Westcountry Case Management Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

About the service
Westcountry Case Management (WCM) 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. Forty case managers worked with people to set up and coordinate their rehabilitation, care and support needs mainly funded by legal compensation claims. Westcountry Case Management staff oversee the recruitment process, training and performance management of support workers employed directly by the people using the service.

The service is registered to provide personal care. At the time of our inspection there were 34 people receiving the regulated activities provided by the service from Cornwall to Hampshire.

People's experience of using this service and what we found
People were at the heart of the service and 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 and lawyers involved in people's care to ensure they received a high level of care and support. Staff supported people in a very person-centred way, tailored to individual complex needs and preferences to ensure they lived their best lives following life changing events.

There were very robust and high-quality governance systems in place to assess and monitor the service provided, with regular detailed reports also sent to the fee payers, (commissioners and lawyers). People's views were extremely valued and used to drive improvement. There was a complaints procedure in place. Care assessment and planning records were extremely detailed to enable close monitoring of peoples' care, progress and future planning individual to them.

Risks in people's daily lives were assessed and mitigated with a focus on positive risk taking. Staff were provided with safeguarding training and understood how to keep people safe. Recruitment of staff was bespoke to each persons' care management package and completed safely with peoples' involvement. There were sufficient staff numbers and flexibility to provide the care and support required by people to meet their needs. People were supported to take their medicines safely, where this was required. Infection control procedures were in place.

People were matched with bespoke staff teams suitable to meet each individuals' needs. Staff were very caring and compassionate and knew people extremely well, often building up close long term relationships. A separate WCM staff team were available to respond quickly when peoples' personal staff were unavailable. People's rights to dignity, independence and privacy were promoted and respected. People's choices were always 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 29 April 2017).

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 reinspection 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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally 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.

Westcountry Case Management Ltd

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 adult social care inspector.

Service and service type
This service is registered as a domiciliary care agency. It provides personal care to people living in their own houses and flats through case management. Case management is a collaborative process of assessment, facilitation, care co-ordination, evaluation and advocacy. This enables individuals who have experienced life changing events to have the options and services to meet their complex health needs, ensuring they have access to the resources they require to live their best lives.

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 this information to plan our inspection.

During the inspection
We visited the service's office in Bishopsteignton and visited one person with their consent in their own home. We spoke with three support staff, and the registered manager, information technology (IT) manager, two human resources (HR) managers, training manager, office manager, team leader, two case managers and the director. We spoke with six people who used the service and two relatives about their experience of the care provided. We reviewed a range of records. This included four people's care records, medication records, audits, training records and four staff files.

After the inspection
We received emails from three relatives about their experience with the service. We also received information from three additional team leaders and two support staff who worked further afield, sharing their views on Westcountry Case Management. We received emails from a legal deputy trustee and an external training provider about their working relationships with the service.

Outstanding ☆

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 now improved to outstanding.

This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- Staff were provided with bespoke training in safeguarding. WCM worked in partnership with an external consulting and training company. Together they devised a relevant, specialist course to include children, domestic abuse, self-neglect and hoarding, communication and recording referrals. Staff understood their roles in protecting people from abuse and actions they should take if they were concerned that someone was being abused. They told us how this was particularly important as they worked closely within peoples' families. We heard examples of how families had been supported whilst the focus remained on ensuring the person's best interests and promoting positive relationships for the future.
- The consultancy continues to work with WCM to offer advice as safeguarding issues arise. For example, currently in relation to a person in a vulnerable relationship. The consultant told us, "They see this as a real benefit in having a fresh pair of eyes to review cases, particularly in reaching the threshold of referral to the children's teams. Staff were all extremely engaged in the training and demonstrated a real commitment to safeguarding the adults and children in their care."
- The service used several methods of disseminating learning relating to safeguarding to improve staff knowledge. For example, through newsletters, Facebook group and quizzes. Staff were also reminded how to report any concerns, abuse or of bad practice, known as whistleblowing. We saw examples of how staff valued each other and were open in recognising any less than good practice.
- Knowledge of safeguarding and poor practice was also shared with external professionals such as law firms and through putting on conferences. This was to ensure they were able to recognise when care in the community may pose a risk due to poor practice or unregulated services. This has resulted in safe case management packages being made available to people who had not accessed this support previously.
- Part of promoting peoples' independence was ensuring they had informed choices. People received training in how to safely use the internet and WCM gave presentations at conferences around Capacity, the Internet and Social Media to highlight safety in the modern world. Staff had been able to recognise and support people with excessive internet shopping, high phone usage and chat line use. Training around safety for people and staff also included Mate Hate Crime about verbal bullying, what to do and how to recognise negative friendships.
- 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 and individual multidisciplinary team meetings, including actions taken to reduce future risks. For example, alcohol abuse may be included in a generic training day for families and

