

North Star Case Management Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

North Star Case Management Ltd is a domiciliary care agency that provides a specialist support and rehabilitation service, coordinating bespoke care packages for adults and children who have sustained complex life changing injuries such as an acquired brain injury. Case managers work closely with people and families to set up and coordinate their rehabilitation, care and support needs. At the time of our inspection there were 20 people using the service

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.

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

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

Right 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's goals and wishes were considered as part of their assessment of needs and the case managers ensured these were met. People's interests, goals and wishes were considered, and people were supported by staff to take part in activities and social events. Staff understood how to communicate with people effectively and used technology to do this. People were supported with their hydration and nutritional needs.

Right Care:

People's relatives we spoke with were very complementary about the care their loved one received and were fully involved in people's care. People and their families were involved in the recruitment of care staff with the support from their case manager. Staff were trained and had the skills to meet people's needs and keep them safe.

Staff understood how to protect people from poor care and abuse. Staff administering medicines had received the appropriate training and had been assessed as competent to administer medicines safely. Staff demonstrated an awareness of the importance of infection control when supporting people with complex health conditions.

Right Culture:

People were supported by staff that promoted a positive culture which was person-centred and inclusive. Staff were committed to support people to excel in life and worked with other professionals to ensure, where possible, people could lead a life that was not restricted by their injury and health conditions. Relatives told us they had not had to raise a complaint but were confident to raise any concerns they had and felt they would be listened to.

The provider and registered manager had a clear understanding of their role in ensuring effective oversight and management of the service. Systems and processes were in place to seek feedback from people, their relatives and staff to improve the quality of people's care. Staff worked closely with a range of health and social care professionals to achieve positive outcomes for people.

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 08 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Is the service well-led?

Good ●

The service was well-led.

North Star Case Management Ltd

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 1 inspector.

Service and service type

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

Registered Manager

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was to enable the registered manager to share information via an electronic file sharing system for the performance review and assessment.

What we did before the inspection

We reviewed information we had received about 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 the registered manager, telephone calls to staff and people's relatives and electronic file sharing to enable us to review documentation. We spoke with 6 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, case managers and support workers. We reviewed 4 people's care records including care plans, risk assessments and medicines records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed including safeguarding and incident monitoring, auditing processes and staff training.

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

- Staff received training in safeguarding people from the risk of abuse and the provider ensured staff had opportunities to discuss any safeguarding concerns during regular supervision meetings. Staff understood the signs of abuse and how to report any concerns. The provider responded appropriately where concerns had been raised by staff through their whistle blowing process. For one concern, this included providing staff with increased supervision and additional training
- The provider had created a safeguarding information leaflet to support people to understand the different types of abuse and how to raise any concerns about their safety.
- The provider had systems, policies and procedures in place to safeguard people from abuse. The registered manager understood their legal responsibilities to protect people from harm and share safeguarding information with the Local Authority and the Care Quality Commission. Where safeguarding concerns had reported or identified, the provider worked closely with an independent specialist in safeguarding to ensure appropriate analysis and action was taken.
- The provider conducted checks on external professionals prior to them supporting people to ensure they were protected from harm. These checks included ensuring professionals had completed safeguarding training and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.

Assessing risk, safety monitoring and management

- People had support plans and risk assessments in place that provided staff with information and guidance on how to keep people safe whilst enabling independence and choice. For example, a person had been identified as being at risk of falls due to their reduced balance and stability. The risk assessment instructed staff to link arms with the person whilst outdoors to aid stability and reduce the risk of falls.
- The provider worked with other professionals to ensure that staff used specialist equipment appropriately and safely. For example, where people required the support from staff for moving and handling, training and guidance was provided by the Occupational Therapist to ensure staff used the equipment in the correct way.
- Staff knew how to reduce the risk to people when providing care. A staff member told us, "At night, [person] cannot be laid down flat as [person] can be sick and cannot move themselves. We [staff] make sure we are around and ensure [person] is sat upright in a comfortable position."
- The provider conducted health and safety audits within people's homes to ensure the environment was safe for people and staff. This included checking the arrangements for the testing and maintenance of people's fire alarms. Systems were in place to ensure people's equipment such as hoists were maintained and serviced when required.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre-employment checks such as references and DBS checks.
- The case managers conducted a thorough assessment of people's needs to ascertain the level of care and support they required. Staff were recruited to solely care for 1 person at any one time. This meant staff knew the person they were supporting well.

