

Anglia Case Management Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding ☆

Is the service effective?

Outstanding ☆

Summary of findings

Overall summary

Anglia Case Management is a specialist agency which provides highly skilled case management support and advice to children and adults who have sustained complex life changing injuries such as an acquired brain injury, spinal injury or cerebral palsy. Each person using the service receives a service which is unique to them and designed to meet their individual needs. Case managers use their specialist knowledge to develop bespoke packages of care which are delivered by staff recruited by the service but employed directly by either the person themselves or by a deputy appointed by the court of protection to manage the person's finances. The service works in partnership with the person, their family, health care professionals and other organisations including, work placements, schools and colleges to maximise people's independence and to support people to live meaningful and fulfilling lives.

Our last inspection of the service took place over a week between 28 June and 1 July 2016. The service was rated as good overall and outstanding in the domain of responsive. This inspection took place on 23 February 2017 and was announced. It was a focused inspection conducted to reflect on the quality of service provided by the agency in supporting people to achieve the highest quality of life.

There was a very experienced registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had completed a high level of specialist training which provided them with the expertise to assess, monitor and manage the complex needs of the people using the service. This specialist knowledge meant that case managers were able to work in innovative ways to support people, maximise their potential and empower them to regain control over their daily lives. The case managers were all highly experienced professionals who worked closely with other organisations and health and social care professionals to ensure the most effective support for people. The service was proactive in supporting, educating and empowering staff. It was evident that as a result of this the service had a staff base who were confident in their roles and motivated and passionate about their work. The service supported staff to continuously develop their skills and knowledge through regular supervision sessions and annual appraisals.

New staff members were required to complete a robust and extensive induction programme to ensure that

they had the appropriate skills and knowledge in place before working with people using the service.

Case managers demonstrated advanced understanding of the Mental Capacity Act (MCA) and of their responsibilities to ensure people were given choices about how they wished to live their lives. They used this knowledge to empower people, balancing risk taking whilst supporting people to make choices without placing unnecessary restrictions upon them.

Staff supported people to maintain a healthy diet by using innovative and creative ideas to encourage people to remain well hydrated and eat well, the results of which were shown to have a positive impact upon people's well-being.

Many people using the service had complex health needs. The service continuously sought to improve their care by working alongside other organisations and health care professionals to implement best practice and improve people's quality of life. Records relating to people's health care needs were individualised and contained detailed guidelines for staff outlining how to support people according to their needs and preferences. Where possible, hospital admissions were avoided because staff had the specialist skills and knowledge to assess and monitor people's health. Where people were required to go into hospital they were supported by staff to help maintain the continuity of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Outstanding 

The service was outstanding at providing effective care.

Staff completed specialist training which provided them with the expertise to meet the complex needs of the people using the service.

Staff were highly skilled at supporting people with complex decisions.

Case managers demonstrated advanced understanding of the Mental Capacity Act (MCA) and of their responsibilities to ensure people were given choices about how they wished to live their lives. They used this knowledge to empower people by balancing risk taking whilst supporting people to make choices.

Staff used innovative and creative ideas to encourage people to remain well hydrated and eat well, the results of which were shown to have a positive impact upon their well-being.

The service demonstrated that they continuously sought to improve their care by working alongside other organisations and health care professionals to implement best practice and improve people's quality of life.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 28 February 2017. The inspection team consisted of two inspectors. We visited the registered office and gave the provider 48 hours' notice prior to the inspection. This was to ensure that staff were available for us to speak with. We spent time with the deputy manager and one of the directors of the organisation. We reviewed records relating to staff training, supervision and appraisals and looked at one in depth case study, satisfaction surveys and case review records. We spoke with people using the service and the staff supporting them.



Our findings

Due to the nature of their injuries people using the service had a variety of complex needs. Each person using the service received a unique service designed to meet their individual needs. One parent told us, "Staff are trained to support my child in a range of areas such as moving and handling, medication and providing exercises for my child." Case managers were highly skilled and used their specialist knowledge to develop bespoke packages of care to support the needs of people and their families.