staff, so individuals were not highlighted but received information which could help them.
● Safeguarding issues could arise from symptoms of acquired brain injuries such as personality changes and aggression. Staff carried information cards to explain behaviours to the public to avoid confrontations in the community. The registered manager worked closely with the police, for example managing complaints about behaviours from neighbours. For example, there was 24 hour on call access to an appropriate adult who understood individuals to support people with the police. One situation had been well managed by recognising triggers in the neighbourhood and promoting public understanding and living in harmony.

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. The focus was on enabling people to continue to do what they wanted after their life changing event. For example, acquired brain injury often included increased aggression and risk taking. Staff received training about the individuals they supported so they knew each person's triggers such as leaving an outside light on.
● Risk assessments were kept up to date and regularly reviewed. People's choices and preferences were always sought and included in the records. Each event included an extremely detailed risk assessment. For example day to day risks but also for someone running a marathon with a running guide for the blind, trips to concerts and holidays. Staff were sent event contracts and event packs and signed to say they understood what was expected before the event. Staff told us how they may have to increase staffing levels to ensure safety using a portable hoist at a holiday park for example. Due to lack of information retention for people with acquired brain injury, risk assessments and details were repeated over and over with people and staff to maximise a positive experience such as a trip to London.
● Staff also received regular training in Holiday Management such as conduct and managing boundaries. This was particularly important as staff worked with an individual very closely often for many years. Staff told us how very often because an acquired brain injury could substantially affect a person's personality, some people were not able to maintain relationships with their families and friends following their injury and relied on staff for their friendship group.
● Most people were young and so safety in relationships, sexual encounters, drugs and alcohol awareness were important for people to live their own lives. The Police spoke at a conference organised by WCM on Sex Drugs and Rock n Roll. Staff were well supported with lone working training and how to keep themselves safe when supporting people to access sexual encounters, drugs and entertainments they chose. The registered manager said, "We support and protect people to live their lives as they want within the law." The law firms, police and service said they worked together to enable people to make decisions without being overly parental.
● 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 and were able to enjoy themselves safely.
● Financial risks were also recognised, and support offered such as the ever-present risks around making a family financially dependent on an injured loved one as family dynamics change after life changing injury.

Staffing and recruitment
● Recruitment of staff was done safely and was highly bespoke, including checks on staff suitability to work in this type of service and social media checks. Each appointment and advertisement was made for a named individual and people were matched to their support staff with full involvement. An advert stated it was desirable to have an interest in, 'Lego, cars, football and swimming…' The HR manager said, "These jobs are for long term roles that require trusting relationships with clear boundaries." The person who used the service had the final say about the appointment of a new member of staff. Staff recruitment considered the person's individual situation and often whole staff teams were employed to be ready for discharge whilst

the person was recuperating in hospital. Each team was managed by a named team leader. One relative told us, "Having a [named] case manager is invaluable if there are any staff issues. As a parent you know there is support there. They help with recruitment and are very efficient in dealing with the application process. They also deal with all aspects of administration and employment law."

● 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. An additional 'floater' team employed by WCM ensured people were flexibly supported by knowledgeable staff when their own personal staff were unavailable.

Using medicines safely

● Where people required support with the medicines, this was done safely. This was confirmed in records we reviewed.

