Stokes Case Management Ltd

Stokes England Office

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
Stokes England Office provide case management support for people affected by a brain injury and their families. The provider works with people and their families, legal representatives and healthcare professionals. The service undertakes assessments and provides and reviews care and therapeutic services for children and adults who, as a result of medical negligence or personal injury, have suffered brain injury, spinal injury, or other serious medical conditions. They develop, deliver and monitor a package of care for people to meet their individual needs, support their rehabilitation, and provide for their care and support. At the time of the inspection, support was being provided for 11 people.

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.

People's experience of using this service and what we found
There were safe systems in place to safeguard people from the risk of abuse. Risks to people were safely assessed and managed, and staff understood people's risks and how to support each person safely. People were supported by staff that had been safely recruited and knew people well. Medicines were managed safely, and staff followed correct infection, prevention and control procedures. There were systems in place for ensuring that each event, incident, accident and feedback was used as a learning opportunity to improve the service.

The management undertook assessments before agreeing to support people to ensure that their individual needs and preferences could be met by the staff team. This was in conjunction with legal representatives such as solicitors. People's care plans were developed with the person, their families and other health professionals involved in the person's support. Staff received an induction before supporting people and had their competency checked by the management team. Staff received appropriate training relevant to people they supported. Staff worked in partnership with other health professionals involved in people's care and support. 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.
People were supported by staff that were thoughtful and caring. Staff understood and respected each person's individual characteristics, and respected people's privacy and dignity. People were involved in choosing the staff that supported them.

People's care was planned with staff and the person and their family. Staff understood people's unique ways of communicating and knew how to support the person to speak for themselves as much as possible. The registered manager had a complaints policy in place and used complaints and feedback as an opportunity to improve the service for people.

Managers and leaders created a transparent and honest culture for people and staff that was focused on ensuring everyone had the support they needed. The management were committed and enthusiastic about providing support and training for staff to enable them to provide people with the best support possible. The management team consistently reviewed the service through their governance systems and identified ways to improve things for people. People, their relatives and staff were given regular opportunities to be involved in how the service was run by being provided with regular opportunities to feedback on aspects of the service.

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 16 December 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with us.

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Stokes England Office

Detailed findings

Background to this inspection

The inspection
We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
This service is registered to provide personal care to people living in their own houses and flats.

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. 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.

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.

What we did before the 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 reviewed information we had received about the service, including

statutory notifications. We used all this information to plan our inspection.

During the inspection
This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with relatives about their experience of the service. We were not able to talk with people this time. We spoke with the registered manager, human resources manager, three case managers, support worker and two health professionals.

We reviewed a range of records including three care plans. We looked at staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Inspection activity started on 21 June 2022 and ended with a feedback call on 4 July 2022.

Good

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm. There was a computer safeguarding folder that contained the referral and investigation documents. It also contained the outcome of the investigation with action plans where required. Feedback from a local authority included "The management team engage very well with us."
- Stokes England Office had followed safeguarding procedures, made referrals to their local authority, as well as notifying the Care Quality Commission in a timely way.
- There was a safeguarding and whistleblowing policy which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff could talk through the procedure and confidently discuss the different types of abuse they may see. A staff member said, "We have had really good training, and I wouldn't hesitate to raise an alert." Two staff had recently raised safeguarding's and were able to discuss the process from the initial referral to the outcome stage.
- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement which recognised their commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

Assessing risk, safety monitoring and management

- People's risks were identified and assessed safely. Risks associated with people's care needs were identified, assessed and recorded. This provided staff with the information needed to support people safely. Guidance on peoples' individual specific conditions such as epilepsy were present in care plans to inform staff.
- Staff had a good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks whilst promoting people's independence. For example, people were supported to attend clubs and school, and staff knew what action to take, should a seizure occur.
- Staff had clear guidance in place to support people with their health conditions and the associated risks. For example, people who had specific health conditions which affected their limbs and mobility, staff had risk assessed each activity they supported to ensure safe consistent care.
- Some people required specific equipment to be used by staff to support them. The service held the dates of when each piece of equipment had been serviced, and when the next service was due
- Risk assessments of people's environments had been recorded, including any emergency action which

may be needed in the event of a home emergency, for example, fire. There were risk assessments completed for staff who worked alone late at night or through the night should it be required.

Staffing and recruitment

● The service had sufficient numbers of staff at this time to meet people's current needs.

● Staff were matched specifically with each person receiving a service from Stokes English Office. People were able to 'interview' new staff to help ensure they would work well together.

● Recruitment practices were robust. Staff files were all computerised and showed the relevant checks had been completed, including 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.

● All registered nurses had a record of their personal identification number (PIN) and this was checked by the provider to ensure they were safe to practice.

● The management team undertook staff knowledge competencies when placing staff with people, due to their complex needs. This included, Moving and handling, medication and epilepsy.

Using medicines safely

● Medicines were managed safely. Staff had completed training to ensure people received their medicines as required.

