

Circle Case Management Limited

Circle Case Management Ltd

Inspection report

Unit 5
Fosseway Park, Harepath Road
Seaton
EX12 2WH

Tel: 0129724145
Website: www.circlecasemanagement.com

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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

Circle Case Management Ltd is a specialist agency which provides bespoke case management support and advice to both adults and children with life changing injuries, including spinal cord injuries, acquired brain injury and complex orthopaedic injuries. They also work with adults and children who have sustained life changing disabilities as a result of clinical negligence. Case managers work with people to set up and coordinate their rehabilitation, care and support needs. This is mainly funded by legal compensation claims. Circle Case Management 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. At the time of our inspection there were seven people receiving the regulated activities provided by the service.

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

People were supported by a service which had systems in place to identify and report concerns. Staff had received training in safeguarding, which helped them to recognise the signs of abuse and actions to take if they had any concerns.

Circle Case Management Ltd support some children. Staff had received safeguarding training specific to children and the provider had an up to date child protection policy in place.

Relatives told us people received safe care. Comments included, "My son is always kept safe at all times."

People received support from their own staff team who were recruited safely by Circle Case Management Ltd. Staff received an induction and the provider's mandatory training as well as specific training relevant to the person they support. Staff were trained to administer medicines safely and discussed medicine administration as part of their supervisions.

Staff had received training in infection control, had access to PPE and were part of the government's Covid-19 testing program.

People's needs were comprehensively assessed and staff with the right skills helped to meet these. Staff supported people with their eating, drinking and to access healthcare support.

People were cared for by staff who were very caring and considerate. Relatives felt involved in their care and able to express their views. People received care and support which was personalised to them and their unique circumstances and wishes.

People's independence was promoted and respected and were supported by staff in a dignified and respectful way.

People benefited from a staff team who enjoyed their jobs and were proud to work for the service. Staff had a good knowledge about the people they supported and told us they were proud and enjoyed working at the service. This was evident from the positive feedback we received. One staff member said, "I believe I am surrounded by an excellent team of people and they will always try and help and if they can't then they find somebody who can."

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.

The provider had a complaints procedure but the registered manager said they had not received any complaints.

People, their families and legal representatives were able to give feedback about their care through care reviews and surveys.

The provider had systems and processes in place to retain oversight of people's care and ensure good standards were consistently met.

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

Rating at last inspection

This service was registered with us on 12 July 2019 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

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.

Circle 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

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

Service and service type

This service is registered to provide personal care to people living in their own homes 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 the service 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 3 September 2021 and ended on 28 September 2021. We visited the office location on 8 September 2021.

What we did before the inspection

Before the inspection we requested a number of records to review before we visited the office. These included a variety of records relating to the management of the service, including policies and procedures and quality monitoring reports. We reviewed these before visiting the office. We also contacted people's relatives and court appointed deputies to give them opportunities to share feedback with us. We received feedback from three relatives and three legal deputy trustees. We also contacted staff and received feedback from six of them.

We reviewed information we had received about the service since its registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the service's office in Seaton and spoke with the registered manager who is also a director, the Human Resource (HR) manager and the associate technical team manager.

We reviewed further records. This included looking at the provider's computerised care and HR system, one person's care records and information relating to staff recruitment, staff supervision, staff training and quality monitoring.

After the inspection

We contacted health care professionals who regularly work with people supported by Circle Case Management Ltd and received a response from one of them.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by a service which had systems in place to identify and report concerns. Staff had received training in safeguarding, which helped them to recognise the signs of abuse and actions to take if they had any concerns. Staff told us they were confident action would be taken if they reported any concerns. Comments included, "I would definitely be happy to raise any concerns I had, if I were to witness any sort of abuse in my support worker role" and "I am aware of who to approach and what to do if I witnessed abuse."
- Circle Case Management Ltd support some children. Staff had received safeguarding training specific to children and the provider had an up to date child protection policy in place.
- When asked if they felt their relative was safe being supported by Circle case Management Ltd comments included, "My son is always kept safe at all times" and "Absolutely."