Using medicines safely

- Staff administering medicines had received the appropriate training and had been assessed as competent to administer medicines safely. For example, where people received their medicines via a Percutaneous endoscopic gastrostomy (PEG), this is where nutrition and medicine can be given directly into the stomach via a tube, an assessment had taken place to ensure staff had the knowledge and skills to carry out this task safely and effectively.
- Person specific specialist training was provided where needed, for example, the administration of emergency medicines for people with epilepsy. Staff had competency checks on their learning and understanding before administering these medicines.
- People's care records provided staff with detailed information and guidance on how to administer medicines safely. Medication administration records (MAR) were in place to evidence people's medicines had been administered as prescribed.
- Protocols for 'as required' (PRN) medicines were in place. These protocols provided staff with the information they needed to understand what the medicine was prescribed for, for example pain management, how to identify if the person may need the medicine, expected outcomes and when to seek further medical advice.

Preventing and controlling infection

- Staff had received training in infection prevention and control and demonstrated an awareness of the importance of this when supporting people with complex health conditions. A staff told us, "We [staff] wear clean clothes when we go into [the person's home], hand washing, all contact in and around [person] we wear face masks as [person] is very vulnerable to anything, even coughs and colds."
- People's care records provided staff with guidance and information on how to protect people from infections and case managers undertook supervision of staff that included hygiene practices to identify and address any shortfalls.
- In the event of an infection outbreak, such as COVID-19, staff were provided with the appropriate personal protective equipment (PPE) to prevent and control the spread of infections.

Learning lessons when things go wrong

- The provider had a system in place for staff to report any incidents or near misses. Where incidents had occurred, the registered manager reviewed these and conducted further investigations where required, to reduce the chance of it happening again. For example, the registered manager identified staff were reporting several medication errors/near misses for 1 person. In response, the registered manager and case manager reviewed the persons care plan for medication to ensure guidance was clearer and easier for staff to follow. The registered manager also wrote to the care team highlighting the errors and sharing the action taken.

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 were allocated a case manager who carried out a comprehensive assessment of people's care needs together with the person and/or their relative. The assessment identified people's care needs for areas such as communication, mobility, community access and eating and drinking.
- Care plans and risk assessments were created following the assessment of needs. Staff told us people's care plans gave them the information they needed to support people's needs.

Staff support: induction, training, skills and experience

- People's relatives we spoke with felt staff were skilled and knowledgeable.
- Staff were provided with training which was appropriate to their roles. Where people had specific needs, staff received bespoke training from the relevant health professionals. For example, staff supporting a person experiencing excess mucus from the back of the throat and upper airway, had received training in airway suction to support them appropriately and safely with this need.
- The provider employed a Paediatric Nurse Team Leader to provide staff with supervision and guidance in the delivery of complex healthcare procedures, including seizure management. The Nurse Team Leader conducted regular competency assessments to ensure staff had the knowledge and skills to carry out the procedures safely.
- Staff training was monitored by the management team to ensure staff knowledge remained relevant and up to date. Case managers provided staff with regular support and supervision to offer guidance and to identify further training needs to enable staff to carry out their roles effectively.
- Staff told us they had received the training and induction they required to perform in their roles well. A new member of staff told us, "For the most of May, all my shifts have been shadowing shifts. I've been working with one of the support workers that has been supporting [person] for 2 years."