● Relatives confirmed people received their medicines as prescribed. One relative said, "They do give medication, they have had training and I trust them as I have watched them give it."

● A staff member said, "There are clients who have medicine through percutaneous endoscopic gastrostomy (PEG). We receive training and competency assessments to ensure we give it safely." A PEG is a flexible tube which provides nutrients to the stomach for those that can not swallow.

● Clear guidelines were in place for staff to follow regarding administering medicines via a PEG. Staff confirmed that they had read the guidance and felt confident in the procedure.

● The registered manager told us, "Staff administer medicines and are competency assessed as part of induction training. There are checks as a minimum twice a year, but if we received a concern or identified an error, then staff would receive further training and competency assessments.

● Protocols for 'as required' (PRN) medicines such as pain relief medicines and anti-seizure medicine described the circumstances and symptoms when the person may require this medicine. We saw that people had received PRN medicine when requested.

Preventing and controlling infection

● People were protected from the risk of infection.

● Staff followed an infection prevention and control policy. The service had an IPC policy specific to supporting people during the COVID-19 pandemic.

● Staff understood their responsibilities around infection prevention and control. Families said, "Staff have been amazing during the pandemic, very careful and wear PPE."

Learning lessons when things go wrong

● There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.

● The registered manager and case managers met regularly via zoom during the pandemic, with the people who used the service, to discuss any improvements that may be needed and ensure any concerns or issues were identified and addressed in a timely manner. People confirmed this.

Good

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

- People's care and support needs were assessed before they began to receive a service. This was to ensure that Stokes England office could meet the needs of the person and family.
- The registered manager told us that the Case Manager Liaison Co-Ordinator received information via a referral from the commissioners who were seeking placement. This may have been from solicitors or the court.
- Information received from commissioners, and health professionals, formed the basis of care plans.
- People's care plans had details about people's medical histories, the conditions they lived with and how they affected the person. Additional care plans held in conjunction with the main care plan included signs and symptoms to look for relating to these conditions and what staff should do if the person showed any of these.

Staff support: induction, training, skills and experience

- Staff completed an induction programme and mandatory training based on their skills and experience. The induction period included opportunities for staff to shadow experienced staff. Staff who were new to care could study for the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- One relative said, "The training is very good, I do the training as well, covers a lot of things."
- Moving and handling training was supported by specialist physiotherapists who had been consulted on an individual basis and provided photographs of how the equipment, including splints should be used by staff and this assisted staff to use the equipment safely.
- One staff member said, "Lots of training, health and safety, fire, mental capacity, infection control, moving and handling and food hygiene."
- Training was moved to online due to COVID, however face to face training is being arranged now. All mandatory training is completed online within the induction period. Further domiciliary/mandatory/client specific training is arranged on acceptance of the case for staff brought in. A training matrix confirmed that staff had completed the necessary training to do their job safely.
- In addition to training, staff had supervision meetings with their line managers. One staff member explained, "I receive supervision monthly. This enables me to reflect on my case and talk through how things are going." Records confirmed supervision meetings had taken place.

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

● Some people required staff to prepare their meals or assist them with eating, and staff had completed food hygiene training to assist people safely. This also included nutrition via a PEG.
● People's dietary needs had been assessed and information for staff was included within care plans. For one person it was supporting with making sandwiches, which will change to basic cooking as they got older and more independent. For another it was supporting their nutrition via a PEG. This included monitoring their weight and liaising with health professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Stokes England Office worked with a variety of health and social care professionals to provide a care package. These included physiotherapists, speech and language therapists (SaLT), occupational therapists, neurologists and GP's.
● Information provided by external health professionals was recorded in people's care plans with clear instructions for staff. For example, one person who had received instructions to exercise from a physiotherapist, staff encouraged the person with the given exercises to help the person to maintain and improve their flexibility. This included the use of specialist equipment.
● Staff engaged other health professionals involved in people's care when supporting the person to review their care plan. Reviews had been co-ordinated by staff which involved the case manager and a specialist in the person's health condition.

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 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.
● Consent to care and support was gained lawfully.
● The registered manager informed us that the allocated Case Manager assessed whether people required mental capacity assessments during their initial assessment. The registered manager confirmed that the allocated Case Manager understood the principles of mental capacity and the relevant referrals needed if the person did lack capacity to make certain decisions.
● Staff had received training in mental capacity and understood the importance of supporting people to make their own decisions.
● Staff understood the importance of giving people choices in all aspects of their care. One staff member told us, "They might not be able to tell us verbally, but they can tell us by body language and eye contact."

Good

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
- People were looked after by kind and caring staff who knew them well; their diverse needs were acknowledged and catered for.
- People's care plans told staff about people that were important to the person such as friends and relatives.
- People at risk of social isolation had risk assessments in place to minimise this risk. For example, one person's risk assessment told staff that the person was new to the area and needed to attend clubs to develop new friendships. This was part of the support plan and we saw that this was acted on and reviewed with family.
- People were positive about the staff team that provided them with support. One person told us, "After previous disappointment with the former case management service, Stokes have been amazing, really supportive and things are really going well, we can relax," and "The staff are lovely, they are caring and thoughtful."