Assessing risk, safety monitoring and management

- There was a business continuity policy and procedure in place. This detailed how the service would run safely in the event of emergencies such as staffing concerns due to fuel shortages or severe weather. This helped to ensure there were clear plans in place to reduce risk associated with these circumstances.
- People's individual risks and needs had been comprehensively assessed and planned for. Risk assessments were kept up to date and regularly reviewed. People's choices and preferences were always sought and included in the records.
- Case managers and team leaders undertook risk assessments and management plans for any areas of need identified. They used a 'traffic light' system to assess the level of severity and likelihood of occurrence. The main areas assessed included medical needs, personal care, food and nutrition and physical needs.
- Staff had access to clear information about people's personal risks and how they should be supported. Staff were very observant and took action to make sure risks were minimised and reported concerns to the management team.
- Risks were managed in relation to people's individual needs. An environmental risk assessment was carried out when a package of care was taken on and reviewed annually.
- The service supported some children and a bespoke paediatric risk assessment tool was used to assess their individual needs.

Staffing and recruitment

- Staff had been safely recruited. Staff were recruited by Circle Case Management Ltd, but they were employed by people themselves through their court appointed deputies. Employment and criminal record checks had been carried out to ensure staff were of good character to work with vulnerable people. Any

employment gaps were discussed with prospective staff at their interview and there was a six-month probationary period for all new staff.

- Recruitment of the right staff was very important at the service and that people were matched to their staff team. People, their relatives and deputies were involved in recruiting the right staff.
- A designated case manager oversaw people's staff teams and ensured staff were allocated sufficiently to support their needs. When there was staff sickness, staff would undertake additional duties and bank staff were able to cover vacant shifts.
- The registered manager told us that people had a full staff team at the time of our inspection with a couple of new staff going through the final part of the recruitment process.

Using medicines safely

- Staff recorded support provided with medicines on administration charts written by the staff. The registered manager told us they were looking at working with a pharmacy to get pre-populated medicine administration charts.
- People's care plans included personalised information on how they like to take their medicines and what level of support they needed.
- People received their medicines safely because staff members had received training to administer medicines safely and they discussed medicine administration as part of their supervisions.
- People's medicine administration charts were audited monthly to ensure all medicines were being administered as prescribed.
- There was a medicine policy in place to guide staff, which was being followed.

Preventing and controlling infection

- The risks of the spread of infection were minimised because staff were trained in infection control and food hygiene and understood their roles and responsibilities relating to infection control.
- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff had access to PPE, should they need additional this was sorted at the provider's main office.
- The registered managers implemented effective Covid-19 policy and business contingency procedures which were up to date.
- We were assured that the provider was accessing Covid-19 testing for staff in line with the government's testing program. Staff completed an assessment to ensure they were completing the lateral flow test to check for Covid-19 correctly
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The management team closely monitored the changes to the service provision in the last year. They identified when staff required more support due to the pressures of working during the Covid-19 pandemic and supported them.

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.

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

- Most people were referred through their legal deputy trustees as part of compensation claims following their life changing events. The provider's statement of purpose states, 'Case Manager instructed to work with the client on their rehabilitation needs by a deputy, litigation solicitor, insurance company or client. Assessment of rehabilitation needs are undertaken by the case manager and full report sent to the client and the funders.' This meant that people's needs assessment needed to be very detailed and realistic.
- The registered manager and case managers worked closely with people, their families, court appointed deputies and other professionals. They were involved in their care and support and were consulted throughout the assessment process to ensure people's preferences, lifestyles and life choices were met. People and relatives commented positively about the service provided and told us they were involved in developing their support plans. Comments included, "I am always informed about any changes and I'm always involved in the decision making" and "I am heavily involved in decision making and the day to day care of my son. We all work together as a great team and support for my son."
- People's preferences, likes and dislikes, life histories, background information and what they wanted to achieve were recorded in their care documentation. For example, one person's care records said, "Wants to socialise and enjoy interests...accept brain injury."

Staff support: induction, training, skills and experience

- Staff received an induction when they started working for the service, which included working alongside experienced staff.
- Staff received the provider's mandatory training which included, safeguarding, health and safety, fire safety, first aid, equality and diversity, manual handling, mental capacity and infection control. Staff also undertook training specific to people's individual needs. For example, staff had received epilepsy training or break away training (manoeuvres used by staff to break away from a potentially violent situation in a safe manner).
- Staff confirmed the induction and training they received enabled them to undertake their roles. Comments included, "I have received all necessary and relevant training and I did receive an induction at the start of my employment", "The training I have received so far has been informative and has helped me to understand more about different disabilities" and "Yes, I have received all the mandatory training. The team and myself have also received bespoke training based on the needs of the client. For example, epilepsy training... brain injury training, intensive interaction (speech and language) training. All of these are very beneficial to our roles and make a huge difference in the level of care and understanding we can deliver to the client."
- Relatives said they felt staff had the right skills and knowledge to support them. Comments included when asked about staff skills, "The staff have all the relevant skills to support my son" and "Yes we do as Circle

Case Management put in place a regular training plan".