● Staff were trained in the safe management of medicines and their competency was checked regularly by a senior member of staff.

● Regular audits ensured discrepancies were identified and addressed.

Preventing and controlling infection

● Staff were trained in infection control and food hygiene and understood their roles and responsibilities relating to infection control and competency was included in spot checks and supervision.

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. Daily records were bespoke and so could monitor individual issues such as aggressive events and fatigue which could result in negative behaviours. Charts could be devised to show improvements and progress or where further input was required. For example, one person was having their fatigue levels monitored (a symptom of acquired brain injury). The support worker told us how they looked for signs of fatigue for an individual, so they ensured the person was well rested or had outings lasting a suitable time or at certain times of day.

● Learning was discussed in management and team meetings and cascaded to all staff individually and in internal bulletins and support worker newsletters. Conferences such a 'Managing Conflict between family and professionals' further shared case study learning as a high of professionals input could be common in brain injury care.

● 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.

Outstanding ☆

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 good. At this inspection this key question has improved to outstanding. 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. Staff used their specialist knowledge to develop bespoke packages of care to support the needs of people and their families. Assessments were often completed whilst a person was rehabilitating in a health setting. The registered manager said, "We deal with the issue of most importance for the person first using a detailed immediate needs assessment. This could be a need to quickly get out of a care home setting to their own premises or supporting post-traumatic stress disorder (PTSD) or accessing spinal therapy at home."

● Most people were referred though their legal deputy trustees as part of compensation claims following their life changing events. This meant the needs assessment needed to be very detailed and realistic. The registered manager said, "It is really important that we get it right and people get what they are entitled to. We build in a maximum level of need and cost each item. All needs and desires are costed, and we act as advocates ensuring this is always reviewed. For example, if a person needs a laptop to become more independent or would like a football season ticket and care package to access games." Assessments always included people's desires and goals with six-month reviews and regular contact with the legal finance teams.

● The assessments were completed over a period of time and the initial assessment helped the service to identify how they could meet the person's needs effectively. Each person then on discharge to their permanent residence had an independent living trial to ensure they had all they needed to live well in their communities. Needs could be physical but more often were related to brain function and understanding. Needs were monitored for a period showing different times of the day. People were supported to give themselves emotional scores using a graph and included resting, fatigue, aggression and mood and what needed prompts.

● 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 considering the long term, financial implications, of paying for a life of care and support. Needs had included adopting a comfort pet, access to a garden and greenhouses, driving lessons with adaptations, reclining bike and self-expression with piercings and tattoos. Staff were able to assess peoples' responses to their changed lives and support them in a bespoke way. These assessment reports were then developed into very detailed care plans. For example, one person had lost their sight and had wanted to remain involved in sport. Staff had worked hard to access a sport that

maintained the person's passion and they now supported them as a blind runner.

Staff support: induction, training, skills and experience

● The 40 case managers were highly skilled. New case managers had at least seven years' relevant previous experience before they were contracted to work for WCM. They were all Health and Social Care Professionals Council or Social Work registered professionals. There were excellent systems to train and support staff to provide an extremely high level of care and support and develop professional excellence. Initial training was provided directly bespoke to each individual and their staff team were trained according to peoples' individual needs before they began receiving the care package. 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 acquired brain injury. For example, if a person was newly diagnosed as epileptic, they and the staff received training on how the person's epilepsy presented and how to monitor using the care plan seizure reports. One trainer said, "A delight to teach, receptive and great at participation. A dedicated group committed to giving the best possible care."

● Some people required therapy to be provided by their care staff. Therefore, staff were trained by specialists in these subjects by specialist in the person's home, including hydrotherapy, home based physiotherapy or occupational therapy programmes. Care plans included detailed photographs and plans showing individuals' methods. Client specific specialist training was also provided in the administration of medicines via a gastronomy tube, emergency medicines, life support and equipment, eye gaze training (using eye gazing with technology to communicate) all including photographs. Training also included bespoke activity provision for individuals and information about what a personal injury claim may entail for people through experiencing a mock trial. Staff then had individualised competency checks on their learning.