Supporting people to express their views and be involved in making decisions about their care
- People were supported by staff to be involved in all aspects of their care. Families were also fully involved.
- A relative said, "I was involved in the discussions for [named person] care needs and feel totally involved."
- The registered manager said, "When we take over a case, we speak with all the representatives, which includes solicitors, continuing health care (CHC) and family. During the care planning stage, people are involved in all aspects. We know the care plans are very clinical, because they have to be, and we have plans to make them more person-centred and include more about the person. Staff know people really well and this is an area we are concentrating on."
- All the care plans, additional risk assessments, and important information were all computerised and accessible to all staff.

Respecting and promoting people's privacy, dignity and independence
- People were treated with dignity and respect and their independence was promoted. For example supporting them to make choices.
- A family member told us, "They ensure he's smart, dressed nicely, and hair done, it's important to him."
- A staff member explained, "We encourage people to do what they can for themselves, it means an awful lot to them and their family and gives them independence."

Good

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 personalised care that met their needs.
- The care plans at present were very clinical based and lacked personal details of the people, for example, their personality traits. This had been identified by the management team and additional "This is me" documents were being trialled. The clinical director shared one with us which demonstrated how this would accompany the care plan.

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.

- At the time of the inspection, there were some people unable to communicate verbally. Different communication systems had been tried and the family said, "They choose which way they want to communicate."
- A staff member said, "People might use facial and eye signs or body language. We communicate really well as we know him well."

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

- People were supported by staff to stay in touch with families and friends.
- The majority of people lived with a close relative.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy. The management team were currently updating and revising the complaint procedure to ensure its easily accessible to everyone.
- A relative said, "I have not had to raise any issues, but would know what to do if I had to, the team are very approachable."

End of life care and support

- Care staff completed training on end of life care as part of their induction.
- The registered manager discussed how important it was to ensure that the end of life pathway was in line

with the persons wishes and the families. They shared a recent sad death and how they had been able to support them at home with the family and how special it was to be able to do this for them.

Good

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: 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

- People received personalised care that achieved good outcomes and promoted their independence. One member of staff told us, "It's all about the person, it's their right to have good care."
- The registered manager promoted a culture of person-centred care within the staff team. We were told, "We get people and their families fully involved, this ensures we get it right."
- The staff were positive about their role and how important it was to get it right for them. One staff member said, "It's a great feeling when it goes well, we can make such a difference."
- The registered manager was open and honest and understood their responsibility around duty of candour.
- Statutory notifications required by law had been appropriately submitted by the registered manager.

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

- The registered manager had a good understanding of their role and responsibilities about regulatory requirements and compliance. They explained they accessed information on CQC's website and this kept them up to date with the latest information and guidance.
- The registered manager monitored the effectiveness of the service and had a service improvement log that was in line with the CQC key lines of enquiries (KLOES). This was used to identify any changes or improvements needing to be implemented. The log showed specific areas for improvement, identified what action was required and who would be responsible for carrying this out. For example it had been identified through an audit that more effective ways of gaining feedback was needed. The registered manager was exploring mediums to include direct feedback, these included using IT, questionnaires and forums.
- The management team held regular meetings to discuss ongoing work required to make improvements to the service. This included discussions around training, staff vacancies, proposed new case management and any concerns raised.
- Staff told us the support of the management team had an impact on the team. One staff member told us, "I've been really impressed with the support I get from the manager; they are approachable and listen and will work at finding solutions."
- The registered manager had contingency plans in place to ensure people received safe care and support in the event that staff were unable to get to the person. Each person had their own individual plan which considered who could support the person in the event of an emergency.

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

● People and their families were fully engaged with the staff team and the management team.

● One relative said, "I will phone the case manager or (name) registered manager if necessary, they are really helpful."

● Staff felt supported in their roles. One staff member said, "Staff meetings are on zoom at present We talk about staff welfare, work progress and any new staff or changes to care." Another team member told us, "I do feel supported, and I feel listened to."

● The registered manager sent out surveys to people and their relatives to review the quality of the service. People's responses were analysed, and staff sent feedback to people with details of the findings and any changes that would be implemented as a result.

Continuous learning and improving care

● Families were complimentary about the management and care staff, and talked about the importance of good communication.

● Audits had been implemented to monitor the care people received and the service overall. Accidents and incidents were analysed to identify any possible patterns or trends.

● People and their relatives were asked for their feedback about the service, and surveys were presented in an accessible format.

Working in partnership with others

● The service worked in partnership with a variety of health and social care professionals, such as occupational therapists, SaLT, physiotherapists and neurologists.

● Professionals were positive about working with staff at the service and felt staff followed professional guidance given. One professional told us, "They (staff) followed the moving and handling care plan which was provided following our visit. After this visit, they have contacted me for advice which they have followed."