- Staff received a supervision every three months and annual appraisals were in progress. This gave staff the opportunity to discuss any concerns and identify further training and development needs.

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

- People who used the service required different levels of support with eating and drinking. People's dietary needs were assessed, and care plans set out what support people required and the support they needed to buy groceries. For example, one person required a staff member to remind them to eat slowly and to cut up their food.
- Staff ensured they followed people's specialist dietary requirements as assessed by the speech and language team (SALT).

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

- People were supported by staff who were aware of their healthcare needs. People's support plans included a detailed record of people's health conditions and personal care needs. For example, hygiene requirements and mental health needs.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed.
- When asked if staff they followed their guidance, one healthcare professional working with a person using the service said, "As far as we are able to ascertain they have as the intensity, frequency and duration of distressed behaviours significantly reduced since our assessment, treatment and intervention."

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.

- The registered manager was familiar with the legislation and knew the process to follow if anyone required this level of protection to keep them safe. They had a dedicated MCA lead who supported case managers and staff with any MCA concern and cascaded any training.
- Staff knew how to support people in line with the MCA and received appropriate training.
- The provider's statement of purpose identified the need to gain people's consent. They had recorded, 'On commencement of case management services each client signs a client agreement form which then gives consent for case management to start working with the client. Without this agreement in place case management cannot commence. Within the business we also have a client consent form which conforms to GDPR this gives the case manager consent to share confidential information with the wider multi-

disciplinary team'.

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

- Relatives told us staff were very caring and considerate and felt involved in their care and able to express their views. Comments included, "My son is cared for amazingly by his support staff", "I have no worries that my son is not in good hands. The team we have are fantastic and extremely conscientious and professional" and "We feel that the support Circle give our care team delivers a high-quality level of care and support."
- People were cared for by staff with sincerity, kindness and compassion. Staff supported people in a dignified and respectful way and their independence was promoted.
- People's care was planned in an inclusive and caring way, respecting their equality and diversity and human rights.
- Staff demonstrated an understanding of people's care needs and the importance of respecting diversity. Staff told us they enjoyed their role and had got to know the people they supported well.
- The registered manager told us how staff often went over and above their job role to support people. Examples included; one staff team had had moved in with a person through the pandemic lockdown.

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

- Relatives confirmed people's views were sought appropriately and they were involved in making decisions about their care.
- Staff understood people's needs and encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff were respectful towards them, their home environment and their family members.
- People were encouraged to be as independent as possible. One staff member told us, "Supporting and encouraging (person) to participate in activities, increasing attention by making things fun, increasing independence and supporting to become more mobile. We have been working with (person) to walk with less support, this has worked very well and (person) gets lots of praise which she enjoys too."
- The provider's aim in their statement of purpose states, 'Throughout the client's time with Circle Case Management all our clients are treated with dignity and respect as they are fully involved in their rehabilitation planning if they can do so'. The inspection identified that Circle Case Management Ltd were ensuring people were treated with dignity and respect

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 received care and support which was personalised to them and their unique circumstances and wishes.
- People had a named case manager who undertook extremely detailed and person-centred needs assessments. These informed people's support plans, which were tailored to the individual.
- People had different care record formats which were specific to people's individual wishes. The provider's preferred digital format held people's support plans, daily logs, risk assessments, medicine records and were accessible to appropriate family members and court appointed deputies.
- Staff were responsive to people's changing needs and relatives said they could count on the service to meet their changing needs. Comments included, "Yes Circle do keep us up to date with all impending changes and discuss the decision process with us"
- People's individual staff teams knew them well and how they liked to be cared for and found the support plans informative and gave them the information they required to undertake people's support. Comments included, "The support plan in my place of work has a lot of information in it. It gives plenty of details in order to support safely" and "I feel the current care plans in place have enough detail to carry out the job effectively taking the needs and abilities of the client, as well as preferences and dislikes."
- Where a person's need changed the registered manager and staff involved health professionals to implement changes. For example, the implementation of a positive behaviour support plan.

End of life care and support

- The service had not supported anybody receiving end of life care.

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.

- Staff knew people's communication needs well and knew how to effectively encourage them to engage in a conversation.
- People's support plans included information about their communication and sensory needs.

