

Case Management Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Case Management Solutions Ltd is a specialist agency which provides bespoke case management support to both adults and children with complex needs, often as a result of a serious brain injury. Case managers work with people to set up and coordinate their rehabilitation, care, and support needs. Case Management Solutions Ltd 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. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection there were 3 people receiving the regulated activities provided by the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This provider was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Support:

The provider had processes to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew how to act on concerns. Relatives told us they felt that their relative was safe. One relative commented, "Care Management Solutions are massively supportive and really well organised. Can rely on them and trust them with [Name]."

There was a recruitment system to ensure appropriate staff were employed and there were enough staff to support people. People and their relatives were fully involved in the recruitment process and had access to experienced case managers who were qualified health and social care professionals.

Risks associated with people's care had been identified and assessments were in place to minimise risks occurring.

Quality audits were in place and completed regularly by the senior team.

Right Care:

People received care and support from staff who knew them well and understood their needs and considered their preferences.

People were supported to achieve their goals and there was a strong focus on rehabilitation and increasing independence.

Staff worked in partnership with health professionals to ensure people received the right care and support. One professional commented, "They are dedicated and proactive as a team, and they will make all efforts to take our expert recommendations as required in the client's best interest."

Right Culture:

Staff at all levels worked hard to promote a culture that was person centred and inclusive.

Staff told us should they have any concerns about poor practice they would feel confident to raise them and for their concerns to be acted upon. One staff commented, "I know I can speak to my senior or a manager." Relatives spoke positively of the staff team and registered manager. One relative commented, "To be honest we couldn't really wish for any better, they are brilliant."

Staff supported people to explore and embrace their identity and provided care that was sensitive to equality and diversity.

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

Why we inspected

This service was registered with us on 1 February 2022 and this is the first inspection.

Recommendations

We have made recommendations about ensuring staff have all training appropriate to their role and the safe management of medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Case Management Solutions 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency with rehabilitation services. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 29 March 2023 and ended on 21 April 2023. We visited the location's office on 4

April 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We received feedback from 2 relatives about their experience of the care provided and met with 1 person who used the service by video. We spoke with the registered manager, a case manager, a team leader and 2 support workers. We emailed 7 staff across 3 teams and received 4 responses. We attempted contact with 3 health and social care professionals who have experience of the service and we received 1 response.

After the inspection

We reviewed 3 people's care plans and risk assessments.

We reviewed 3 staff files in relation to recruitment, training, and supervision.

A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff were trained in medicines administration and their competency had been assessed.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's Medicines Administration Records (MARs) confirmed they received their medicines as prescribed. However, it was not always noted on the MAR when other parties had administered medicines. This could result in errors or omissions by staff not being picked up immediately.

We recommend the provider review the process for completion of MAR's and their medicines management audits to ensure they provide clear oversight and are in line with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to safeguard people from abuse.
- Staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected abuse.
- Relatives told us they felt the care their relative received was safe. One relative commented, "Definitely, they are so good with [relative] and reports back from other people are that they are good with [relative]."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were well managed. There were processes in place to identify risk, which then led to detailed plans being put in place for staff to follow to reduce or remove risk.
- People's risk assessments were reviewed regularly or as required, such as in response to their changing needs or after a significant event.
- Processes for recording and investigating any accidents or incidents were robust. Individual records of all incidents were kept, which were then reviewed by a case manager to ensure people were kept safe and any lessons learned actioned.

Staffing and recruitment

- An effective recruitment system was in place which enabled the safe recruitment of staff. The recruitment process included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People received good continuity of care as each person had their own care team. In the event of absences of staff, there were appropriate processes in place to ensure safe staffing levels were maintained.

- People and their families were involved in the recruitment of their staff. One relative told us, "It's a really thorough recruitment process."

Preventing and controlling infection

- Staff told us they had easy access to personal protective equipment and had received training in infection, prevention, and control of infection.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to support staff reporting and recording any accidents and incidents.
- Complaints, concerns, and incidents were recorded and followed up.
- The registered manager ensured lessons were learned and practice changed if any trends were identified.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff underwent an induction and shadowing period prior to commencing work. They had regular updates to their training to ensure they had the skills and knowledge to carry out their roles.
- Relatives said they felt staff were effective and well-trained.
- Staff were positive about the training they had received and felt it provided them with the knowledge and skills to support people effectively. One commented, "Moving and handling was provided by [name] private physio. It was intense compared to my past training, but I found it helpful, and she is available to contact if I needed her."
- Staff benefited from an experienced and qualified case management team. Staff consistently commented that case managers were very supportive and gave good advice when they reached out to them for help. Case managers provided line management support to staff, which included regular supervision and appraisal meetings.
- Staff had undertaken specialist training to meet the individual needs of people using the service. For example, epilepsy awareness, dysphagia, and enteral feeding. However, not all staff working with adults had completed training in the Mental Capacity Act. The provider was also still to update their training program for staff supporting people with a learning disability to include training in learning disability and autism, in line with the Oliver McGowan Code of Practice.

We recommend that the provider review its training program and ensure all staff complete all training appropriate to their role.