● All staff spoke about the excellent standard of training and support they were provided with. Staff were well supported in their preferred method of learning and ease of location of training to them. For example, a staff member who was deaf had aids to enable them to be effective and another staff member preferred to learn using paper copies rather than online. Other staff were supported with dyslexia or using technology. 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 said, "I have the best support, we have lots of fun and they know me. They help me with my cooking. I'm getting really good." A head of the court of protection legal service told us, "I am aware from those events on which we have collaborated that [WCM] work hard to ensure their case managers are supported, supervised and well-trained and up to date on the relevant law / issues to enable them to continue to provide a high quality service."

● Very 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. There was also training on being 'a friendly professional not a professional friend.' 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. There was a high standard of competency to pass the probation period. For example, this check included discussion with the person and their family to ensure they were happy and previous training certificates were checked with the companies to ensure a good quality.

● Staff teams were also supported as a whole and there was an annual programme of team leader, leadership and generic training days and conferences for staff to get together and share learning. Staff teams also met as multidisciplinary teams with other health professionals involved with an individual 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 and could access any relevant courses.

One staff member had shared learning from a course about promoting effective sleep.

● 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. All staff spoken with were highly complementary about the support systems in place.

● There was an excellent family training programme which focussed on safely enabling families to be involved in people's care. This was a formal arrangement where family members were chosen by people, employed and trained to deliver care supported by WCM. This meant staff truly worked in partnership with families to ensure knowledge was consistent and met peoples' needs.

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 and the level of support they required. Staff worked shifts to be able to support people in hospital and were committed to consistency of care. Where possible, hospital admissions were avoided because staff had the specialist skills and knowledge to assess and monitor people's 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, as they acknowledged increased risk taking and the MCA is a complex area of brain injury. Staff had received training in the subject, as well as training in positive risk taking, professional boundaries and decision making, and understood how it impacted on the care and support they provided. There was a clear emphasis on ensuring people's views and consent was sought in their care. One person told us, "I decide everything with my support worker. We can do what we want to do, I'm very lucky to have a nice friend."

● One care plan was clear that, "[Person's name] would like to make the decision what to do even if it is unwise and they become fatigued. Make suggestions and explain why, always offer bed rest or the resting chair but check with them."

● Case managers spoke at conferences for legal and health professionals on 'Mental Capacity and acquired brain injury"- discussing how decisions may not always be wise but how to support people in their choices. WCM held a national conference in November 2019 called "Getting it Right", which specifically examined choice within the care and support in the community. They reported on the British Association of Brain Injury Case Management (BABICM) survey findings (which included WCM case managers) and the MCA in practice. Evaluations read, "Really insightful, professional overview with personal experience, a profound level of insight and realism." This had resulted in improved communication and collaboration, working together around MCA assessments and understanding individuals' 'invisible' needs.

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. Pre-assessments and care plans were very detailed and included how a life changing injury had affected senses such as taste and smell and how people could be supported to enjoy food as much as possible. Staff told us how they supported people to be as independent as possible in shopping and preparing meals. One person told us how well they were doing in learning to cook a curry and in managing their food budget with home cooking.

● 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.

● The service had innovative ways of empowering and educating people to make decisions regarding their nutrition which had a positive impact on their lives. For example, a rainbow chart had encouraged one person to eat a wider variety of fruit and vegetables and promoted independent choices. Another person lacked insight into their limitations but wanted to cook. Staff had helped them manage using a gas hob, flame sizes and alarms for cooking time which had increased their interest in healthy food. They said, "I want to cook a bit healthier, so we are having fruit and brown rice", the support worker praised them saying, "It was really tasty wasn't it and we made lovely pesto." Another person used a pretty hydration white board covered in their artwork and Disney princesses. They now enjoyed sticking on a cut out of a water bottle or a glass showing how much they had drunk.

