

Northern Case Management Limited

Northern Case Management Bury 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:

Northern case management is domiciliary care agency which specialises in case management and provides support and personal care for adults and children with an acquired brain and spinal cord injury.

People's experience of using this service:

People were supported with a tailored package of care that was exceptionally personalised to their preferences and aspirations.

People told us they were supported consistently by staff who knew them and their care needs very well. Staff were especially kind and caring and people considered their support team to be "part of the family."

People were highly involved in all aspects of their care. Staff supported people to choose adapted equipment and resources that were most suited to the individual's specific needs.

Care records were remarkably detailed and specific to the person being supported. People's choices and preferences, privacy and dignity and enhancing independence were all considered and consistently reflected and promoted within these records.

The service had an exceptionally positive approach to risk taking. People and relatives told us the team would work extraordinarily well together to find a solution to any potential barriers to enable people to reach their goals and access activities.

The service had an exceptionally positive approach to risk taking. People and relatives told us the team worked extraordinarily well together to find a solution to any potential barriers to enable people to reach their goals and access activities

Staff and management were well trained and had superb knowledge and experience to provide support tailored to the person they were supporting.

Staff told us they received all the support and information they needed to do their job. They felt listened to and valued by the management team.

There were quality assurance processes in place and the manager used information from accidents, incidents, complaints, other audits and feedback to deliver a high quality service and drive improvement.

Rating at last inspection:

At our last inspection (19 November 2016) the service had an overall rating of Good.

Why we inspected:

This was a planned inspection based on the rating of the service at the last inspection.

Follow up:

We will continue to monitor the service through information we receive and future inspections.

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

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 has improved to good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remains effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remains caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remains responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remains well-led

Details are in our Well-Led findings below.□

Northern Case Management Bury Office

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one adult social care inspector.

Service and service type:

Northern Case Management is a domiciliary care agency which provides personal care to people in their own homes. The service specialises in providing case management and support to adults and children with acquired brain and spinal cord injury.

Not everyone using Northern Case Management receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was supporting 99 people, of these eight people were being supported with the regulated activity personal care.

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 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available to support the inspection and answer any questions we might have.

We visited the office location on 02 May 2019 to see the manager and office staff; and to review care records and policies and procedures. On 09 May 2019 we visited people in their homes to speak with them and their family and to speak with the staff support team.

What we did:

Prior to our inspection we requested a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority commissioners and safeguarding team to obtain their views about the service. We contacted Healthwatch which is an independent organisation which collects the views of people who use health and social care services for any feedback they had received. This information was used to identify key lines of enquiry as part of the inspection.

During the inspection we obtained feedback from four people who were receiving support from the service, and spoke with five relatives to gain an understanding of their views of the service and quality of support that people were receiving. We spoke with the manager, 11 office staff which included case managers and administrative staff, and six support staff.

We looked at three people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; four staff personnel files, staff training records, policies, procedures and quality assurance audits.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last comprehensive inspection (18 November 2016) we rated this question as requires improvement. This was because we identified the recruitment process was not sufficiently robust and additional checks where staff members had previous experience of working with vulnerable adults and children was not being undertaken. At this inspection we found that action had been taken and appropriate additional checks were in place.

Staffing and recruitment

- ☐ The provider had appropriate recruitment checks in place. This included reference checks from previous employment roles, and checks with the disclosure and barring service (DBS). This helped to protect people from the risks of unsuitable staff being employed to support them.
- ☐ Staff told us that recruitment was person centred. They said, "Recruitment is client-focused, the person and the family are involved and we take their wants and wishes into consideration."
- ☐ Staff received an employee handbook when they began working for Northern Case Management which included information about policies, codes of conduct and set expectations for new employees.

Systems and processes to safeguard people from the risk of abuse

- ☐ People and their family members told us they felt the service was safe. One family member told us, "I know staff definitely keep [family member] safe. They are very good." and another said, "We've been with Northern Case Management for years, we can raise any concerns. They understand [family members] specific needs."
- ☐ Staff completed training in safeguarding both adults and children. The staff we spoke with had a good understanding of how to keep people safe and told us there was always someone available in the office if they needed guidance and support. Policies gave additional guidance.

