they were supported to achieve them.
- People's privacy was respected. For example, their records were maintained securely to ensure they could not be accessed by others.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were provided with an extremely personalised and bespoke service. Their individuality and preferences were central to the service they received. People were highly complimentary about the care and support they received. One person said, "They [care staff] treat me like a star, I love it...really great. [Named staff member] is like me, their personality is beautiful." One person's relative told us their family received care from, "Amazing support workers, great team."
- People's care records demonstrated how their care needs were assessed, planned for and met in a highly personalised way. People's diverse needs were always promoted and supported, this included gender and sexuality. Staff knew the people they cared for extremely well, including their diverse needs and how they were met. They were committed to provide a very high level of care and support at all times. One staff member said people were, "Extremely well looked after. You will never find anyone better looked after." Another told us, "Everyone on the team cares for [person and they are] at the centre of everything that is done." This was confirmed in the records we reviewed.
- People had a small team of staff, including case managers, team leaders and support workers. People were involved in the selection process and chose their own staff. One person told us, "I choose my own staff, I know what I want from a staff member and look for what I want." Care staff were employed by the person and their shift pattern and job descriptions relate directly to the person's needs and preferences, offering a truly personalised service.
- People were supported to develop new skills and maintain existing ones by having the right support and expertise to help motivate and enable them to achieve and reach their potential.
- People were supported and empowered to identify and achieve goals and aspirations. The service recently introduced a new system to record how goals were identified and met, called GAS (Goal Attainment Scale). This was more person centred and involved the person using the service, their relatives, staff and the multidisciplinary team. Gas goals were incorporated into people's care plans and helped the person and others involved in their care see how they were progressing.
- We saw evidence of staff going the extra mile to support people to achieve their goals, which gave people a sense of achievement and had positive outcomes to their wellbeing. For example, one person wished to fundraise for another person with similar conditions to themselves. Their staff team supported them to organise the fundraising event. In addition, going over and above their care role, some staff had done a parachute jump to help raise sponsorship. We met this person who was extremely proud of their achievement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- Some people, as part of their goals to improve their wellbeing had identified specific activities. Staff were committed to make these goals happen to empower people and achieve good outcomes. One person had been assisted to develop an art tree, where they could display their art work, which was changing with seasons and themes with the person's choosing. We saw a photograph of the person smiling in front of their tree, which was in their home.
- We saw records which demonstrated people were supported to go on holiday, for example, and participate in activities of their choice. Records of complimentary comments made by a person's family and allocated case manager demonstrated the positive impact of the support provided to attend a holiday abroad and see a show in London. Another person was supported to go on a cruise, for which staff hired specific equipment the person required to make this happen.
- One person had shared an interest in bee keeping, they and their staff had learnt about how they could do this together. Another person, with the support of their staff were helped to start a Boccia club.
- One person told us their passion was baking cakes and staff supported them to do this when they wanted to.
- People's achievements were celebrated in the support worker newsletters, for example a staff member supported a person to complete a boot camp exercise programme, there was a photograph of the person and the staff member in the newsletter.

Meeting people's communication needs

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

- People's communications needs were included in their care records and staff were guided how to communicate effectively with them. This included any technology they used to support their communication.
- Information was provided to people in an accessible format, this included the provision of care plans and the complaints procedures in text and easy read format and the provision of satisfaction questionnaires in the person's first language. Documentation was provided in larger print and braille if required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which identified what actions people could expect when they had raised a complaint or a concern.
- Records of complaints demonstrated they were investigated and addressed in a timely way and used to drive improvement to reduce future risks. This included disciplinary action and advising staff on their roles and responsibilities. Where required, people were provided with an apology.
- Regular feedback was sought from people using the service and their representatives. This reduced the risks of formal complaints and any concerns could be acted on quickly to improve people's experiences.

End of life care and support

- People's end of life decisions were discussed with them and/or their relatives, where appropriate, and these were recorded.
- Staff were provided with guidance on actions to take in the event of a person's death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service has been registered since 1998 and has a record of achieving compliance to the required standards and providing high quality care to the people who used it.
- People and staff were highly complementary about the service. One staff member said, "Managers are approachable, supportive, if I had a problem would not hesitate to raise it. Staff morale is good." Another staff member commented, "I am happy, never been happier than when I've been working here." Another told us the service, "Talk the talk and walk the walk with person centred care and support for staff."
- The service promoted a positive culture which was person centred and inclusive. There were clear vision and values which were person-centred and ensured people were supported to regain control and autonomy over their lives after substantial life changing injuries and trauma.
- Since our last inspection, the service continued to improve and sought and introduced new systems to develop the service provided. There was a clear commitment by all staff working in the service to provide extremely high standards of care and support and empower people to develop and regain skills.
- To reflect the high quality care provided, six members of staff had been nominated for awards in the Great British Care Awards (East) 2018, with one staff winning the Homecare Worker of the Year and another winning the Frontline Leader for Homecare award. This was due to the exceptionally high standard of care provided to the people they supported.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and members of the management team understood their responsibilities relating to the duty of candour.
- Records demonstrated that where things had gone wrong, people were provided with a written explanation of what had happened, an apology and actions taken to reduce future incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality and Governance report documents published in April 2019 demonstrated the service had a robust system to assess and monitor the service, learn lessons and implement improvements. The document showed training audits were undertaken, incidents and complaints were analysed, and the document detailed how policies and procedures were routinely reviewed and updated where appropriate. Policies and procedures were reviewed and updated based on the National Institute for Health and Care Excellence

