Tania Brown Limited

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Inspection report

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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

Tania Brown provides Case Management, rehabilitation and specialist clinical services for both adults and children in addition to an expert witness service for the courts along with specific services for independent and statutory sectors including the NHS.

The organisation offers a nationwide service with consultant clinicians and case managers located across the country, all of whom are highly trained with considerable expertise to work alongside adults and children with complex physical, emotional and social needs.

Tania Brown is a domiciliary care service offering a wide range of specialist community services on a nationwide basis for people with life changing, chronic and degenerative neurological conditions in addition to specialist services for people who have sustained serious or catastrophic injuries such as brain injury and spinal cord injury.

Services are also provided for people who have sustained serious multiple orthopaedic injuries including amputation as well as services for people with chronic pain conditions and those suffering from industrial disease. At the time of our inspection 76 people were using the service across the whole country.

Not everyone using Tania Brown receives a regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

The registered manager was extremely dedicated, enthusiastic and knowledgeable. They were very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked closely with other health and social care professionals to lead improvements in the service. Feedback about the service from other professionals was overwhelmingly positive and complimentary.

The management team had incredible oversight by scrutinising all areas before issues occurred, which showed they had strong control measures in place. Staff confirmed the management team were keen to listen to their ideas and encouraged them to raise any concerns.

People told us they felt safe because of the care and support they received. The service had comprehensive safeguarding policies and procedures in place and all staff had received training in safeguarding vulnerable adults and children which was regularly refreshed and demonstrated an excellent understanding of how to report both safeguarding and whistleblowing concerns. Staff were confident any concerns raised would be

actioned by management.

During this inspection, we found multiple examples to demonstrate the staff and management team were passionate about providing an innovative, excellent service. People were provided with a service that was bespoke to them and they were fully involved in identifying their needs and goals to be achieved for the future.

To ensure outstanding care and consistency continued to be delivered, the service completed regular monitoring, spot checks and formal audits of service provision. The management team also worked alongside staff to provide support and complete additional observations of practice; staff received high levels of support to enable them to provide outstanding care. In depth induction training was provided upon commencing employment and ongoing refresher training, regular supervision, team meetings and appraisals were also provided.

All staff were viewed as being an integral part of the service and were very much involved in providing feedback on how to improve the service. Staff were highly motivated and proud of their work, had in-depth training and we observed they demonstrated their understanding in practice by continuously promoting a highly inclusive environment. It was very clear they respected each person's rights and treated them as individuals and they were not afraid to display their love towards people.

People we spoke with were complimentary about the support they received to ensure medicines were taken when required and as prescribed. We saw the service carried out audits of medicine administration record (MAR) charts each month to ensure medicines had been administered and documentation completed correctly. All staff administering medicines had received training and had their competency assessed.

People's relatives were, without exception, highly complimentary about the service and told us that they and [their relatives] always felt involved and could ask questions, say how they wanted to be supported, and felt valued as a result. This approach ensured the person was central to everything the service did and ensured they were in control of their own lives. The care records we saw showed people had signed agreeing to the support they would be receiving.

Our discussions with staff showed that they had a detailed and in-depth understanding of the Mental Capacity Act (MCA) and staff had received training in the MCA and the Deprivation of Liberty Safeguards (DoLS) which was offered to all staff within the service. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice.

We saw robust recruitment procedures were in place to ensure caregivers working for the service met the required standards. This involved a Disclosure and Baring Service (DBS) check, at least two references and full work history documented. We saw medicines were managed safely and effectively, with detailed guidance in place for care staff to ensure they knew what medicines people took and why. People were involved in regular reviews of their medicines to ensure their continuing therapeutic value and to reduce any unnecessary medicines.

We saw that people's care plans and needs were regularly reviewed which was completed with the involvement of people, their relatives and other associated health and social care professionals. Multidisciplinary meetings were regularly held to discuss people's progress.

There was an up-to-date complaints policy in place and people who used the service and their relatives told us they knew how to make a complaint. Feedback on how the service was managed and the culture within the team was very positive. There had been no complaints received from anyone who used the service, their relatives or any other associated health and social care professionals.

Systems were in place to monitor the service and identify where improvements could be made.

The service had a business continuity plan in place which included details of the actions to be taken in the event of an unexpected event such as bad weather.

There was a full range of policies and procedures in place which were available in paper copy format and electronically.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from risks to their health and wellbeing because assessments were carried out by appropriate professionals.

Safeguarding procedures were robust and staff had a good understanding of how to keep people safe.

The service had robust recruitment procedures in place, to prevent unsuitable people from working with vulnerable people.

Is the service effective?

Outstanding

The service was extremely effective.

People benefitted from having staff who were very skilled, well qualified and very experienced in their role.

People consistently benefitted from access to a range of healthcare professionals who supported them to regain skills.

The service was working within the legal requirements of the Mental Capacity Act (2005) and staff had a very good understanding of this legislation.

Is the service caring?

Good

The service was caring.

People were involved in their care and able to make choices about how they wanted to be supported.

People benefitted from a strong person-centred culture.

Staff were very knowledgeable about the importance of promoting people's independence and providing choice, which was evidenced in people's care records.

Is the service responsive?

Outstanding

The service was extremely responsive.

The service was extremely responsive to people's changing needs with numerous examples noted where the service had exceeded expectation to ensure people's needs had been met.

Staff fully involved people, their relatives or representatives in their care and support, which ensured they felt listened to, valued and empowered.

Care plans were extremely person-centred and individualised with information about people's life history, likes, dislikes, how they wished to be supported and the goals they wanted to achieve through their care and support journey.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The service worked in close partnership with people to provide a high quality and innovative service that ensured they were involved in developing the service.

People using the service and staff felt it was managed well. Staff were supported in their roles and confident in being listened to if they raised issues or concerns.

