

Kent Case Management Ltd

# Barham Court

## Inspection report

Barham Court  
Teston  
Maidstone  
Kent  
ME18 5BZ

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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

Barham Court is a care at home service which provides personal care and support to children, younger adults and older adults, with complex health needs, including those associated with brain injury. At the time of inspection, the service was providing support to seven people, three of which was with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe using the service and staff understood what their responsibilities were in relation to keeping people safe. People had risks associated with their health and wellbeing, assessed and managed to ensure they received personal care and support safely. Staff administered people's medicines safely and prevented people from the risk of cross infection. A health professional said, "My experience has been that they treat individuals with respect and care, leading person-centred care as well as sensitive, prompt and efficient management of safeguarding and risk issues." The service worked in partnership with people, relatives and other agencies to support people's good health and well-being and provide consistent care.

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.

Staff were trained and their competency was checked by the management team following an induction into the role to ensure staff had the skills to do their job well and effectively meet people's needs. A relative said, "All courses are done and kept up to date by staff. On certain courses like Epilepsy and First Aid, we all go together with [person], myself and the staff. This way we all are benefit from the training."

People received a service which was personalised and met their individual needs and preferences. People were involved in decisions about their care and people and relatives were communicated with effectively. A relative said, "[Person] is treated like a young adult by staff and their preferences are always taken into account."

People and relatives told us they had support from regular staff who were kind, understood their needs and were competent in providing personalised care. A person said, "They (staff) are very kind and willing to help me." A relative said, "I have no fears or dreads with the support workers. They know [person] inside out and I trust them implicitly. They are not just support workers, they are part of our family."

People and their relatives spoke highly of the service and had opportunities to provide feedback and action was taken to address issues which were raised. A person said, "I have no complaints but know how to do that. I wouldn't be worried." Systems were in place to assess and monitor the quality and delivery of care to

people. The registered manager was committed to providing good care to support people to achieve the best possible outcomes.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Right support: The support provided by staff focused on ensuring people had choice, control and were encouraged to be as independent as possible.

Right care: People were treated as individuals and the support provided by staff promoted their privacy, dignity and human rights.

Right culture: The registered manager, and support staff, all displayed values which prioritised supporting people to live confident, inclusive and empowered lives. A relative said, "I absolutely would recommend the service. They are a good team, small, but competent." A staff member said, "We are all happy. It's a great place to work. To grow, learn, we never stop learning and developing. We can be so innovative for people, its limitless. We work with so many different professionals, for the greater good of our people we support, they are amazing and we are always learning from them."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 30 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service's date of registration.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Barham Court

## 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 carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a care at home service. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

#### What we did before the inspection

We reviewed information we had received about the service since the service registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 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 staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 28 February and ended on the 1 March 2022.

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with two members of staff including the registered manager.

We reviewed three people's care and risk assessment records. We reviewed staff training documentation. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We requested feedback from a further 12 professionals who work with the service. Four of them responded, their comments are included in the report.

# 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 risk of abuse. A person said, "Yes I do feel safe, 'cos if I'm concerned, I can talk to them about it." A relative said, "[Person's] immediate care is safe, provided by staff, I can't fault them." Another relative said, "[Person] is absolutely safe. They are very cautious with [person] and their safety is paramount."
- There were effective safeguarding processes and a policy in place. The registered manager understood their responsibility to keep people safe and how to manage safeguarding concerns. There were no open safeguarding incidents at the time of our inspection.
- Staff had completed training in safeguarding from abuse and whistleblowing for children, young people and adults. They understood their responsibilities for recognising and reporting signs of abuse. Whistleblowing is when a member of staff reports concerns they have about conduct at work without the fear of reprisal.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to children, young people and adults health and well-being were assessed and managed in consultation with them, and where required, their parents. These included, amongst others, cognition, swimming, the risk of choking, the risk of seizures and skin breakdown. Risk assessments gave detailed guidance to staff on how to minimise the risks identified.
- A relative said, "[Person] is safe when they go out as they make sure there are two of them, for if [person] had a seizure and needed their wheelchair." Another relative said, "When [person] has a shower they need someone to be in within hearing distance just in case they have a seizure." A third relative said, "The carers have been proactive in suggesting safety aids to help, especially at night when [person] is on their own. There is an alarm system (that alerts us of a seizure) and they also recommended some special pillows that won't restrict [person's] breathing if they have a seizure at night."
- Risk assessments addressed environmental factors, such as fire risks and risks to lone workers.
- The service had a system in place to record and monitor any accidents or incidents. Actions and outcomes were documented and discussed as a 'lessons learnt' in meetings and staff supervisions.