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

- People were supported with their hydration and nutritional needs and people's care plans detailed what support was required including people's likes and preferences. A staff member told us, "At lunch time I prepare and cut everything into small pieces due to the risk of choking."
- Where required, referrals were made to dietitians for support and guidance relating to people's nutrition and hydration
- People were supported, where required, with a PEG tube to allow food, fluid and medicines to be sent directly to the person's stomach. The provider ensured staff were trained to support people in this area safely.

Staff working with other agencies to provide consistent, effective, timely care

- People received support from a team of different health professionals in line with their identified needs. The case manager completed referrals to external professionals with support and guidance from the provider. This ensured people received the right support, therapeutic input and achieved their rehabilitation goals.
- Documentation evidenced close liaison with external professionals such as Psychologists, Occupational Therapists, Physiotherapists and Speech and language therapists to enable person-centred support. A relative told us, "[Case manager] is amazing. Very proactive and organised. One of the best achievements for [person] is getting everyone to work as a team, all the therapists with the school as well, parents, support workers, allowing parents to be involved as much as they want to be, and taking the pressure off us."

Supporting people to live healthier lives, access healthcare services and support

- People's assessment of needs provided a summary of people's health conditions and how this affects the person's life.
- People's relatives told us they felt confident staff knew people well enough to identify any concerns with their health. A staff member said, "I can say I know [person] really well. I know when the [person] is in pain, or uncomfortable."
- The provider created personalised daily care record forms for staff to detail people's outcomes of daily needs including nutrition and hydration, health, and emotional well being. This enabled close monitoring of people's health and care needs and this information was shared with the relevant health professional. For example, one person's daily records of their seizure activity was shared with the specialist health professional which led to them receive a change in their medicines reducing their seizures significantly.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's needs in relation to mental capacity was assessed. Where people lacked the mental capacity to make decisions for themselves, mental capacity assessments and best interest decisions had been completed with the involvement of family and other relevant health and social care professionals.
- Staff had received training in mental capacity and explained how they best communicate with people to ensure they were comfortable with the care being provided. People's care plans provided staff with information on how to identify where a person who was unable to verbally communicate could express they were unhappy or uncomfortable. A staff member told us, "[Person] will let you know by their staring if you're doing something they do not like."

- Where people were being deprived of their liberty, appropriate authorisations were in place. The registered manager was aware of the people being deprived of their liberty and was working to ensure the appropriate paperwork and authorisations were in place.

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's relatives we spoke with were complementary about the care their loved one received. Relatives told us staff were kind and caring. A relative told us, "Our son's support worker is kind, caring, confident in her work, and listens to us and our son in her endeavour to do the best for him."
- The support workers spoke highly of the people they cared for and demonstrated they knew the people they supported well. A staff member said, "Everyone [staff] is there to look after [person]. [Person] is the priority." Another staff member told us, "As long as I can support [person] I will make it my goal to give [person] a better life."
- Staff ensured people's emotional and social needs were met. For example, where a person had expressed an interest in activities outside of their home, the person was supported by staff to place a volunteering advert on social media, which led to the person volunteering at a horse yard each week with the support from staff.
- The provider promoted equality and diversity by supporting staff to undertake training in equality, diversity and inclusion.

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

- People and their relatives were fully involved in their care. Records showed people and/or their relatives were involved in all decisions. A relative told us, "Staff are very kind and caring and we do feel listened to and we are very well informed." Another relative said, "We were closely involved in the care planning process and have seen [person's] care plans."
- The provider ensured people and their relatives had equal opportunities to express their views. For example, people were able to communicate in their native language as staff had been recruited specifically to enable this.

Respecting and promoting people's privacy, dignity and independence

- People's care records instructed staff to support people to be as independent as possible with staff support. For example, a person's care plan for nutrition instructed staff to provide the person with step-by-step instructions to set the table for dinner. A relative told us, "They [staff] really try and involve [person], which obviously takes more time, but is such a better experience for [person]."
- Case manager's conducted observations of the care staff to ensure the care and support they provided to people was dignified, respectful and promoted independence. For example, a case manager recorded they had observed a support worker to give a person the opportunity to lift their t-shirt and push the syringe of water themselves when being supported with their nutritional needs via a PEG.