Audits and monitoring tools were in place and used regularly to assess the quality of the service, with action points generated and details of progress clearly documented.

Tania Brown 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.

This was a planned comprehensive inspection which took place on 16, 17 and 19 July 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to facilitate the inspection.

The inspection was undertaken by one adult social care inspector.

Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered with us. We did not ask the service to complete the Provider Information Return (PIR), prior to the date of the inspection. The PIR 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.

We reviewed the care and support records of five people who used the service in the North West and records relating to the management of the service. We looked at five staff personnel files, policies and procedures and quality assurance systems. We spoke with the relatives of two people living in the North West the relative of one person living in the South.

During our inspection we went to the provider's head office and spoke with the general manager and six staff members and received feedback from six staff who worked remotely from the office via a questionnaire we sent them.

We also received feedback from three solicitors who made referrals to the service and spoke with the manager of a health and social care establishment that accommodated one person who was being supported by the service and with the relatives of two people who used the service as part of the inspection; this was to seek feedback about the quality of service being provided because people who used the service were unavailable or unable to speak to us themselves.

Good

Is the service safe?

Our findings

People's relatives told us they felt [their relatives] were safe when staff were in their home or when supporting them. One relative said, "I feel [person name] is totally safe with the staff who support them." A solicitor who made referrals to the service told us, "Tania Brown are tried and tested, we get the vast majority of our work from clinicians and so care has to be absolutely correct and the case managers from Tania Brown are all excellent; they are my 'go to' company when us lawyers need help with the assessment and coordination of therapeutic inputs."

Case management is a process which provides a clear and co-ordinated pathway of services to meet the person's individual needs and goals. The aim of case management is to implement, monitor and review a range of care and therapeutic services all focussed on enabling people to achieve the best level of independence possible.

Staff told us they received safeguarding adults training which we verified by looking at training records. There was a safeguarding lead in post who had been instrumental in enabling the organisation to continue to develop, review, and evaluate their processes and procedures. All updates, relevant information, legislation changes and important notes were communicated to staff within the organisation by the safeguarding lead or management; this included staff who worked remotely from the main office premises. Any safeguarding issues were appropriately referred to the relevant local safeguarding authority.

Risks were well managed at Tania Brown. Staff awareness and understanding regarding risks of abuse, vulnerabilities and exploitation of people were reviewed regularly during formal clinical supervision or during peer discussions, which we verified by looking at records. There was a feedback loop in place which ensured all potential risks were identified and reported to the safeguarding lead for further advice, supervision and instruction, and in accordance with the threshold set by the local safeguarding authority.

Risk management plans we looked at were proportionate and centred around the needs of the person. The service regularly reviewed them with other health care professionals and took note of equality and human rights legislation. We saw there were strategies to make sure that risks were known, anticipated, identified and managed. Relatives told us they were fully involved and understood the risk strategies in place.

The manager had followed safe staff recruitment processes. We sampled five staff files and found all had appropriate recruitment records including proof of identify and address, at least two references, completed application forms and a disclosure and barring service (DBS) check. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. Staff we spoke with confirmed they had been subject to these checks. The organisation did not directly employ care staff, instead, people who used the service and their relatives were supported by Tania Brown to recruit their own staff, or requested their solicitor undertake this role; Tania Brown oversaw and monitored the provision of this care.

The service had a whistleblowing policy and procedure and staff could describe this to us. One staff member commented, "It is everyone's responsibility in Tania Brown to report concerns about any members of the

team. Generally, I would raise concerns with my supervisor who is part of the management team. I am very confident that any concerns would be investigated and actioned."

People received the support they needed to take their medication as prescribed. One relative said, "We have never had any issues with medicines." The service ensured the training and competency of staff who administered medicines was provided and maintained on a regular basis. At the time of the inspection, competency training and other aspects of mandatory training were outsourced from external agencies.

People received their medicines appropriately. Case managers at Tania Brown liaised directly with physicians and other clinicians, ensuring that the person receiving support could access regular assessments and tests to confirm therapeutic dosages, and medication administration records (MAR's) were audited each month to ensure people received their medicines appropriately and in line with the service's policy on medicines. All historical MAR's we saw were completed correctly.

People who were supported in their own homes were usually responsible for their own medicines both prescribed and non-prescribed. Some people could fully administer their own medicines, others required varying levels of support.

People's care records listed their medicines. Records confirmed staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. Regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Infection control was well managed. When Tania Brown commissioned a care package via an agency, the case manager discussed any personal protective equipment requirements with the relevant agency manager and confirmed the responsibility of provision; arrangements were then made to provide gloves, aprons and hand washes. Ongoing hand hygiene and other similar methods of infection control were reviewed and monitored during joint supervision meetings and via other direct contact with the person being supported and their family; case managers confirmed infection control training was required by the staff who supported people.

Accidents and incidents were managed appropriately and there was a log of any incidents, including a tracker sheet for each person, and the action taken to reduce the risk of a reoccurrence. The service also received medical device alerts which informed them of any safety issues.

Where equipment had been provided to people in their own homes as part of a therapeutic package of care, this was recorded in their care files and on an equipment database spreadsheet which included updated information identifying it was safe to use. We looked around the office premises to check it was safe for the staff using it and found an up to date fire safety certificate was in place, fire alarms were checked weekly, mock evacuation drills took place in accordance with the emergency evacuation procedure, emergency lighting was in place and firefighting equipment had all been serviced as required. All electrical equipment had been tested in accordance with recommended timescales and an up to date electrical installation condition report was in place. There was an up to date certificate of public liability insurance, a gas safety certificate and there was no asbestos in the building.