Staffing and recruitment

- Staff had been recruited safely. Checks included a Disclosure and Barring Service (DBS) check, references and identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient numbers of staff recruited to meet people's needs. Children, young people and adults had a small team of regular staff who visited them. A person said, "I am very happy with the staff I

have." When asked how well relatives knew the staff and how many staff visited, parents commented: "[Person] always sees the same people and they are very reliable." Another relative said, "They are reliable and come on time always."

- The registered manager discussed the challenges faced with staffing levels during the pandemic, which had meant parents on occasions having had to opt in to provide their loved ones support. Relatives fed-back the registered manager and assistant case manager had also stepped in to provide support during this time. A health professional said, "[Person] has a good support team and I understand that during the COVID-19 pandemic, the [registered manager] and assistant case manager stepped in to cover a shift to maintain continuity and safety."

#### Using medicines safely

- Peoples' medicines were managed safely. People's medicine support needs had been assessed, identified, recorded, and risk assessments were in place to make sure people's medicines were managed safely.

- When staff administered medicines, they recorded this on MARs (medicines administration records). These records were produced and checked by the service and confirmed with parents/carers to make sure the details were accurate. A relative said, "We share (administering) the meds with staff. It works well, we use MARs."

- The records we checked showed medicines were given correctly in the way they had been prescribed. Protocols were available for any medicines prescribed 'when required' to make sure these were given when appropriate.

- Staff had training in safe medicines handling and were assessed by the management team to make sure they gave medicines safely. Audits took place each month to make sure staff were managing medicines correctly. Any incidents were recorded and followed up appropriately. For example, following medicine incidents occurring staff had been provided with additional support and training, competency spot checks and reviewing of procedures.

#### Preventing and controlling infection

- The provider had up to date infection control policies and procedures in place.

- Staff had received training in how to prevent and control infection. This included specific processes and guidance relating to the Coronavirus pandemic. Staff told us personal protective equipment (PPE) such as masks, aprons and gloves were readily available to them.

- Staff carried out regular COVID-19 tests to help prevent the spread of infection. People and their relatives told us staff followed infection control procedures well, particularly in regard to COVID-19.



# 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

- There was a thorough, holistic assessment of children's, young people and adults needs before they first started to receive care and support. This was based on information from the person being offered support, their families and their healthcare professionals. The registered manager said, "It is all done individually (assessment of people's needs), brain injuries present differently, each case is a bespoke package. We sit with family and professional's; we look at what do we need here." A relative said, "I can't fault them (management/staff). They came recommended from people who had used them over the years and were the only ones they would trust. They are excellent, they know what needs to be done and that it has to be done in short bursts, otherwise [person] gets agitated if pressured too much."
- Where people needed staff support when they became upset or angry, managers and staff were proactive in ensuring people received the support they needed. We saw detailed assessments were completed in line with positive behaviour support (PBS) principles. These identified, in a staged approach, ways staff could help deescalate situations where people who used the service may become upset or angry. Staff were able to explain these approaches, demonstrating their understanding and knowledge of peoples assessed needs. A staff member said, "A person who has a positive behaviour lead, comes ins, reviews the notes, looks for the patterns and trends, maybe the person has a cold, maybe in pain. The PBS informs the care plan."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a brain injury may have. For example, acceptance and commitment therapy. This focuses on helping people to behave more consistently with their own values and apply mindfulness and acceptance skills to their responses to uncontrollable experiences. Training included communication and understanding brain injury. A health professional said, "Staff have a good level of knowledge and this has increased as they have been part of the MDT (Multi-Disciplinary Team of professionals) and participated in team meetings."
- Staff received regular supervision and were happy with the support they received. Staff could describe how their training and personal development related to the people they supported.
- A staff member said, "We had training with [person's] neuro psychiatrist, their psychologist and epilepsy nurse, we are quite lucky really. Learnt about the persons epilepsy, we were able to see the video of the person, what the seizures look like, as they do not look like ones generally associated with the condition, got an understanding of them. In brain injury, it's to really understand how a person wishes to live, it has to be bespoke to the person, their brain injury, what they were like before and after, psychological impact on the family, I felt like I knew more about the person afterwards."
- People and relatives were consistently positive about staff skills and training. A person said, "I think they

are well trained." A relative said, "They are competent, they understand [person] when sometimes they don't understand themselves. [Person] appears "normal" but has a lot of issues relating to their brain injury. The staff have special expertise in brain injury, and I have every confidence in them."