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

- As part of people's assessment process, staff found out what people liked to do and supported them to

access the community when able.

Improving care quality in response to complaints or concerns

- Information was provided to people about how to raise concerns or make a complaint.
- The provider had a clear complaints policy in place which explained how to make a complaint and what action would be taken by the management to address any concerns and resolve them.
- The registered manager told us they had not received any complaints.

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

- The registered manager had a good oversight of the quality and safety of the service. They were passionate about ensuring people and staff were fully supported to give the best care.
- Relatives and deputies were very positive about the care and support they received and the leadership of the service. One relative commented "Circle case management have always listened to my views and respects regarding my son. We are very fortunate to have a great team of support staff for my son who he adores. We treat the team like extended family and are completely happy with how everything is being run."
- Staff felt very well supported by their case managers which led to a happy and confident staff team. They said they were very proud to work for Circle Case Management and the registered manager and praised the support they received. Comments included, "I feel that the management is very good. From what I have experienced of the service, the communication between departments works well. I feel I receive good support and supervision. I find my manager to be very understanding and approachable. I benefit from constructive criticism but also have my achievements recognised" and "Circle case management ... have always made me feel good about myself and my abilities to do my job. I genuinely couldn't fault them."

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

- The registered manager was open and approachable. They had a clear understanding of their responsibilities and acted in line with the duty of candour. The duty of candour sets out actions that the provider should follow when things go wrong.
- The provider's statement of purpose states, 'We have a strong complaints procedure for both staff and client's, so their voices are always heard. We are always willing to improve practices and change our approach to make our services safe for all who encounter Circle Case Management. Our duty of candour links in with our company governance.'

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People could be confident that their care was provided by a service that monitored risks and followed up to date guidance to keep people safe. This inspection was conducted during the Covid-19 pandemic and the agency were working in line with all up to date guidelines to keep people safe.
- Each case manager completed an annual audit document. This was reviewed by the registered manager and management team. We were told the audit tool was under review as it did not 'fully reflect our service

delivery model'. We discussed with the registered manager that actions had been identified by the audit process but the tool in use did not always demonstrate what actions had been completed. The registered manager said the new audit tool would address these issues.

- There was a clear management structure in place. The registered manager, themselves a clinical director, worked with the provider's second clinical director and knowledgeable office team who could support staff with HR matters, training and policies. Each person the service supported had a case manager that oversaw their staff team. This included team leaders who undertook day to day responsibilities at people's homes.
- The registered manager had numerous means by which they kept staff informed and asked for their views, through supervisions, staff accessing an online portal to access policies and information and a recently implemented newsletter.
- The registered manager met weekly with the case managers and team leaders to share information and learning, and this was then cascaded down to the teams.
- The registered manager had produced a short personal video for staff to introduce herself and help communication within the service to ensure all staff received the same information and were kept updated. This was because staff teams worked in people's homes and were overseen by the case managers
- Case managers had a schedule of records reviews they were required to complete. This included weekly checks of incidents and accident forms, monthly medicine audits and fire alarm records, three monthly supervisions and staff meetings and annual risk assessments and equipment service records.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were kept informed about their care and consulted on all aspects.
- Circle Case Management Ltd asked people, their families and legal representatives for their views about the service. An analysis of a survey carried out in January 2021 (which included a response from support workers) showed that 37 people out of 39 responses would recommend Circle Case Management Ltd to a friend or colleague and rated the level of expertise and knowledge of the service as 'high quality' or 'very high quality'.
- Staff had good relationships with people's families and healthcare professionals and contacted them when they had concerns about a person's health.
- Staff were encouraged to raise concerns if they had any. The recently implemented newsletter gave them the contact details of the registered manager should they have concerns they did not feel appropriate to raise with their case manager.
- Staff told us they would feel confident raising any concerns or issues with the management team and that action would be taken to address these. Comments included, "They have always made me feel involved and I feel very confident in expressing my views and if any concerns arise, I know who I can go to straight away".
- Staff surveys were completed to give staff the opportunity to share their views. A survey in July 2021 asked staff about their views about support they had received through the Covid-19 pandemic and access to enough PPE and contact with their case managers. Comments received included, "I have spoken with our case manager throughout this pandemic and she has been very supportive" and "I just feel everyone has coped really well throughout this difficult situation, including all the staff team at (name of location) and at Circle Case Management (CCM). Everyone has pulled together, and I received plenty of information on Covid 19 from CCM especially advice around self-isolation, pay related questions ..."