Outstanding ☆

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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

● Without exception people and relatives told us about the positive and meaningful relationships they shared with the staff who supported them. A relative told us, "Our support worker is very supportive and honest. She is easy to talk to and always gives realistic views. She deals promptly with queries and problems." Another relative said, "My experience is a very positive one. As a parent you know there is support there." One person said, "[My support worker] is really my friend, he put a request on Radio Devon this morning." They told us how the staff team had arranged handover at a time to suit the person's daily routine.

● People were matched to their staff team, for example if a person spoke Welsh then so did the team and documents were in the Welsh language. One young person was enjoying playing a computer game with staff and developing their interest in blogging and learning about computer programming together. Staff said, "The team at WCM are so lovely, they all have a kind and caring manner about them." A college tutor said, "[Person's name]'s care team are the most cooperative team and work as part of the college team. They are committed and so focused on [person's name]. Nothing is too much trouble and they embrace all the lessons. They have no inhibitions, unlike other carers, who are noticeably different".

● Understanding and respecting equality and diversity were at the heart of the service with the slogan being 'Maximising potential'. People were supported to live the life they wanted to as much as possible. For example, people were supported to form meaningful sexual relationships and seek employment and education. Staff enabled people to maintain friendship groups and meet new people by ensuring a discreet presence or blending into a social gathering without highlighting their support worker role. For example, staff told us about how they drank alcohol free drinks to be seen as part of the group and used signs to discreetly offer toilet assistance when a person could forget.

● Staff said they looked at ways that enabled people to be as included as much as possible, making it easier to show their personalities, make friends and have fun. For example, one person was using a swear tin to help reduce their swearing and make more friends. They enjoyed counting their 'swear money' to see if they had improved. One person was being supported to achieve their goal of a British Sign Language Level 2 qualification to aid communication. Staff were trained in 'Eye Gaze' software where needed so people could be supported to communicate and meet people. A report on its use helped staff access many applications so the person now enjoyed guitar and games linked to their film and television interests.

Respecting and promoting people's privacy, dignity and independence

● The service was committed to ensuring that people had the same rights and opportunities as everyone else. An acquired brain injury often meant people were mourning their previous life, so staff were innovative

in always 'finding a way'. People and their close family were fully involved in goal setting. For example, staff acted as advocates for people to ensure they had the equipment and support they needed. Examples included support to access an adapted vehicle, and support with attending school. Goals were regularly monitored to ensure effectiveness.

● Staff supported people's privacy and dignity. Staff spoke and wrote about people in a positive respectful manner. Information celebrated their positive attributes and characteristics. For example, one person had used their art skills to design a Christmas card for a competition and won a prize.

● Staff were very sensitive at recognising when people required additional emotional support and care. Staff looked at peoples' family and home situations and how support could help people remain as independent as possible when living with parents. One family now accessed a 'home help' to enable a more positive family time and another person was being supported through the arrival of a new sibling without disabilities. Another parent received support and education especially when the person was anxious as staff had recognised the person's wellbeing was linked to their parent's mood and ability to cope. Thought was given to the future and how peoples' needs may change as they got older. This included discussing peoples' independence with close communication with families about their input, inclusion in goal setting and promoting a positive parental role. One person was showing their growth by hosting Christmas Day for their close family with support for the first time.

● As well as an information Facebook page, a family support group 'Moving Forward for a positive future' was run by WCM. Information, Learning and Support sessions were also available to support families to promote the smooth return to 'normal' life at school, work and leisure following acquired brain injury. This support had been identified as lacking in the community.

● We observed respectful interactions between staff and people who used the service. They had clearly developed close bonds. Support workers were sometimes the only people close to them due to challenging changes in their personalities after brain injury. Peoples' goals often included, 'To make more friends'. Staff knew people very well and this included their social histories, background, and preferences. These issues were taken in to account when arranging support for people. For example, people were supported to go on holiday by staff who shared similar interests. For another person, staff had taken in to account their life history to help them gain employment in an area they would enjoy. Staff told us how it was important to speak in a language people understood, using slang and banter that matched peoples' personalities. We saw funny notes left around one person's house by staff to help engage a person and make them laugh. One support worker told us, "[Person's name] is always in good spirits and likes to have a laugh and joke. He has a team of four support workers who all have a good working relationship with him but who also give him the 'banter' he enjoys."