Assessing risk, safety monitoring and management.

- ☐ Care records contained detailed information about potential risks and guided staff as to how to reduce these risk. This included information about risks such as choking and falls.
- ☐ People's care records contained detailed information about environmental risks. The provider had recently introduced a separate fire safety risk assessment which provided staff with specific guidance of the action they should take in the event of a fire.
- ☐ Risk assessments and people's care records were audited and reviewed regularly to ensure they were complete and appropriate to the person's current needs.

Using medicines safely

- ☐ Care records were detailed in relation to people's medicines support needs. This included information about the medicines people were taking and why, and covered regularly prescribed medicine, those taken

as required, and homely medicines. People had medication risk assessments in place.

- The management team completed audits of people's medicine records to ensure that people had received their medicines appropriately. Information about medicine errors and near misses were recorded and analysed to drive improvements. This learning was discussed and shared in team meetings.

Preventing and controlling infection

- Care records contained detailed information to guide staff on how to reduce the risk of infection when providing personal care with people. For example, guidance was specific about when personal protective equipment (PPE) such as disposable gloves and aprons should be used and how to safely dispose of equipment including soiled equipment.

Learning lessons when things go wrong

- The registered manager had systems in place to analyse data such as complaints, accidents and incidents and safeguarding concerns. This information was used to look for themes and trends and action was taken to reduce the risk of future reoccurrence. This information was shared across the service
- Staff told us they shared learning and discussed ideas. They said, "You can approach anyone from the team for advice, there is always someone around and we have a good mix of experience and knowledge. It is really valuable to have so much peer support."

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

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

- ☐ Records showed that people had full assessments of their care and support needs. Interests and aspirations were considered as part of the assessment and reflected within care planning.
- ☐ Care was planned and delivered in line with people's individual assessments and regularly reviewed. Staff told us they received regular updates and felt that their input into the assessment and care planning was valued. One member of staff told us, "We have input into care records, assessments and care plans are based on everyone's input, [names of person receiving support], their family and all the team have input and we are listened to."

Staff support: induction, training, skills and experience

- ☐ Staff told us they felt well supported. They said, "We have supervision, and team meetings, there is lots of support." "There is lots of support, there have been times when I have asked for extra support and I got it. There is always someone at the end of the phone if you need them." and, "I definitely get all the support I need."
- ☐ Staff told us they felt they had all the training they needed to undertake their role and said, "I've done all the training I need, it was easy to follow and relevant. You can always ask for more training if you need it." Records we looked at confirmed staff had completed all the relevant training.
- ☐ People and their relatives told us that staff were well trained. One relative said, "Yes, staff know what they are doing, they are very experienced. They have all the relevant knowledge and experience." and another said, "The training has improved massively in the time we have used the service. They are doing the care certificate and lots of online training. I think it is brilliant."

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

- ☐ People were supported to be as independent as they could and were involved in preparing meals when possible. We observed people had specialist equipment to enable them to prepare their own drinks when possible. Staff supported people to make their own choices about when and what to eat and drink and provided support and encouragement when required.
- ☐ Dietician advice was obtained for people where needed and this information was clearly recorded within people's care records.

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 to access a wide variety of services depending on individual need which included physiotherapy, occupational therapy and speech and language therapy. This information and input was

clearly detailed with people's care records.

- The staff we spoke with knew the people they supported well and were able to quickly recognise when a person's needs had changed, or they were becoming unwell. Staff gave us examples of how they had responded in these circumstances and sought medical input as required.

Adapting service, design, decoration to meet people's needs.

- People and their families told us they were supported to decorate and personalise their adapted homes according to their preferences.
- Specialised equipment was sourced depending upon individual needs. This included speciality bathing, lifting adaptations and other speciality equipment such as beds and chairs. The provider went above and beyond to ensure the equipment was best suited for the individual.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People and relatives told us that staff obtained consent before supporting people with personal care. One person said, "They always ask me and give me choice."
- Care records gave staff guidance about how to gain consent and what action to take when supporting people. One record we reviewed noted that staff should provide feedback, reassurance and information about what they are doing when supporting the person with personal care.
- Staff ensured people were involved in decisions about their care, and knew what they needed to do to make sure decisions were taken in people's best interests. One Court of Protection appointed solicitor told us, "They [staff] generally understand how to make decisions in [person using the service] best interest. I can't fault the communication and we have no issues with how they work with people."