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

- Detailed and comprehensive assessments of people's needs, and choices were completed before they started using the service. This information was used to develop written care plans and risk assessments which were reviewed regularly or in response to a changing need.
- People's health and support needs were clearly recorded in detail by staff.
- The provider utilised private health professionals such as occupational therapists and physiotherapists to ensure people had access to the best support available to help them achieve their rehabilitation goals.
- People and their families were involved in developing their care plans. One relative commented, "We trust them and leave things to them but are involved. We are involved as much as we want to be."

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

- The provider ensured people's support files included comprehensive information about their needs regarding fluids and nutrition.

- Staff kept detailed records of nutrition and hydration and involved healthcare professionals where required.
- Staff encouraged people to eat a varied and healthy diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider had effective processes in place for referring people to other agencies where needed.
- People were supported to attend medical appointments and access a range of health care professionals to improve their health and well-being.
- The provider worked well with other organisations to support people to maintain their health. As case managers, they possessed a strong understanding of how to navigate the various pathways of care to facilitate timely support from both public and private services. One professional commented, "The case managers we have worked with are knowledgeable and offer a high standard of care for the clients and support the families appropriately."

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 MCA 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.

- The service worked within the legal requirements of the MCA. Assessments of people's needs included an assessment of people's capacity to choose and make decisions.
- People were supported to make their own decisions and choices. Capacity assessments had been carried out when required and decisions had been made in people's best interest for those who lacked capacity.
- Staff told us how they sought consent and evidence of this was present in both the care plan and care notes. However, although staff were working within the principles of the MCA, not all staff working with adults had received formal training in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff focused on building and maintaining open and honest relationships with people and their families.
- People received personalised care and support from staff who were dedicated to providing high quality outcomes.
- Equality and diversity policies were available to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.

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

- The provider worked in partnership with people and their families, providing opportunities to share experiences and understanding and to learn alongside and from each other's experience.
- People and their families were fully involved in decisions about their support and treatment.
- Staff worked hard to support people to express their views and be involved in making decisions about their care by using a range of communication aids and making referrals when required to external professionals. One commented, "[name] can now use yes and no. I have had a part in encouraging [name] to learn how to communicate their choices. This is great progress for [name]."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible in their own home.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private
- Relatives were positive about the support provided by staff. One relative commented, "To be honest, we couldn't really wish for any better, they are brilliant."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's support plans described their support needs, were reviewed regularly, and were person-centred, containing people's likes, dislikes, and preferences.
- Staff were empowered to have a good understanding of people's needs and kept informed of any changes to people's support.
- People were supported by staff who knew them well and supported them in a person-centred way. One staff commented, "[Name] is the centre of everything we do. We make sure [name] is happy and comfortable and needs are put first."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were thoroughly assessed when they started using the service.
- Care plans provided clear guidance to staff about how to communicate effectively with people.
- Support was accessed from external professionals to maximise each person's communication.
- Staff told us they understood and interpreted people's nonverbal communication, which enabled people to engage more with those around them.
- Families were positive about the role of staff in promoting communication. One relative commented, "Yesterday we were in the lift and [name] was telling us the number and its staff that have supported [name] with that."

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

- Staff recognised the importance of promoting social inclusion to improve people's quality of life and supported people to access various community activities.
- People had been provided with meaningful activities, linked to their hobbies and interests.
- Relatives were positive about the level of involvement in their local community. One relative commented, "Yes, no stopping them – off to the zoo today."

Improving care quality in response to complaints or concerns

- An effective complaints policy and procedure was in place which was regularly reviewed. Systems were in place to manage any complaints received. No complaints had been received at the time of inspection.
- Relatives told us they could confidently raise any concerns with staff or the management team. One relative commented, "Really good and always there if we need them."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager led by example and demonstrated an open and transparent approach; managers were passionate about promoting a person centred, inclusive and empowering staff culture.
- Staff worked in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.
- The provider worked closely with people to ensure staff understood their support needs and could deliver quality outcomes.

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; Continuous learning and improving care

- The provider fully understood their responsibilities around duty of candour and had transparent processes for investigating concerns.
- Relatives felt comfortable raising concerns with managers and said they felt confident they would be listened to.
- A series of audits were in place to monitor, support, and highlight areas for improvement. Any improvements were actioned promptly to improve outcomes for people receiving support.

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

- The service was well-run. This was reflected in the high levels of satisfaction conveyed by staff and people who used the service. Staff were clear on their roles and responsibilities to monitor quality and safety of care delivered.
- Although the service was newly registered, the management team were experienced professionals who were passionate about improving people's quality of life through their case management services.
- The registered manager attended regular networking and learning opportunities to keep themselves up to date with the latest regulations and practices. Both case managers were members of the British Association of Brain Injury Case Managers, which meant they operated within a quality assurance framework that promoted high standards.

Working in partnership with others

- The provider worked in partnership with other agencies to ensure people received support to meet their

needs.

- Staff worked closely with other healthcare professionals. People's support records showed involvement and guidance from a variety of other professionals.
- Relatives spoke positively of partnership working. One relative commented, "Really happy that we have got the team we have got. Case Management Solutions are massively supportive and really well organised."