The provider had a business continuity plan in place. The aim of this plan was to set out the procedures and strategies to be followed in the event of a disruption affecting the ability of the home to deliver services as usual. It considered areas such as the minimum levels of staff required to still enable the provision of safe care to people, accountability and roles of key staff, responsibility and authority.

The service supported people with complex needs that changed regularly. Any learning that came from the review of people's care needs, incidents of behaviour, any accidents or errors was communicated to staff through team meetings and supervisions if required. Different strategies were discussed and changes in support were implemented because of these discussions. This meant the support people received was always being reviewed to ensure that lessons were learned.

Outstanding ☆

Is the service effective?

Our findings

Tania Brown provided a nationwide expert witness and case management service in partnership with consultant clinicians and case managers located across the country. (An expert witness is a person whose opinion by virtue of education, training, certification, skills or experience, is accepted by a judge as an expert). These were highly trained; some staff were qualified occupational therapists, others were qualified nurses or physiotherapists and one was a psychologist. Some staff were best interest's assessors and others were champions, for example in dignity and end of life care.

People's relatives spoke positively about the service and told us they felt the organisation was excellent. One relative said, "We contacted Tania Brown as we had a previous case management company that we felt wasn't giving us what we needed. The difference with Tania Brown is they are a lot more proactive in providing advice on what to do. They have a lot more knowledge than other companies and I feel they have got the right people involved and are excellent; we identify needs as much as they do and they have resolved any queries from us. They provide detailed monthly reports to the solicitor and to us if we need them."

We found peoples physical, mental health and social needs were assessed by Tania Brown case managers using an individual needs analysis tool, care management plan assessment forms. We looked at people's assessments and found they were detailed, up to date and regularly reviewed.

We found the organisation was committed to working collaboratively. When a person left the service a detailed discharge report was sent to all relevant associated professionals. The discharge report gave a detailed scenario of the person's current situation and detailed their goals and what was still a priority for the person in future. It also provided initial injury information and current progress from initial injury and what health and therapy input the person had received and the associated support plan.

During the process of case management, information was collected regarding people's care and treatment in the following ways: clinical notes were collected in real-time and recorded; monthly summaries were collated to identify progress and care and treatment over the current monthly period; progress reports showed longer term progress over the set period. These were monitored via the process of audit and discussed with staff during supervision. Multi-disciplinary team meetings (MDT's) were held regularly to discuss progress.

By regularly holding MDT meetings the service ensured all relevant information was captured in a timely way by the right professionals in order to identify people's needs and changing needs and to identify progress against goals set. For example one person had been involved in an accident and had sustained multiple spinal fractures and a traumatic brain injury. When the Tania Brown case manager undertook and initial assessment they identified the person was feeling depressed and rarely able to leave their own home, with little community connection, or motivation to undertake any community activity. The case manager increased support sessions from the psychiatrist and psychologist, liaised with the GP regarding existing medication, and arranged an admission to a mental health facility following a period of very low mood. A support worker was also recruited to work alongside the person to motivate them to undertake more

physical activity.

Regular MDT meetings were held with the psychologist, support worker, psychiatrist and treating occupational therapist (OT). As a result, MRI scans were arranged due to the person suffering headaches, backache and frequent dizziness. A pain management specialist and vestibular specialist was appointed, exercise plans were identified and a personal trainer identified at a local gym. (Vestibular rehabilitation is an exercise-based program, designed by a speciality-trained vestibular physical therapist, to improve balance and reduce problems related to dizziness). The OT undertook assessments of the person's home and arranged recommended aids and equipment to be installed. The person was supported to undertake a training course in November 2017 and researched about how they could run a business from their own home in future. A specialist dietician was appointed to assist with weight gain and an 'app' was placed on the person's phone so they could monitor their weight loss over time. A weekly diary and on-line calendar resource was initiated for the MDT to access to check and monitor progress and to engage the person in the strategies already identified. As a result the person reduced their weight significantly, taking pride in their new appearance and buying a whole new wardrobe of clothes. The person eventually no longer needed a support worker and started regularly attending a walking group, yoga classes, and undertaking voluntary work twice weekly. The person also experienced much lower levels of back pain and rarely experienced headaches.

We found all support workers completed equality and diversity training through their mandatory training and all Tania Brown staff had signed an equality policy and were trained during their induction, which was reviewed during supervision.

We looked at the process of staff training and induction. We found when new case managers were recruited to Tania Brown they were provided with a period of induction and relevant training. During the period of induction, staff were gradually introduced to people and their relatives so they could decide for themselves if they were happy for that individual member of staff to support them, which meant people were in control of who supported them.

One staff member commented, "I received 1-1 mentoring from a very experienced expert witness. My initial induction period was over several months and I received detailed feedback on all of my reports which helped me to learn and develop into the role." A second staff member said, "I was offered one case and then slowly built up from there. I worked alongside families so they could decide if they wished to work with me. I had induction training at the office premises and spent time observing other expert witness assessments. I had regular discussions prior to and following assessments to check my work."

Other specific training was provided to staff in areas relevant to their work as a case manager or expert witness, such as spinal injuries, behavioural disturbance after brain injury, sleep disturbances after brain injury, amputee and rehabilitation from a physiotherapy perspective, chemosensory disturbances after brain injury, mesothelioma mental capacity act (MCA) and DoLS.

Tania Brown case managers were encouraged to attend conferences to review the attest technology available. Staff who were also qualified occupational therapists disseminated information relating to new products and new technology used to advance effective care to other staff, in order to benefit people who used the service. For example, one person had undergone a bilateral amputation of both legs and were disengaged and withdrawn with no hope of making any real recovery. The person had been told (by other healthcare professionals not related to Tania Brown) that they would not be able to re-engage with any of the activities they had previously enjoyed. Prior to initially assessing the person the Tania Brown case manager had attended a conference in York that was demonstrating specialist equipment, including slings,

chairs and beds specifically for amputees. The case manager liaised with the equipment suppliers and OT to ensure the appropriate equipment was in place and following a joint assessment, recommendations were made and bespoke equipment purchased for the person as the existing standardised equipment was not suitable. The person was fully involved in all discussions, which also included legal representatives and subsequently they were able to start accessing the community and attend church services for the first time in eight months. The person's spirits were lifted and positive feedback was also received from their family.