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

● Staff understood the importance of independent advocacy and were proactive in asking for such advocacy for people using the service. People's voices were heard, and their views regularly sought including how they were supported to make decisions.

● People were fully in control of their care and this was promoted in everything the service did. Each care plan section began with what the person's wishes were and what they could do themselves. For example, one person was being supported in a new relationship, another person did their own self-care health checks.

● Each person using the service was supported to write what was important to them and how staff should behave. This helped staff know what was important to each person and how to support them.

● 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. Staff had pen pictures about themselves and shared their interests. For example, included in the eye gaze applications was a section on each staff member.

● 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. One support worker said, "[Person's name] really loved abseiling, bike riding and canoeing, all the things they hadn't had opportunity to do. We were all so elated and emotional to be participating in [person's name]'s first time life experiences." They had gone on to do a charity 'swimathon' to raise money for the activity charity.

● We observed staff respecting people's choices.

● People's privacy was respected. For example, their records were maintained securely to ensure they could not be accessed by others.

Outstanding ☆

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 good. At this inspection this key question has improved to outstanding. 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 complementary about the care and support they received. One person said, "I'm going to have a nice life. I will be ok with my support worker friends. They know me well. We are going to have a gaming tournament". The support worker and person had therefore received training in safe use of the internet. One person was able to access golf lessons having played all their life.

● 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. Staff said, "We offer high quality support and we are all dedicated to helping [person's name] lead their own life" and "We never let complex health needs affect [person's name]'s ambitious life plans."

● Daily records were extremely detailed, each and written against bespoke goals and issues to enable truly person-centred monitoring. For example, fatigue symptoms were identified by "[person's name] will do 'sign' when fatigued". Activities were then planned around how a person presented to minimise fatigue and failures. People used a mood scale to share how they were feeling and was used to monitor what people enjoyed or when they needed more support. Care could then be reviewed using graphs looking at issues such as engagement, behaviours, mood, activities and fatigue. These details were used to enable a person to have a successfully planned trip to a holiday park. Staff said, "[Person's name] really responded well whilst away, and appeared to enjoy all of them, with lots of fun and laughs. We made a photo book as a reminder of the fun times we all had."

● People had a small team of staff, including case managers, team leaders and support workers. 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. For example, one person had staff with equine skills as the person had nine horses and wanted to continue to compete.

● 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. Staff showed us photos of one person buying Christmas cake ingredients, measuring, mixing, baking and finally icing the cake to maintain past Christmas traditions. Staff told us how one person was able to stand well. Staff said an equipment representative had commented how well they stood. The staff were very proud and said they put it down to the person's willingness and the amazing staff team.

● People were supported and empowered to identify and achieve goals and aspirations. Goal setting was

person centred and involved the person using the service, their relatives, staff and the multidisciplinary team. Goals were incorporated into people's care plans and helped the person and others involved in their care see how they were progressing. For example, lengthy preparation had resulted in a person with resistant epilepsy visit their country of origin and see family they had not met. They had been able to sit around a camp fire and fully embrace activities abroad.

● 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, detailed risk assessment had enabled a person to successfully attend a pop concert with staff checking out the venue, hotel and nearby health services in case of an emergency.

● The service contributed a key speaker to a conference 'Boots, Balls and Brains", on risks and advantages of accessing the internet and social media post brain injury.

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 their own idea of a fun room, learn how to use technology to read and share magazine articles (staff were all trained by the speech and language therapist with the person) and packing their own items for a holiday. Health professionals told us due to staff input people were able to continue to move forward and achieve, for example improving communication. Care plans also included people's views on drugs and alcohol.

● Most people used the computer, so care plans included how this was set up and how people liked to use it. Staff had been trained in pool rescue to enable a person with complex needs and equipment to go swimming and follow a routine. Staff had accessed a beach buggy to enable a person to continue to go to the beach. The person also had a bike which staff peddled so they could go on nature walks and meet people.