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

- People received support to eat and drink enough to maintain a balanced diet. Care plans included information about people's dietary needs, risks and preferences to guide staff about how to support them effectively.
- Relatives were happy with the support people received with eating and drinking. A relative said, "[Person] needs support with all aspects of food and meal preparation. [Person] doesn't remember to eat and needs prompting. SALT have recommended a textured diet plus supervision when eating. [Person] does participate in meal preparation. [Person] orders food shopping online and has click and collect deliveries supported by the staff team. [Person] eats very healthily." A health professional said, "I have found staff employed to be highly responsive to advice. [Person] we have worked with has had a swallowing risk assessment and this is up to date and regularly reviewed. [Person] is well-supported and any changes are reported to me in a timely way."

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Support plans gave staff guidance to follow in supporting people with appointments for example, the GP, opticians and specialist nurses.
- People were supported to visit their neurologists. This helped people understand information about their healthcare options and to share information with medical professionals as part of a multi- disciplinary team which contributed to developing and reviewing of support plans to improve a person's care.
- A relative said, "When they know somethings not quite right (with person's health) they keep me informed. The staff teamwork at [person's] school (for consistency.) I trust them 100%. They have procedures in place, so they know what to do and who to contact during an emergency." Another relative said, "The staff are very good at noticing any changes particularly regarding [person's] epilepsy. [Person] had a big absence last week, we arranged for [person] to see the neurologist, which [person] did quickly." A third relative said, "[Person] gets very fatigued and cold easily. Staff recognise when this is happening, and they would tell me if necessary. They would always seek medical help if needed."
- A health professional said, "Both [registered manager] and [assistant case manager] work well together to provide prompt and effective responses to managing clinical issues by working alongside and regularly communicating with health professionals." Another health professional said, "Kent Case Management Ltd is effective at setting rehabilitation goals and reviewing these at regular intervals."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS had been applied for as needed, and authorisations from the local authority were documented.
- The service was working within the principles of the MCA. Care plans included information about people's capacity to make decisions about their care. When people lacked capacity, staff consulted their relatives or representatives in line with the MCA. For example, protection around personal finances, medication and having a PBS plan.
- Where people were able to make decisions about their care, staff sought their views and consent before supporting them. A person said, "They always ask my permission. They always make sure I am happy with what is going on."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Staff focused on building and maintaining open and honest relationships with people and their families. People were cared for by a consistent team of staff who knew people very well and understood their needs and preferences.
- People received kind and compassionate care from staff who used positive, respectful language which people responded well to. When asked about staff people were consistently positive. A person said, "I am happy with what I am getting (the support provided). They are kind." Another person said, "They are very caring they are willing to help me, for example if I was feeling unsafe."
- Relatives provided positive feedback about the attitude and approach of their family member's care workers. A relative said, "They treat [person] lovely, they are so good with them. There are two staff on the team, one who is older who treats [person] like a mum would and one younger who is a "borderline" friend, but we stress they are not a friend but a carer." Another relative said, "The staff team are fully understanding of [person's] needs. [Person] really loves them both. One is happy and jokey and the other is more gentle." A third relative said, "They are very caring. [Person] can be fearful. When [person] has any concerns, they talk through it and reassure [person] if upset about anything."
- Staff respected people's diversity and treated them as individuals. Care documentation included information about people's religion, gender and ethnicity. Everyone we spoke with said they had no specific cultural or religious need at present but felt confident that staff would cater for these if necessary.
- Staff had undertaken training in equality, diversity and inclusion, which was compulsory for them to attend, staff said this improved their thinking when supporting people's individual needs.