We saw the service used this knowledge to support people effectively, for example one person had become more involved in communicating with professionals and family members and was able to meet with clinicians independently without the direct assistance of family or carers, which meant they were afforded the privacy to speak about any worries.

This person had a traumatic brain injury and used 'Eye Gaze Technology' to communicate. (Eye gaze or eye tracking is a way of accessing your computer or communication aid using a mouse that you control with your eyes; by looking at control keys or cells displayed on a screen, a user can generate speech either by typing a message or selecting pre-programmed phrases).

We saw this person had previously used an 'alphabet board' to communicate but the success of this was limited, which placed the person in a position of not always being able to freely communicate their thoughts, feelings and wishes. We found Tania Brown case managers had been instrumental in ensuring this person received intensive support from a speech and language therapist as well as assistive technology intervention to enable the person to voice their wishes and engage with therapy staff; a therapy assistant worked directly with this person.

Eye Gaze Technology was introduced and the person could choose the type of accent they wished the technology to use when speaking. The person had commented that they now had a 'normal accent' which they were very proud of and because of this increased confidence they had been able to visit friends in a different part of the country and had made their thoughts known regarding their future care needs and how they wished this to be provided.

Tania Brown ensured staff kept up to date with best practice, one staff member commented, "I attend the Royal College of Occupational Therapy Medico-Legal conference each year and any other relevant training events that are available. I read regular newsletters from the national Expert Witness Association and liaise with other expert witnesses. I read occupational therapy news each month and look on the Royal College of Occupational Therapy website regularly."

Additionally, we found best practice was discussed at supervision meetings and through the process of reflective practice. We saw Tania Brown case managers were encouraged to attend conferences to review the attest the latest technology available. Tania Brown staff who were also occupational therapists passed on information to other staff about any new products.

The service also received medical device alerts from the National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. Any new alerts were passed on to the relevant person responsible for the equipment in the person's home.

Staff at Tania Brown received on-going support from their manager and regular supervision and appraisal, which helped them to understand how to deliver an effective service to people. Comments received from staff regarding supervision included, "I get regular supervisions where we go through all cases and agree actions; this is really important to ensure I am being pro-active and for best practice; there are also peer

supervision sessions for case managers," and "We have formal supervision sessions and these are usually monthly; we also have peer supervision as all the case managers have different skills and we contact each other for support and advice," and "Supervision is invaluable and we go through clients in detail and talk about what has happened and what is planned to happen. Advice is then given on different approaches or suggestions. Sometimes it's just reassurance that you are on the right track."

We saw many examples where Tania Brown had gone the 'extra mile' and worked alongside people and their families to deliver effective personalised outcomes that were specific to each individual person. For example, one person had suffered a road traffic accident which resulted in an acquired brain injury and right-sided weakness affecting mobility and communication; the person's own appearance and how others viewed them was important to them and they were interested in cycling and accessing outdoor activities, which they used to do.

Tania Brown initially got the person accessing the outdoors again with a local cycling group which meant they could access local canals and rivers, by cycling on level ground. They chose to access this with one-to-one personal support as they did not want to take part in a large group activity. The person was keen to access a local velodrome and Tania Brown staff arranged for this to happen which resulted in them taking part in races with other people. The person greatly enjoyed this activity which had extended their social interaction and was eventually able to book activity sessions themselves, which put them in control of their personal social and recreational activities. The activity had increased the person's overall fitness and physical appearance which they were very proud of. Throughout this time a speech and language therapist had been commissioned by Tania Brown to work alongside the person and as a result they were now able to use three-word sentences confidently and initiate conversations.

People's healthcare needs were met and documented. Staff worked with healthcare professionals to monitor people's conditions and ensure people health needs were being met. There was input from occupational therapists and physiotherapists along with support if needed from consultants, nurses and doctors. We saw any communication between professionals was documented to ensure staff supporting people knew of any changes or issues. For example, people received the support they needed with eating and drinking. Care plans contained detailed information about the assistance people required. Where people had swallowing difficulties speech and language therapists (SaLT) had been involved who assessed people's needs and provided guidance for staff.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Although Tania Brown was not a care home and therefore did not provide services in a permanent residential setting, the registered manager was working within the guidelines set out by the MCA. If necessary they would contact the relevant professional to arrange a best interests' discussion with people's relatives to identify who should make decisions in the best interest of the person relating to their care and wellbeing if the person did not have the ability to make decisions about their lives. We checked records to verify this and found decisions made

about a person's support and care were discussed with them and their relatives, where appropriate.

People's mental capacity to make decisions was assumed unless there was information to suggest otherwise. This was in line with the MCA Code of Practice, which guided staff to ensure practice and decisions were made in people's best interests.

Our discussions with staff showed that they had a detailed understanding of the MCA and had received appropriate training which was offered to all staff within the service. One staff member stated, "As part of my work I highlight when DoLS might be an issue and defer to other experts regarding capacity." A second commented, "Capacity is not all-encompassing; a person can have capacity in some areas and not others. If they need to be safeguarded to protect their safety a DoLS might need to be put in place; all reasonable attempts to avoid this should be made."

Consent to care and treatment was recorded in people's care files. The consent form also detailed the reasons why people's information was used, what type of information was shared and with whom. This form also stressed the right to be able to withdraw consent at any time. We found consent was audited at each monthly review and renewed annually or whenever circumstances changed.