● One person enjoyed the arts but disliked excessive noise so adapted shows had been sourced. Where people had a vehicle the care plan detailed what involvement people wanted such as maintenance and monthly checks.

● People's achievements were celebrated in the support worker newsletters, for example winning the card design competition and completing a marathon supported by a runner for the blind.

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 very detailed, and staff were guided how to communicate effectively with them. This included any technology they used to support their communication. Regular multidisciplinary meetings were held with the staff team and speech and language therapists with the person to monitor improvements.

● 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. There was a sensitive support system available to families and staff as most people were young and may have life limiting conditions. Staff had training in end of life including de-brief sessions following a death. Staff said this was invaluable as a death could follow a long term relationship between the bespoke support team and family. Staff had continued to be in contact with one family in their own time following a sudden death despite the package obviously coming to an end. They had been fully supported during this difficult time by the service.

Outstanding ☆

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

● People and staff were highly complementary about the service. One staff member said, "I'm really excited about developing and working at Westcountry. They are amazing." One person said they had previously been in a secure environment but their amazing staff had worked with them and helped them find a home for themselves which they could not believe. They told us about their independent living trial and staff said they followed a checklist to maximise success. Another person was able to live the life they wanted but from within a care home setting with WCM staff support in the way they wanted. They had now taken up golf again, a lifetime passion, despite their injury.

● The service promoted a positive culture which was person centred and inclusive. There were clear vision and values. These were person-centred and ensured people were supported to regain control and autonomy over their lives after substantial life changing injuries and trauma. 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. For example, care plans had psychological strategies for promoting successful activities. These included making bags and packs (photos of venues and food outlets, sports items, clothes etc) for each activity option to enable people to choose and prepare who had slow brain function. One person had a pre-visit to a football ground and a risk assessment to include down time to reduce fatigue on the day of the match.

● The registered manager told us how staff retention was very important as support for people was preferably a long-term commitment. They regularly wrote to staff to highlight their excellent work, always focussing on people's outcomes. One letter said, "Your actions and commitment have been highly commendable, you have enabled [person's name] to experience the trip of a lifetime to their country of origin and created a notable chapter in their lives." Another said, "Your patience and skill has given [person's name] the time and space to reflect and arrive at a more relaxed and positive frame of mind." Training was held locally and easily accessible for staff in a learning style which suited them.

● The service was clear about their values and ensuring people and staff were fully supported to give the best care. For example, when taking over other provider packages, all areas were re-assessed and WCM processes put in place. On one occasion the staff team moving over to WCM were close to resigning from lack of support. After WCM input staff sent this email; "[WCM] have been so encouraging and positive. I've been so indecisive about my position, however after such a strong, consistent and united MDT meeting with WCM I've never felt like there's been this much in place before. From every angle to providing support, off-loading, guidance and encouragement with positive feedback it's been overwhelming. The team at WCM were so lovely, they all had a kindness and caring manner about them. I'm excited to work with you and am

hopeful for [person's name]'s future."

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

● There was a clear, supportive organisational structure, including the director, case manager mentors and clinical support managers and a knowledgeable office team. They understood their responsibilities relating to the duty of candour and being open and transparent.

● 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.

● When WCM took over a care package from external agencies they wrote a report of their learning and what they could share with the case management community to improve future care delivery.

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

● Quality and governance report documents demonstrated the service had a robust system to assess and monitor the service, learn lessons and implement improvements. Annual audits were extremely detailed and shared with people's legal finance deputies. They included photos showing each section, documents, equipment, ratings and recommendations for improvement. Due to extremely detailed recording, issues could be measured and analysed using graphs and charts to ensure effective management. For example, one report looked at behaviour analysis showing the person continued to require a highly structured timetable to manage anxiety as well as fatigue management and planning. The report said, "[Person's name] has been able to communicate an awareness and willingness to talk about their behaviours. He is excited about his future and with team support can enjoy more family time." A bar chart showed a marked reduction in negative behaviours.

● Training audits were undertaken, staff development and appraisal, incidents and complaints were analysed.

● 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. Recent results demonstrated a high level of satisfaction.