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

- Staff understood when people needed help from their families and others when making decisions about their care. Where possible, children and young people were involved in care planning and their views and wishes respected. For example, what activities they took part in, where they went on trips out, what they had to eat and what they wore.
- A person said, "Yes I am (involved in making my own decision.) For example, they ask me if I want help doing up buttons and whether I want them to come to the toilet with me or wait outside." Another person said, "They give me different ways of helping and I choose."
- Relatives told us people's care needs had been discussed with them and they were kept up to date about any changes in their family members' needs or risks. A relative said, "We are fully involved in everything. [Person] is now being involved much more in decision making (as they become older). I was always involved in [person's] care planning and asked for my opinion and my input. Things are generally reviewed on an annual basis." Another relative said, "I am included in making decisions. They are keen on me getting to the

point where I can sit back and are keen for me just be a parent. They are gradually helping me relinquish a lot of the day to day stuff. Regarding care plans, I am asked to look at any new plans and if I don't agree I can point it out. [Person] is invited to the review meetings as am I about every 2 months."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was at the forefront of the service's culture and values. A staff member said, "[Person] doesn't want people coming into the bathroom until they need them. It's important to [person] this is communicated to the team. We discuss people's decisions and teach staff about respecting these decisions through induction and supervision. [Person] can't wash their own hair so has chosen to wear a swimsuit while we do that, it promotes their dignity. Some people don't care, but for some people it's really important."
- Staff encouraged people's independence. A staff member said, "A staff member was putting [person's] seatbelt on, preparing their food, in induction and supervision, we had to work with them to say, they can do this themselves, you just need to prompt. We provided training on active assistance, doing hand over hand, involve people as much as possible, to provide that independence." A health professional said, "Person is a young adult and the staff have a very good understanding of her needs and the balance between managing risk and encouraging independence. [Person's] confidence has increased significantly since receiving care support directly from Kent Case Management Ltd."

# 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; 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

- Care records were personalised and reflected how people wanted to be supported. All the information staff would need to know about people's care and support needs was available in easy to read step by step format. For example, staff adopted a least restrictive approach in managing people's behaviours. The steps they needed to follow were outlined. A staff member said, "Everything is bespoke, the person is at the centre, it's not a tick box. It's not how do you fit into this service, it's here the person, and putting everything around them. Their wishes, their goals, what family say, if the person want them involved too. In our organisation we are so lucky, we are able to find a way to give this to them and support them to achieve that."
- People's support plans were regularly reviewed by the management team. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage. Any changes to people's care were updated in their care records to ensure that staff had up to date information. A health professional said, "I have been working with the team for just over a year now and they are a very professional team and have very high standard of work. They are very easy to contact, and they will always get back to you with any queries in a suitable time. Their knowledge is outstanding and have an excellent relationship with people."
- People and their relatives were encouraged to be part of the recruitment process, to choose their preference of staff supporting them. The registered manager said, "We ask people, what's important to them in a staff member. [Person] didn't feel it was essential for a care worker to have experience in the care industry, they wanted them to have an understanding but not essential. It was important to that they liked rats, [person] wanted to know if the carer could tolerate heat as they like the heating on high, they needed to know if the carer could cope with that and would want to change that." A relative said, "I was involved in their interviews at the start. [Person] was too young to be involved then. I am very happy with things as they are."
- People were supported to access, social and leisure activities as well as employment and education opportunities Some people's activities support was structured into weekly plans. This ensured people with complex needs had the opportunity to plan and prepare for the activity. A relative said, "They are very flexible (with their support approach) and they are very [person] led. Another relative said, "[Person] gets lots of choice of activities but gets bored very quickly." Another relative said, "[Person] is so busy, mainly with all the appointments for treatment at the physio, SALT, psychologist, dietician etc. They are trying to get these appointments cut back to give [person] more personal time for activities. [Person] gets so tired, sleeps all the time. [Person] does enjoy looking round the shops. The carers take [person] out for coffee and help to broaden [person's] horizons a bit."

### 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.

- Children's, young people's and adult's communication needs were specifically considered at assessment and were set out clearly in their care plans. These included visual and their preferred communication methods.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. A staff member said, "(Understanding people's views) That will often be through getting to know them, spending time with them, involving them in their care plans, getting to know their family and friends. Building a relationship with them, building trust. They then may be happy to tell you their hopes and dreams. When people have brain injury, you need to understand how to communicate, breaking things down, we support a person, and it can be difficult over the phone to understand if they are excited or upset. Its feeling okay to say, I don't understand how you are feeling, can I come and see you? It is better to meet and assess rather than talk on the phone and not understand."

### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A person said, "No there are no problems, there is nothing wrong. I would let them know if something was wrong." A relative said, "We have no complaints." Another relative said, "Staff do listen, if I have any concern's I would talk to the team leader. I think they would listen to what I have to say and confident they would act on it." A third relative said, "I have no complaints about the staff at all."
- The provider had a complaints policy and procedure in place. The registered manager operated an open and transparent approach to managing concerns.

### End of life care and support

- End of life care was not being delivered at the time of inspection.

# 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

- Management were approachable and took a genuine interest in what people, staff, family and other professionals had to say. A health professional said, "[Registered manager] leads and coordinates the MDT very effectively to ensure good outcomes for [person]. She is confident to challenge professionals where this is needed." A relative said, "Things are very fluid and I feel things are moving forward all the time as [person] grows into an adult."
- Management and staff put people's needs and wishes at the heart of everything they did. A staff member said, "I think it's to give them the best life that they can have, to give them, you can't give back what is gone, some people are changed. To really understand what is important to them, their fears, their needs, their goals, promote and in some cases create that even playing field, to support people and their families to have the best life's that they can. The values, the brain injury umbrella values, we have very strong ethical social worker values. [Registered manager] is a social worker and I am a trainee one, we always do our best for our people, money is not the motivator, being honest, transparent, for people and families for everyone." A relative said, "I had a lot to do with the registered manager in the past but now it is down to every few months. It is not so much now as I think they are keen include [person] in all decisions and I used to answer for [person]. I would say it is a well-managed service." Another relative said, "[Registered manager] is very hands on and a good manager. She keeps us in the loop and will find things out if she doesn't know. She is very professional." A third relative said, "[Registered manager] and the team are very efficient, and things are done on time. They have helped us with DLA, HDP, etc. They cover all the bases. [Registered manger] liaises with the solicitor and legal team and the court of protection."

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

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. The registered manager and staff carried out a variety of audits which included health and safety, medication, infection control, reviews of people's records, accident, incidences and safeguarding's. We saw where actions were identified, issues had been resolved in a timely manner. Actions resulting from these audits formed part of a 'Quality Assurance Peer Review and Business Planning' action plan, shared with a clinical supervisor, the provider used externally.
- People were supported by a team that was well led. Staff were motivated and enthusiastic about their work. The management team completed spot check visits, observing staff and speaking with people using



the service. These visits enabled staff to receive feedback regarding their working practice, and enabled people to share their experience of the service. The registered manager had an on-call system to support both people and staff out of normal office hours if needed.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- The registered manager was aware of their responsibilities to notify CQC of significant events for example safeguarding allegations and serious injuries. Staff gave honest information and suitable support, and applied duty of candour where appropriate. The registered manager ensured staff meetings included opportunities for staff to reflect and learn from practice. This provided assurance the quality of the service was being monitored by the management team.

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

- Satisfaction surveys had been completed with people and relatives. The feedback from all had been very positive, without any comments indicating there were areas of improvement. For example comments included, 'Personally, I don't feel there is anything that can be improved upon and we couldn't have wished for anyone better', 'there is nothing at the moment that I don't like,' and 'exceeds expectations!' A relative said, "As soon as you say anything, they are on it. They are on the ball." Another relative said, "We have regular meetings to update [person's] care plan with [registered manager] and staff. [Person] gets on well with the registered manager. As [person] gets older they will get more involved in their own care plans."
- Staff felt well supported by the registered manager and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board. We saw minutes from staff meetings detailing discussions between staff and management about service improvements and best practice. A staff member said, "There is loads of value to team meetings as we are quite dispersed at times. Building team relationships, one team together, sharing information, having that time to build relationships, be together, [registered manager] can communicate changes, strategic decisions, it's a good way to not waste time. Recognising it's a good time and place to raise topics and iron them out."
- The service worked well in partnership with health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. The success of this joined up working meant people could remain living safely in their homes. A health professional said, "I requested (their input) due to their diligence and competence in dealing with complexity and high-level need within rehabilitation." They are both (the registered and assistant case manager) involved so provide consistency and stability for people and the leadership of their rehabilitation teams." A legal professional said, "I find [registered manager] responsive, an excellent problem solver, she is proactive and very caring. Her paperwork is fully up to date and detailed. She offers constructive well thought through strategies of care in what is a complex and sensitive case and I would add is by far the best case manager I have ever worked with. I know [person] chose [registered manager] to look after [person] are extremely pleased with the choice they made."