Good

Is the service caring?

Our findings

We found people received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and rehabilitation goals. People had developed positive relationships with staff and valued their friendships. One relative told us, "They [the staff] are very caring in their approach and always proactive in checking we are happy as well. They involve [relative name] as much as possible" A referring solicitor commented, "They are really approachable and their staff are fantastic; whoever you speak to they are really good and get things moving straight away." A social care professional who was supporting a person whose case was being managed by Tania Brown said, "We have a good close working relationship with Tania Brown; we have regular meetings and they come in and work alongside [person name]. They update records each time they visit and liaise very closely with the team in relation to the care plan in place. [Person name] definitely gets involved in what [their] support should look like."

Our review of records indicated the case management process and supporting documentation was centred around a respectful, compassionate service. People's needs were identified at the point of initial assessment and a bespoke package of care and support was determined, often in liaison with statutory services such as local authorities or with doctors, consultants and district nurses. We found care plans covered all people's personal, cultural, social and religious needs. For example, we saw staff had undertaken research into the traditions of an orthodox Jewish family and ensured staff adjusted their clothing when undertaking family visits so the person's traditions were respected; the timing of staff visits was also organised to fit in with any religious ceremonies.

We found there were no restrictions on the amount of time case managers at Tania Brown spent with people. Although industry guidelines identified an initial assessment time of up to three hours, Tania Brown case managers recognised a person may not be able to participate for this length of time, and made an informed decision about whether or not to continue based on the presentation of the person and after asking them if they would like to continue. This demonstrated people were given the maximum opportunity to be involved in determining their care and support needs in partnership with Tania Brown staff.

We saw one person liked to ring the office every day to discuss what they planned to do that day and to go through any concerns. We saw staff took the time to talk with this person who had developed a good relationship with the staff in the administration team, their case manager and care coordinator.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs and promoted their independence.

The service was mindful of ensuring people's dignity was maintained and had sought advice from the national Dignity Council on how to undertake a dignity audit; one staff member was a dignity champion who passed on information about this subject to the overall staff team . The audit helped the organisation to

evaluate whether the services they provided effectively enhanced the dignity of people supported. We found Tania Brown enhanced people's dignity in the way they offered individualised services, promoted people's independence through goal setting, supported people to express their views, engaged with family members and carers as care partners and assisted people to regain confidence and maintain positive self-esteem.

We found people were involved and encouraged to take control of their own rehabilitation journey; this was done by identifying and using care planning goals which were specific, measurable, achievable, realistic and time scaled (SMART) and which were monitored on a regular basis. If any goals were not being achieved a new strategy for achieving them was devised in partnership with the person concerned. The focus on having a list of person specific SMART goals allowed people to specify and then work towards their own objectives. Specific goal setting allowed people to measure whether they had achieved their goals, take pride in their accomplishments and build confidence in their abilities with the overall intention being that people could make progress and change their lives more in the direction of how they wanted their life to be and in areas that mattered to them. We have provided examples of how this worked in the Effective and Responsive domains of this report.

When completing goals and reviewing a persons' care and support needs, we found the Tania Brown case manager liaised with all appropriate people, including the person concerned and their family, carers and therapists to ensure the person was listened to and their views and opinions respected.

We saw from looking at care planning information that the service had contacted and worked alongside many different professionals to ensure people were able to communicate their thoughts and wishes, such as independent mental health advocates, independent mental capacity advocates, power of attorneys and the court of protection.

We looked to see how people's confidentiality was protected by the service and found confidentiality was paramount regarding the storage and use of people's sensitive information. Following the introduction of the General Data Protection Regulations, which is a regulation in European law on data protection and privacy for all individuals within the European Union, the service had amended their protocols to ensure information was stored confidentially and that people's choice to change their options at any time was protected. An information notice had been sent to all people which included an update on terms and conditions and information on how and why Tania Brown collected and processed people's information.

Outstanding ☆

Is the service responsive?

Our findings

People's relatives, referring solicitors and other health and social care professionals told us the service was extremely responsive. Care was personalised and people and their relatives had been actively involved in the planning process. One relative told us, "Communication is great; they liaise with us if there are any problems and send us monthly update emails. They have also given us advice and support about employing staff ourselves. We were involved in planning [person name's] care right from the beginning and [person name] was totally involved." A second relative told us, "[Person name] has a case manager and she is exceptionally good; she visits us regularly and reviews what's happened since the last visit and comes with answers and solutions to any problems we might have. The service has sorted all the required equipment out and are always knowledgeable about what is needed and really quick to get onto any problems."

A solicitor who referred to the service told us they were very responsive in identifying and meeting people's needs. They said, "[Case manager name] was instructed on a complex brain injury/tetraplegia case. [Case manager name] quickly got up to speed with the case and developed a strong therapeutic relationship with the client and the family. Her dynamism and focus helped drive our client's rehabilitation forward and improvements in functioning were soon noticeable. She was always dedicated, focussed and highly driven to achieve the best possible outcomes for our client."

We found each person received care which was personalised to their individual needs and wishes. Tania Brown staff understood the importance of person-centred care. One staff member stated, "All clients are encouraged to be as involved as possible in agreeing their support needs and their goals, whether this is due to restricted communication or restricted cognitive skills. Additional therapists are introduced to maximise any communication abilities the person may have. However, once the client's communication has been maximised they may also benefit from the additional use of aids or support materials; this could be sophisticated equipment or more basic day-to-day strategies, such as pictorial equipment."

We saw an example of this approach where the service had produced an activity planner with photographs of the person concerned doing activities they had already tried, which were grouped into indoor/outdoor activities and if they were active or quiet activities. The person could review their activities and choose which one to do each day which meant that although they could not verbalise their wishes very easily they were able to identify how they wished to spend their time.