● Support workers newsletters were sent to staff four times a year. 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. For example, staff told us how even if they weren't on shift to work during a holiday, staff liked to all stay together and enjoy experiencing the holiday with the person as it was so rewarding.

● 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, hints and tips section in the newsletter and regular 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. Case managers were very skilled and some had attained advanced membership with 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. One case manager (the clinical lead) sat on the National BABICM Council and the Professional Practice and Membership Group of BABICM. They championed best practice, promoted professional standards and provided advice for others about complex brain injury in the community. For example, risk of financial abuse was high due to the compensation sums involved and this was always highlighted by WCM.

● Case managers were motivated to achieve the best for people and staff. WCM were involved in research and sharing information through organising conferences for health and legal professionals and writing articles in professional literature. The registered manager was dedicated to sharing their knowledge with external organisations such as legal teams, the police and health professionals. This had resulted in legal firms being able to identify care of a lower standard and make necessary referrals to safeguard people and staff. Other participation in research included contributing to another case management company (Headfirst) on their reliability of neurofunctional outcome scale. WCM promoted this to their case managers and participated as respondents.

● A research project led by University of Plymouth and acquired brain injury charities looked at decision making for people was contributed to by WCM's clinical lead person. Case managers found it important that support was provided by staff who knew the person well and understood challenges such as capacity fluctuation, lack of insight and importance of environment in supporting decision making. They ensured people had the correct support and that WCM was involved in external professional reviews of mental capacity. Findings were shared with the National Institute for Health and Care Excellence (NICE) and the Law Commission and influenced future law making with an amendment. The registered manager said, "We play a part in giving a voice to people living with hidden injuries, whose needs are misunderstood and underrepresented. Acquired brain injury (ABI) needs specialist assessment from knowledgeable professionals, and is a specialty in it's own right. NICE guidance now speaks specifically about the needs of the ABI population."

● Staff shared their knowledge with the wider professional community. An article in a professional journal by a case manager, 'The Skill of Support' showing how good staff training improved peoples' lives such as by using an open approach that supported people who may have minimal insight since their injury and refuse to engage. WCM had a low turnover of support input, high turnover being a risk related to people and families coping with acquired brain injury.

● The service used learning gained from resources such as national campaigns and available additional training such as in sleep therapy with staff. This was used in practice to further support people, for example using techniques to promote effective sleep for people. WCM also worked with local hospitals and specialist centres giving advice on case studies, one being about how to enable a wife understand their husband's injuries and brain damage in terms of practical, long term care and finances.

Working in partnership with others

● 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. For example, a recent court case was highlighted to share information about people who are 'vulnerable with capacity' being open to coercion restricting free choice. This was shared with legal firms who then identified issues with a care package that was unregulated.

● 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. Each person had regular multidisciplinary team (MDT) meetings with the staff team and all health professional involved in their care. A case manager said how well the MDT meetings were going as they were getting things sorted in all areas, for example all professionals assessing the sensory items used to avoid confusion. Staff were also trained in 'how to hold a good team meeting'.

● One compliment received by the service from a person's legal representative stated, "In my experience of working with various case management companies, WCM has always provided an extremely high-quality service. That is both in relation to the many exceptional case managers they provide, but also in relation to their management and support. I have always found then to be approachable and available to discuss any concerns. Both the client and their family are treated with kindness, dignity, understanding and respect. This does not however prevent them from addressing any challenging issues when required."

● Reviews and support was always complimented by ongoing collaboration with community MDT teams. For example, one person ceased a medicine for epilepsy. WCM discussed this with the MDT and consultant as Cornwall emergency services were not always fast to respond and the risk of seizure remained high. WCM met with the epilepsy nurse and pharmacist and all decisions were made together going forward reducing risk. Another example included MDT collaboration to manage one person's suicidal thoughts over a weekend, ensuring the staff team and community health professionals were aware and knew how to respond. The management email with the action plan said, "I hope the weekend brings some calm for [person's name], but it is far better to have thought through what to do if he needs support and is distressed, so you can support him calmly and keep yourselves safe too. Thank you for all of your support."