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

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 were highly motivated to provide care and support which was person centred, kind, compassionate and focused on achieving the best outcomes for people. Staff gave us numerous examples of how people had made steps forward and achieved positive outcomes which include becoming more independent. We also saw the staff engaged in a variety of fundraising opportunities to raising money for charitable organisation working in area of need, including Headway and Spinal Injuries Trust.
- ☐ People and their relatives were exceptionally positive about the support being received and told us that staff were especially caring. One person said, "They look after me perfectly. They're the best." Relatives told us, "They care so much, I know they love [my family member]." and, "The staff are great, they really care. It's like they are part of the family."
- ☐ Everyone we spoke to told us that there was consistency of staff. Relatives told us, "We have had the same carers for years. They know [family member] really well. They understand all their specific care needs and what to do." "The staff are absolutely amazing, we have had the same people giving support for a long time." and, "We always have someone who knows [family member], it couldn't be better."
- ☐ All the staff members we met spoke with genuine passion and commitment about the work they were doing and the people they were supporting. Case managers told us, "We are very client centred, everything is about that individual." "We use evidence based practice and tailor it to that person and what they want." and, "The service is flexible and we have continuity of care. We have supported people as children, and through the transition and into adulthood."

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

- ☐ People told us they felt extremely involved in all decisions about their care. We saw that people were highly involved in adapting their homes and ensuring equipment was suited to their specific individual needs. People told us how they had been supported to view and test various adapted equipment they needed, such as bathing and lifting equipment prior to making a decision for their home.
- ☐ Staff we spoke with had a good understanding of how to support people to make decisions and care records provided detailed guidance around this. An wide variety of strategies and technologies were used to support communication from simple hand gestures to eye gaze and communication books.
- ☐ Everybody we spoke with told us they felt able to share their views of people's care and support and that these views were respected and considered as part of regular reviews.
- ☐ People told us, "They [staff] do what I want and always listen." and, "They always ask me and give me choice. They say to me 'do you want to get up now?' and if I say no it's not a problem."
- ☐ Relatives told us they felt listened to. One relative told us, "I didn't always feel my views were respected but that's better now. The staff are brilliant now." and another said, "Our views are always sought and there is a positive approach to risk taking. The thought is 'how can we overcome it' so that's peoples' decisions

can be respected."

Respecting and promoting people's privacy, dignity and independence

- Care records were exceptionally detailed and contained specific information about how to promote the person's independence in all areas. For example, we saw guidance for staff on how to promote people's 'independence in personal care, food preparation and household tasks'.
- People told us that their privacy and dignity was always maintained. One person said, "They always knock before they come in to my room. They ensure the curtains and doors are shut when helping me."
- Specialist equipment was sourced and used to promote independence. Assessments were ongoing and specific consideration to people's current and potential future physical health needs were in place to ensure the service could respond quickly and effectively. Additional adaptations and equipment were considered and sourced as required.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People spoke extremely highly of the service they received and felt it focused on the support they required to live as independently as possible following their injury. Potential risk were considered as people's health improved and action taken to put suitable measures in place to reduce these risks.
- ☐ Care records were updated regularly and person-centred and considered people's interests and aspirations, as part of the assessment and care planning. This information was interwoven throughout people's care plans. For example, a person's music preferences were considered and reflected within the records.
- ☐ Numerous opportunities for a range of social events were provided to support people to live as full a life as possible and prevent social isolation. People were supported to maintain interests and hobbies wherever possible. Relative told us, "[Family member] does so much. We go to a wide variety of events including the theatre and sporting events. As a team we are constantly learning and some activities we won't do again." and "They have a positive approach to risk taking. The team are always thinking 'how can we make this happen successfully.'"
- ☐ The Accessible Information Standard (AIS) was introduced by the Government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The registered manager had a clear understanding of this and numerous tools which could be used to improve people's access to and use of information.