A robust induction programme supported new members of staff when they first joined the organisation. The programme consisted of several elements including specialist training, working alongside experienced colleagues ensuring they covered all shift times. The number of shadow shifts undertaken was flexible and assessed according to the skills and experience of the inductee, alongside an assessment of their competence. Senior staff told us some elements of a person's support such as medication administration were not undertaken until new staff were assessed as sufficiently competent. During the induction process, new staff received regular feedback from their supervisors and observations of practice. Records showed that staff firstly observed more experienced colleagues providing care before being observed themselves. We saw that they had only been signed off when they, the senior and most importantly, the person using the service was confident of their ability. Staff described their induction as thorough and confirmed that they were provided with information and guidance which meant they were able to provide an excellent level of care. All staff confirmed that information provided at induction was well organised and easy to read.

New staff were issued with a handbook providing details of the organisation, employment rights and the policies and procedures that they needed to know to fulfil their role. People using the service were also issued with a handbook outlining what they could expect from the service and how it was complying with relevant legislation. In addition to this people were provided with a service user guide, which provided information about the organisation, the management structure, qualifications of the staff and outlined the aims and objectives of the service.

To ensure that new members of staff had the skills and abilities to fulfil their roles they were required to complete a 12 week probation period, which included the completion of the Care Certificate. The Care Certificate is an identified set of standards that social care and health workers adhere to in their daily working life. The probation period is a period of time during which the employer is able to assess a new staff member's ability to meet certain performance levels. Records showed that during this time staff completed monthly review meetings with their supervisors, this provided them with the opportunity to discuss their progress and to raise and address any issues of concern.

In order to meet the complex needs of people using the service meant that staff were required to access in depth specialist training. Records showed that staff had completed training in areas including acquired brain injuries, cerebral palsy and first aid. Staff had access to bespoke training around the needs of the individuals they were supporting. We looked at the training provided relating to brain injuries. It was split into three different levels, each one providing in depth information about different aspects of the brain and the nature of brain injuries including; the anatomy of the brain and what behaviours to expect in relation to the area of the brain affected by the injury.

The service prided itself on the wealth of experience and expertise of its staff. Case managers were employed from varied backgrounds, this meant that there was a team of staff with different professional qualifications and experience who were able to provide specialist support and training to staff. Two of the case managers had specialist knowledge in spinal injuries and had developed a resource pack for staff to use. Another case manager used their specialist knowledge in complex paediatric health to support staff working in this field. The service was registered with the British Association of Brain Injury Case Managers, (BABICM.) BABICM is a national association established to promote the development of case management in the field of acquired brain injury through the provision of support, training and best practice guidelines.

The service used a variety of innovative and creative methods to support staff and ensure that they maintained the high level of skills and knowledge required to deliver an exceptional standard of care. Supervision included formally organised one to one sessions, appraisals, peer support and regular team meetings. During team meetings goals were set for the team and case manager used case studies to apply their knowledge and support staff to find solutions to the often very difficult situations faced by people. The use of case studies also provided staff with the opportunity to build on their knowledge, evaluate their practice, discuss concerns and learn from others. Case managers were proactive in updating and developing their professional skills and ensuring that they adhered to best practice guidelines. Staff received a monthly bulletin, produced by the service, which included information about internal and external training events, journal articles and information about organisations and resources relevant to their specialist field. Records showed that they shared and enhanced their practice by shadowing and learning from other case managers within the organisation. The deputy manager also told us that the organisation had developed a personal development programme for case managers. This involved staff developing a portfolio of their continuous professional development over an eighteen month period, evidencing their skills, knowledge and experience. Continuous professional development (CPD) helps individuals to advance the body of knowledge and techniques within their professional field. It is a way of ensuring that professional's knowledge is up to date and that they are able to make a meaningful contribution to the team. We were told and saw evidence that the service were in the process getting the Personal Development Programme externally accredited.

Appraisals took into account feedback from both the staff member and the person that they were supporting and their wider family. Goals were set at each appraisal and carried forward and reviewed during supervision sessions. The deputy manager told us, "I think that it's one of the strengths that we have. Considering a lot of our staff are so far away there is always someone available to contact and support them." They went on to explain that supervision sessions were held via skype for staff who were based in locations too far away to make face to face supervision possible. Throughout the inspection it was evident that the service had a staff base who were confident in their roles and motivated and passionate about their work.