As a result of speaking with people's relatives and solicitors who made referrals to the service and reviewing documentation within the office premises, we saw the service had been responsive and flexible in meeting people's changing needs. A referring solicitor told us, "Their whole approach is client focussed. They have absolutely no doubt in who they are serving and this is the person and their families. [Case manager name] has really advocated for one client and we got additional funding for this person as a result. I had a new enquiry yesterday from Wigan; the person has no representation in court next week and I wanted advocacy services for him and so I immediately went to Tania Brown for help. They are not getting paid for this and do it because they really care about people; that's the sort of company they are; if you've got any issues they get things moving immediately. They're not in this for the money, they really care."

We saw numerous examples where the service was responsive to people's changing needs. By sourcing support from specialist professionals, the service had ensured people's changing needs were responded to promptly which contributed to their recovery.

For example, one person had suffered a traumatic brain injury resulting in right-sided hemiparesis, which is weakness of one entire side of the body. This person lived in a care home and could access the local community until they subsequently suffered a transient ischaemic attack (TIA) which caused further weakness and impacted on balance and speech and affected their ability to mobilise safely; this had resulted in the care home no longer being able to support the person to access the community.

Following liaison with the person's financial deputy (who is a person legally appointed to oversee a person's finances) Tania Brown identified a neuro-physiotherapist and speech and language therapist who recommended a programme to aid building strength and increase mobility; swallowing and language abilities were also assessed. Funding for extra support was obtained which resulted in the person receiving two to one support to access the community. This extra support enabled the person to engage in exercises as recommended by the neuro-physiotherapist which increased their confidence to use a walking frame and two months later they could visit a city centre to complete their Christmas shopping with two support workers. This demonstrated Tania Brown had maintained a high degree of oversight, identifying where needs were unmet, analysing the gaps and how to address them.

Another example which showed Tania Brown had been exceptional in facilitating effective outcomes was regarding a young person who had suffered a spinal cord injury which resulted in some loss of sensation to the lower limbs and reduced strength and mobility, with frequent severe pain. The person had reported that traditional treatment offered by the NHS had not worked and after raising a desire to do so, the person was supported to access a rehabilitation clinic in another country that was known to them and their relatives. The person subsequently reported this treatment was successful with several days of reduced pain and an improvement in the person's mental health.

After discussing this with the person, a Tania Brown case manager in partnership with the wider professional team supporting them, researched the best ways of replicating this treatment at home. A report was sourced from the clinic the person had attended and the case manager supported the person to obtain natural remedies that had worked for them. The person had reported that cold water therapy had been successful in relieving pain and with the help of Tania Brown staff they explored the possibility of using cryotherapy as an additional means of reducing pain. (Cryotherapy is the local or general use of low temperatures in medical therapy.) A local pain clinic was identified which ultimately resulted in the person being able to practice cryotherapy at home. As a result, the person was able return to their hobbies and was also provided with an all-terrain walking frame and walking poles to enable them to take local country walks with the help of a physiotherapist.

Another example was regarding an older person who had undergone amputation of both legs following an accident. A complicated recovery had left this person with muscle wastage and pressure ulcers and after five months in hospital they moved into a residential nursing home. Tania Brown staff visited this person along with an occupational therapist and talked with them about their future goals, and getting out and about was identified as a major objective. The Tania Brown case manager and occupational therapist worked alongside a specialist equipment provider to identify what would be possible to assist this person to achieve their goals and targets. Specialised equipment was provided in accordance with the person's wishes and as a result, the person regained some of their independence and their stamina increased. By working in close collaboration with the person, their family, specialist providers, commissioned therapists and legal deputies the service had enabled the person to regain their independence beyond a level that was originally

anticipated by them.

We found each person had an assigned case manager from Tania Brown who worked on a one-to-one basis with them, coordinating their whole care package, which ensured people were supported from the initial referral stage and through the transfer and discharge process. This meant people had a single point of contact at Tania Brown who they knew and whom they could contact if they had any questions.

We found the case management process was 'self-auditing' and a formal monthly summary with associated goal outcomes sheet was completed every month for each person. This updated information was sent to people and their relatives as well as to the person's solicitor, which demonstrated people's support plans were regularly reviewed and changed as people's needs changed.

On receipt of a new referral an initial assessment was undertaken face-to-face with people and their relatives. Following this discussion, a referral was made to the rehabilitation team and a risk assessment checklist was completed including any high risks. An initial needs analysis, case management plan and planned intervention document was then completed which included a baseline assessment and identified goals, using the initial Mayo Portland Goal Attainment scale.

Goal attainment scaling (GAS) is a technique for evaluating individual progress toward goals identified. When goals had been achieved this was recorded in people's care files and if any goals were not achieved within the identified timescale these were reviewed with the person and their supporting therapy staff and revised/amended. We found risks and goals were reviewed each month which demonstrated the service was very pro-active in identifying and monitoring people's goals as identified by each individual person. This ensured people had the opportunity to discuss their care, make sure they were satisfied and make any changes they felt were needed.

A profile of each person was determined which provided staff with information on what was important to them, what people appreciated about them, along with the daily and overall goals they wanted to achieve through their care and support journey. When speaking to staff, it was clear they knew each person they supported and could talk about people's life history, goals, likes and dislikes.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with carers and staff, where those needs related to a disability, impairment or sensory loss. For example, people could receive information in formats they could understand such as in audio format, easy read or large print. We found people were supported by a communication professional at appointments if they were needed to support conversation and received support from health and care staff to communicate.

We found the service sought accessible ways of communicating by using interpreters and translation services, by increasing the font size on documentation when this was required or by producing information in different languages. Tania Brown also involved support services, such as advocates, to reiterate or redeliver information to people as and when required. This was supported by a policy on equality and diversity which all staff were required to read and one staff member at Tania Brown was a designated dignity champion.