- Staff ensured people's dignity and privacy was respected. A staff member told us, "I will always ensure I let [person] know before [person] is going to be changed or have any oral care."

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and their families were involved in the recruitment of care staff with the support from their case manager. The case managers used their knowledge of people to create job advertisements and job descriptions related directly to the person's needs and preferences. People and their families were involved and had a say and choice over who will be caring for them/their loved one. This meant people's care and support was personalised to them.
- People's goals and wishes were considered as part of their assessment of needs and the case managers ensured these were met. For example, a person's assessment identified they enjoyed communicating with their extended family in another country. The goal identified was for staff to support the person by accompanying them on holidays and breaks to the country. The case manager, alongside family, recruited staff that were able to fulfil this goal.
- Staff were committed to support people to excel in life and worked with other professionals to ensure, where possible, people could lead a life that was not restricted by their injury and health conditions. For example, a person wanted to pursue a career with horses, therefore, staff supported this person to achieve this by working with other professionals to secure a horse and a specialised adapted horse box to enable the person to access this with their mobility equipment. All professionals met regularly to ensure the person could achieve and meet their goals.
- People were supported to be involved in their care and for some people, this included the observations of staff practice. For example, staff had adapted the support worker medication observation form to enable a person to complete this by reducing the information on the form and enlarging the text to enable a person to better understand and complete the task independently.

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's interests, goals and wishes were considered, and people were supported by staff to take part in activities and social events. A relative told us, "[Person] is dependent on others for all tasks and activities, but having the right support worker enables [person] to do activities completely independent of [person's] parents and family, whether that be music, sport or social activities. This is so important for [person's] mental health and self-esteem." Another relative said, "[Person] does many different activities and many would not be possible without their support worker."
- Case managers worked with other professionals, including charities, to support people to access activities that they were interested in. For example, a person was supported by their case manager and support worker to attend and take part in an adaptive snow sport session ran by a disability charity. A relative told

us, "[Case manager] researched and facilitated music therapy sessions for [person] and specialist physio on horseback."

- The provider supported people to go on holidays with their loved ones. Case managers and support workers put measures in place to ensure people remained safe and their needs were met whilst on holiday. This included support workers attending the trip and the coordination and arrangements of specialist equipment. This enabled people to develop and maintain relationships with their loved ones.
- People's disabilities were not seen as a barrier to participate in activities or socialise. People were supported by their case manager and support staff to attend school, dance classes and were active members of the community. A relative told us, "One of the support workers takes [person] to 'stagecoach' on a Saturday so that they are able to join with their 'neuro-typical peers'. [Person] absolutely loves it."

Meeting people's communication needs

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

- People's communication needs were identified during the assessment process and care plans were created to ensure staff understood how to communicate with people effectively. Staff told us how they communicated with people in a way that they understood. A staff member said, "Its important to give [person] visual, vocal and touch cues and to make them feel involved in any action undertaken."
- Staff supported people to communicate by using specialised technology. For example, a person used an eye-driven communication aid in the form of a tablet. Staff supported the person to use the device for a range of activities including conversation and colouring. The person's relative told us, "They [person and staff] use it all the time, they have a chat over dinner."
- The staff worked with other professionals, including education, to ensure they had the guidance and information to support people with their communications needs. For example, staff supported a person to learn new words for their college studies. This was done in a way they would best understand by using broken down, large text words and images.

Improving care quality in response to complaints or concerns

- There had been no formal complaints recorded since the registration of the service. There was a policy and procedure and system in place detailing the process and actions that would be taken should a complaint be raised. Where people had raised concerns, the registered manager ensured prompt action was taken to address this.
- Relatives told us they had not had to raise a complaint but were confident to raise any concerns they had and felt they would be listened to.