Improving care quality in response to complaints or concerns

- ☐ All concerns and complaints were recorded. Records demonstrated that complaints had been dealt with appropriately by the registered manager and used as an opportunity to improve the service.
- ☐ Everyone we spoke with told us they felt able to raise concerns and make complaints and felt assured that these concerns would be quickly and effectively addressed. People and relatives told us, "I feel able to raise any concerns." "They definitely take my views into considerations." and "[When I made a complaint] the registered manager handled it really well, it got resolved and now it's water under the bridge."
- ☐ The provider had a complaints policy and procedure. This information was available to people within the records maintained within people's home.

End of life care and support

- ☐ At the time of the inspection the service was not delivering end of life support to anyone. The registered manager told me this had been identified as an area for further development and work was ongoing to make improvements in this area.
- ☐ We reviewed one end of life care record and saw that the provider was working closely with other organisations to develop and deliver end of life care when required.
- ☐ Case Managers had discussions with people and their families regarding end of life wishes as part of the

assessment and care planning if this was the person's preference. Not everyone wished to have these discussions and this choice was respected.

- ☐ The registered manager told us that end of life training and support would be provided to staff supporting an individual with these care needs as part of the tailored package of care. The provider had policies and guidelines in place to support the delivery of this type of care package.

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

The service as consistently managed and well-led. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ People received care which was extremely personalised to their individual needs, focused on their outcomes and recovery. Staff were matched to people in line with their preferred wishes and choices to provide consistent, personalised support.
- ☐ The registered manager understood their responsibilities under the duty of candour and were open and honest about any lessons that needed to be learnt as a result of incidents which had placed a person at risk of harm. Near misses were also recorded and used to learn lessons and continuously improve the service.

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

- ☐ The service had a clear management structure and all staff understood their roles and responsibilities within this. All staff we spoke with were extremely positive about the management team. One staff member said, "They are all very good, they are very open and approachable." and another told us, "There is always someone who you can talk to for support. They are good like that, but they also trust us and let us get on with the job and value what we have to say."
- ☐ The registered manager welcomed all feedback from people who used the service, partner organisations and relatives and used this to continually improve and develop the service provided.
- ☐ Communication within the service was particularly good. One relative said, "Communication is brilliant, it works well. I have a great relationship with the case manager and the staff are brilliant." and another said, "The management are brilliant, I feel involved in [family member] care. They let me know exactly what's going on."

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

- ☐ Everybody was encouraged and supported to contribute ideas and share their views within the service. People, their families and staff all felt especially able to contribute their opinion and felt that their views and input were highly valued by the management team.
- ☐ The provider undertook annual surveys to obtain the views of people and staff. This information was fully analysed to look for themes and trends and drive continuous improvements.
- ☐ Meetings were held within the service. This included team meeting, management meeting and whole service meetings. Feedback from these meetings was communicated throughout the service to ensure best practice was shared within support teams and enable outstanding care to be delivered.

Continuous learning and improving care

- ☐ Quality assurance systems were in place and used effectively to monitor the service. Audits and checks were completed on a regular basis by the management team. Regular spot checks and reviews were in place to ensure high standards of care were continually met and maintained.
- ☐ The registered manager received regular information and updated from a wide variety of best practice and other relevant organisations such as the CQC, Health and safety executive and National institute for clinical excellence (NICE). This information was used to ensure the service was responsive to changes in best practice and legislation. The registered manager showed us some recent changes that had been made in relation to the management of people's medicines and fire safety following some recent updates.

Working in partnership with others

- ☐ The service had an exceptionally positive approach to partnership working. We saw that staff supported people to access a variety of voluntary and charity based organisations for activity and support sessions that were tailored to the individuals needs and preferences. The staff were also involved in fundraising and had undertaken half marathons and other sponsored challenges and activities for organisations such as Headway and the Spinal Injury Trust.
- ☐ The service had close working relationships with a variety of other professionals including physiotherapy and speech and language therapy to deliver personalised support and positive outcomes. The service also worked closely with statutory services when appropriate.