People were consistently involved in identifying their care needs and setting their goals and staff followed this approach. One staff member said, "There are a lot of important initial considerations to assist people

with communication difficulties such as reducing distractions, using clear and concise communication, or providing written information. Communication tools such as picture charts can be helpful if appropriate. It is really important people have a good understanding of how to support their communication and how they can reliably express choice."

A second staff member said, "By working with the person's communication strengths and with those around them who know them best; it could be through using different commination techniques or by using pictures. I also use necessary experts and seek advice from them on the best means to communicate with someone."

We looked at how complaints were handled. One relative told us, "I have nothing to complain about and if I was concerned I would tell them, and I have confidence they would take any issues seriously." We saw no complaints had been received from anyone who used the service, their relatives or any other supporting professionals. The service had a complaints policy and procedure in place which was provided to all people who used the service; this included contact details for CQC, the Local Government Ombudsman (LGO) and Tania Brown. A designated complaints file was held, which included a log for detailing any complaints received, along with action taken and outcomes.

Tania Brown did not provide end of life care directly but liaised with relevant other professionals to ensure people's wishes regarding this stage in life were respected. We found the service was skilled at helping people and their relatives to explore and record their wishes about care at the end of their lives. One example was where the service had supported a person from an initial diagnosis stage of mesothelioma through to end of life. Tania Brown staff initially talked with this person in detail about their condition, wishes for the future, worries and anxieties; a holistic needs assessment was undertaken and an initial care plan was devised.

After being treated in hospital, staff met again with the person and their family to discuss their changing needs and deteriorating condition and as a result appointed a physiotherapist to address any physical issues and an occupational therapist to address any environmental needs and explore the possibility of mobility equipment. A household cleaning and laundry service was appointed and a taxi arranged for any hospital visits to reduce the time the person had to spend travelling or waiting for hospital transport; care staff were appointed to travel with the person to ensure they had something to eat and drink and to keep them company. Respite care was also arranged for the person's relative.

Tania Brown staff held further discussions with the person and their relatives and an advanced care plan was put into place detailing how the person wanted their last days to be and an advance decision document was completed. Marie Curie nurses provided a night sitting service for three nights per week and Tania Brown staff arranged for carers to provide a night sitting service on the remaining days of the week. This demonstrated an exceptionally person-centred approach to the delivery of end of life care, where relevant professionals were included and changes in a person's condition were recognised and responded to immediately.

Outstanding ☆

Is the service well-led?

Our findings

We found Tania Brown had a clear vision and set of values that were reflective of a person-centred culture where people were involved, valued and respected; the organisational objective was to become the best case management company in this country. The stated values were: 'client first'; clarity of documentation; clinical skills; quality of staff; quality of service; consistency; co-working and flexibility. These values ensured the person being supported was central to the services being provided.

This clear vision for the business and clear set of objectives on the positioning of Tania Brown Limited as a case management company were communicated to staff and developed through initial induction and though the process of supervision and peer support. The vision shaped organisational practice and started at the initial recruitment stage by considering specific capabilities and individual values; it determined how the service communicated with people and external stakeholders and covered how reports were structured, the standards for formatting the reports and how these were sent out to people.

Staff told us information was passed on to them via training days, supervision meetings, appraisals and the cascading of information from management meetings as appropriate, together with more informal day to day communication between staff.

A well-developed website also provided a wide range of useful information about the services provided, the staff team, recent news articles and links to other relevant organisations involved in the care and treatment of brain injuries, spinal injuries, birth injuries, amputees and end of life care.

We found staff at Tania Brown had developed a Mesothelioma Project towards the end of 2017 with the solicitors who made referrals to them. This initiative ensured sustainable services were offered to people which were adapted to their ever-changing needs. This project included the following: build of the database of mesothelioma specialists; build of relevant marketing materials; contact strategy; external marketing strategy via social media, Google and website. We have reported on how this initiative worked in practice in the Responsive section of this report.

The registered manager (and other managers within the service) were clear about what was expected of them in their roles in terms of the skills and behaviours they needed to get the best of people and one manager had been supported with external coaching to assist them to develop their leadership capabilities. Feedback was also sought as to what people felt about the way they were being led and managed through a formal 360 degree feedback process, as part of appraisal and through periodic staff engagement surveys. 360 degree feedback is a system or process in which employees receive confidential, anonymous feedback from the people who work around them. This typically includes the employee's manager, peers, and direct reports.

Staff also felt that with respect to collective decision making, they were involved in decisions which impacted on them and that the organisation was collaborative in its approach; staff felt they could make a positive difference in these situations. Changes to working practices as well as for some staff, changes made

to their roles and responsibilities, were all examples of where staff had been able to have an input. This was because of participating in peer training sessions, training days, team meetings and being asked directly via email or questionnaires what they felt about certain things linked to the way the organisation operated. All of this demonstrated good practice, as people are more likely to accept change where they have been effectively engaged in the process. Equally people often have good ideas which means the organisation was making the best use of its resources.

Feedback on how the service was managed and the culture within the team was very positive. Without exception, all the staff we spoke with said there was good teamwork and clear communication both internally within the team and with outside agencies. Staff also reported they were encouraged to put forward suggestions and had confidence in the registered manager. One staff member said "All ideas from all levels of staff are listened to and implemented where it is felt they will add to our client service, for example in one case managers' induction they asked whether it would be helpful to have a therapy feedback form; we wrote one and had this produced and ready for use before the case manager started their first working day. We have a staff recognition award and get individual feedback on things achieved well; feedback is given and shared within the company. I do feel the service is well-led with all the management team prioritising the client and their needs within service delivery and whilst supporting our staff. I feel our core values are well established and communicated throughout the service."