End of life care and support

- The service was not primarily designed to provide people with end-of-life care. However, the registered manager told us they would support people at the end of their life should this be required and will provide staff with the training and involve the relevant healthcare professional where needed.
- Where people were at increased risk of cardiac arrest due to their health conditions, staff had received training for cardiopulmonary resuscitation (CPR). The provider had implemented care plans for life support for those at increased risk of cardiac arrest. These care plans were produced with the involvement of respiratory Physiotherapist to provide staff with the guidance and information on successful CPR to apply alongside their training.

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.

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

- The provider and registered manager had a clear understanding of their role in ensuring effective oversight and management of the service. They had implemented robust systems to ensure they were complying with regulatory requirements. This included meeting every 6 weeks to discuss care delivery, outcomes of audits and any feedback received to identify areas of improvement and implement changes.
- The provider and registered manager had established systems to monitor the quality of the service. The management team carried out audits and monitored the standards and safety of the service. These included observations of staff and audits of records.
- The provider and registered manager ensured staff had the guidance and documentation to carry out their roles effectively. For example, the provider had set up an intranet page for case managers to access guidance, policies, training and information leaflets to ensure best practice.
- The registered manager understood their responsibilities regarding the duty of candour and their role and responsibilities in reporting notifiable incidents to the CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People's relatives we spoke with told us they were very happy with the care and support people received and confirmed this was person centred. A relative told us, "Every time I ask for anything from [case manager] I receive a very prompt and proactive response which always results in positive outcomes."
- People were supported by staff that promoted a positive culture which was person-centred and inclusive. A staff member said, "I enjoy working with [person], helping enhance their life, to the fullest, no day is the same and I work with a great team." Another staff member said, "It's the best thing I ever did. This is the best company because for [person] there really is joined-up working."
- The staff had a positive approach to partnership working. They worked closely with a wide range of specialist clinicians and professionals to ensure people received the appropriate care and support. Staff met with these professionals on a regular basis to ensure people achieved their outcomes. The registered manager contacted professionals following their involvement with staff to seek feedback and to identify any areas of improvement.

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

- Records showed people and their families were involved in meetings and discussions to ensure they were satisfied with the care and support provided. The registered manager conducted yearly in person meetings with people and their representatives to seek feedback and ensure improvements were made where required.
- People's individual needs were considered when seeking feedback on their care. For example, to enable a person to participate in a questionnaire form, the amount of text was reduced to enable the person to better understand the questions asked. In addition, the person suffered with anxiety therefore, staff ensured they received the questionnaire form in advance to prepare their response.
- The provider ensured people and their loved ones had equal opportunities to share their feedback. For example, where people and/or their relatives did not have English as their first language, an interpreter was arranged and was present for the meeting to enable participation.
- Records showed staff had the opportunity to raise any concerns or feedback with the case manager or registered manager. Where staff had raised any concerns, action had been taken to address this. Staff took part in regular meetings with their supervisors to discuss their development needs and receive feedback on their performance.

Continuous learning and improving care

- The registered manager demonstrated a passion and drive to continuously learn and improve people's care and support. Systems and processes were in place to identify areas for improvement and take action where required.
- The registered manager implemented a staff newsletter in response to learning that had been shared by a national organisation in care which highlighted the importance of respecting and valuing staff. The registered manager shared the newsletter with staff to acknowledge their achievements and share ideas within the staff team to motivate and celebrate staff.
- The provider arranged meetings for the case managers and management team to meet in person and share best practice and learning. These meetings also included presentations and learning from external professionals which case managers applied for the people they supported. For example, following a presentation by a speech and language therapist, a case manager arranged for a person to have access to an innovative product for people who are unable to eat and drink through their mouth. This product enabled the person to experience tastes and flavours whilst being nil-by-mouth.
- The management team and case managers were members of the British Association of Brain Injury Case Management (BABICM). BABICM aims to share knowledge and promote excellence in brain injury and complex case management for adults, children and young people.