(NICE) guidelines guidance and best practice.

- Records demonstrated that a high quality programme of quality assurance systems were undertaken including staff appraisal, staff personal development, and duty and on call processes.
- A quality assurance action plan was in place and demonstrated the timescales for audits and checks, including engagement with staff, people using the service and their relatives, care records and care provided. Staff were observed in their usual work practice and feedback on their performance was received from people and their representatives.
- The service continued to inform us of any incidents we needed to be made aware of. They provided clear information of actions taken to learn from incidents and improve people's lives.

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

- People were asked for their views about the service in satisfaction questionnaires. We reviewed the results for the completed questionnaires for 2018 and 2019. These demonstrated a high level of satisfaction. Two of the 40 questionnaires identified that improvements could be made and this was addressed immediately to improve people's experiences.
- The service had made changes to the questionnaires with a view to increase the return rates, including amending the ways questions asked to be more personal to individuals. This included providing a questionnaire in the person's first language, which was not English. This had seen an improvement in the return rates for the questionnaires in 2019. These included excellent feedback about the staff who provided care and support, comments included, "Puts in a tremendous effort to meet the requirements of me and my family. We are extremely happy with [staff member, who] is a trusted and valued member of my team," and, "[Person using the service] has made progress as a result of [staff member's] work in a way we haven't been able to for the last five years."
- Support workers newsletters were sent to staff four times a year. The newsletter for March 2019 showed how staff were kept updated with any changes and learning, such as encouraging staff to participate and sponsor a person who used the service in their fundraising. Other newsletters we saw showed how staff were highly valued, this was because their achievements in going over and above to meet people's needs were highlighted.
- There were excellent systems in place for staff to contribute to the service they provided, this included questionnaires, which demonstrated a high level of satisfaction, a team leader forum/ discussion board, and meetings. Staff were encouraged to raise any concerns and contribute to the planning of how to address them.

Continuous learning and improving care

- The service learned from incidents and events and they used this learning to drive improvement. This included sharing learning with staff and developing protocols and guidance to support them. For example, the agenda for a team leader day in June 2019, demonstrated they were kept updated with any changes within the care industry and methodology, including changes in the ways that medicines were provided.
- As a result of continuous learning, the service had developed new systems to reduce risks to people, this included discussing staff understanding of safeguarding in appraisals and medicines error reports.
- The service used learning gained from resources such as the Local Government and Social Care Ombudsmen website. An example of how this learning was put into practice was the inclusion in a support worker newsletter of an incident described on the website. This directed staff to report any concerns to a case manager.
- Since our last inspection the service had introduced medicines training for case managers to help understand responsibilities in areas such as auditing and spot checks. Safeguarding workshops had also been introduced for new case managers.

- The service was preparing for changes in the Mental Capacity Act (MCA) and had identified a training provider when required.
- The service had close links with organisations and signed up to receive newsletters and updates from Skills for Care, Social Care Institute for Excellence, NICE, Health and Safety Executive. The service was registered with the British Association of Brain Injury Case Managers (BABICM). BABICM is a national association established to promote the development of case management in the field of acquired brain injury through the provision of support, training and best practice guidelines.

Working in partnership with others

- The service told us how they worked well with other professionals involved in people's care. This was evident from the records of many compliments we reviewed from people's legal representatives and health and social care professionals. These identified the extremely positive work provided to assist people to achieve excellent outcomes.
- One compliment received by the service from a person's legal representative stated, "I am extremely proud to inform you that [relative] is really pleased with the way we have all supported [person] to reach [their] settlement." Another stated, "I would like to take this opportunity to commend [staff member] for the fantastic work [they have] produced and demonstrated over the last few challenging months...on many occasions shown versatility to go the extra mile to support our client and their complex support team in whichever way [they] can."
- Since our last inspection the service were completing the NHS data protection toolkit, to ensure easier and more secure communication.