A second staff member commented, "I can definitely make suggestions or put forward ideas. Tania Brown are open to input from the team and actively request it. We openly discuss issues and I feel comfortable and confident in making suggestions in clinical supervision, during training sessions or even over the phone." A third told us, "We are encouraged to bring forward ideas to improve our service; these are always acted on whenever I make a suggestion. I designed a therapy progress sheet and it was implemented immediately and I was congratulated on my idea." This demonstrated to us the service actively sought the views and opinions of staff and put any new ideas into practice for the benefit of people who used the service.

The organisation's structure was regularly reviewed to ensure it remained fit for purpose to deliver the organisation's vision, with new roles being created as necessary when it was identified more staff were needed. All staff roles had skills and capabilities clearly identified and against which people's performance was reviewed. Some staff had several new areas that they were given responsibility for, which they had an interest in and which clearly acted as a motivator for them.

People's individual roles and the organisation's working policies and practices made it clear what staff could or could not take decisions on and staff felt that what was in place also supported them to make the required decisions. The organisation had a wide variety of up to date policies and procedures governing all aspects of care provision. We saw policies and procedures were regularly reviewed with a view to clarifying and speeding up decision making as appropriate, for example the organisation's safeguarding and risk assessment policies.

We found a systematic programme of clinical and internal audit in place to monitor quality, operational and financial processes and systems and to identify where action should be taken. Goals and historical goal outcome records for people were regularly monitored to allow supervisors, management and the case manager themselves to monitor the quality of the clinical input and care provided to the person; it was clear to see progress or failed goals from reviewing these and any completed goals. These goals were supervised for clinical supervision sessions and the focus and goals were assessed to ensure innovation, person-first thinking and person-centred care.

Operational quality monitoring and auditing covered the percentage of reports produced on time and what

reports were outstanding. The quality of documentation and reports prior to anything being sent out of the building to external companies or people was also regularly checked.

One of the main aims of the business was to ensure people were placed at the heart of it and this included involving people in the invoicing and charging process.
As part of the invoicing process for each person there were two major financial checks; invoicing checks were carried out on all activity against a person. This was done by reading all notes against a person's account, checking the actual time spent in line with the proposed budget identified on initial needs assessment and checking previous invoices. By checking clinical input the service was able to quickly identify the following: has the task taken too long, therefore increasing charges to the person; what needs reducing; any safeguarding or additional support the person, team or case manager may require; financial checks were carried out where the care team held money for a person in regards to receipts being genuine and tallying with the budget sheet for the person. People's care invoices were reconciled to ensure the service had all daily evaluation sheets and that the person was not being over charged for any time or work that had not been carried out. When these were reconciled the service sent this information to the person or their solicitor for payment, which reduced the risk of overcharging and financial abuse.

The service sought the views of people who used the service and their relatives through the provision of an annual questionnaire and through the regular process of monthly reviews. We looked at the most recent surveys sent to people in 2017 and found responses where all very positive. People were extremely happy with the overall service provided, how the organisation valued them, how they listened to them and dealt with issues, staff professionalism, promoting their independence and supporting their relatives.

The service had responded to and learned from any negative comments received and made changes to practice as a result, for example 18% of people were not sure about the role of the case manager and in response a management meeting was held and changes made to the information pack given to people to ensure they fully understood this role. We checked this information and saw it contained relevant descriptions/explanations of the overall service and individual job roles.

The registered manager was very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked closely with other health and social care professionals to drive improvements in the service and meet people's needs. We verified this by looking at people's care records which identified the work the service had been undertaking with a wide variety of health and social care professionals, as recorded in people's files.

The service operated an employee reward programme known as 'employee of the month' for the administration team and an 'employee recognition reward' for the clinical team. The employee of the month was voted on once per month and all staff were invited to vote for the individual they felt deserved the award and what the reasoning's were. The recognition award recognised outstanding work from clinical staff members from handling a case well in a difficult safeguarding situation through to being constantly positive and proactive or getting reports in on time, every time, every month. We saw evidence of reward certificates staff had received on their office desks.

The service was a member of the British Association of Brain Injury Case Managers which is the United Kingdom's premier professional body for case managers & other professionals working with individuals who have a brain injury & complex needs and supports improvement and innovation by providing opportunities for training days and research papers on innovation within certain clinical practices for clients.

The service had conducted its own study and evaluation into the effectiveness of case management with a

view to improving the quality of service and 29 people who used the service took part. It concluded that the completion of standardised assessments provided supplementary information over and above that gained by goal attainment scoring, in terms of assisting to specify the area of gains made.

Following the service evaluation, case managers continued to complete a hospital anxiety depression score to flag people who may benefit from therapy input and completed a measure of disability, functional ability, adjustment and participation and a measure of inputs. The service was reviewing their literature further in relation to identifying suitable quality of life measures. This demonstrated the organisation involved people who used their services to drive improvement within it.

The organisation's commitment to ensuring that it gave back to the wider community was known to staff and we found senior people regularly volunteered their time to work with various bodies, such as organising and assisting with Macmillan coffee mornings. The service had also been very instrumental in developing a local Headway group; Headway is the charity that works to improve life after brain injury.

Tania Brown had achieved silver accreditation under Investors in People shorty before the date of the inspection and had built on the experiences of a previous assessment to further develop services. Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard.

The service was also affiliated with many organisations relevant to the field in which they worked, such as the International Brain Injury Association, the British Association of Occupational Therapists, the Nursing and Midwifery Council, the Spinal Injuries Association, the Chartered Society of Physiotherapy, the Royal College of Nursing, the Case Management Society UK, the Division of Occupational Psychology and the United Kingdom Brain Injury Forum. Membership of these groups enabled the service to keep up to date with best practice and receive training and support from them.