Case managers completed highly skilled assessments of people with complex neurological needs. The specialist skills of the case managers enabled them to ensure the best possible outcomes for people in terms of rehabilitation and maximising independence whilst balancing this with the long term, financial

implications, of paying for a life of care and support. For example the parents of a person supported by the service explained to us how the training that staff had completed was bespoke to their child.

We saw evidence of how the service supported and guided people using the service on their journey through a range of different treatment and rehabilitation services including hospital, re-enablement services and eventually home, all of which often required considerable adaptation and support for the whole family. Throughout the process Anglia Case Management provided consistency, using their specialist skills and knowledge to continuously assess and monitor people's needs and adapt their care and goals accordingly. The service worked in partnership with other organisations and health and social care professionals to ensure that staff followed best practice guidelines to deliver outstanding personalised care. For example, staff told us about one person who they had been concerned about because their low mood and consequent lack of motivation was having a negative impact upon their decision making ability resulting in them to make poor lifestyle choices. A neuro-psychologist had been invited to attend the team meetings to develop staffs knowledge in this specialist field. Staff explained that this had helped them to gain an understanding of why it was happening and had supported them to identify potential trigger factors. This better equipped them with the skills to manage the situation. The service also worked alongside a specialist nurse who provided training around the management of children with cerebral palsy and who supported staff in the development of complex care plans.

We looked at records relating to the written feedback provided to the service and saw that it was positive and reflected the confidence that relatives had in staffs specialist knowledge. One person had written, "[Staff members name] has worked with me for a long time now, he has helped me with many aspects of my life and getting things on track, helping me to pay bills and set up daily plans every day. He is a great guy, honest and understands me and my needs. He helps me with the solicitors and recently the theory and hazard perception test. I don't know what I would do without support." Another family member had written, "Excellent advocate for [person's name] and support for myself and family." The feedback was a continual process and we saw evidence that, if things go wrong the service was quick to respond, such as allocating new case manager's in response to a compliant or dismissed support workers who the client felt unable to work with.

People living in the service were not consistently able to make important decisions about their care and how they lived their daily lives. Staff understood their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this is called the Deprivation of Liberty Safeguards (DoLS).

Records showed that staff had completed training in respect of the MCA and DoLS. Assessments were completed appropriately and the service worked in conjunction with the legal sector and other health care professionals to ensure this. The management told us that everyone using the service had initial assessments in regards to capacity and a number of people had court appointees assigned to manage their finances. We observed staff supporting people in an inclusive way which respected people and took into account their expressed preferences. Case managers demonstrated advanced understanding of the MCA and of their responsibilities to ensure people were given choices about how they wished to live their lives. They used this knowledge to empower and support people by balancing risk taking with choice within a risk assessment framework. This was achieved through advice and support without placing unnecessary

restrictions upon people. Staff often had to support people through difficult periods in their lives. They received training in how to understand resistance and how to have difficult conversations with people and support them to achieve the best possible outcome. Staff gave examples about how they supported people in all areas of their lives and empowered them to make decisions by giving them the confidence and tools to enhance effective communication. For example, one person using the service had self-harmed. Staff explained and records showed how staff had supported the person to make decisions which were less harmful whilst recognising the stress the person was experiencing. Staff also supported them to access necessary external support.

Many people using the service had complex health needs. Staff supported people to improve their physical and psychological health by working alongside other organisations and health care professionals. Staff accompanied people to attend medical appointments and, if required, stayed with people if they were admitted to hospital working in conjunction with the families to ensure continuous support. Each person had a hospital passport which included information about their past medical history, the level of support that they required and the contact details of their case manager. Where possible, hospital admissions were avoided because staff had the specialist skills and knowledge to assess and monitor people's health. Staff were familiar with people's needs and knew how to operate specific equipment. For example, some people using the service had percutaneous endoscopic tube, (PEG) in situ; a PEG is a medical procedure which allows nutrition, fluids and/or medications to be put directly into the stomach via a thin flexible tube. Staff had completed specialist training which provided them with the skills to change the tube and administer medication via the PEG. Sometimes a PEG is not a permanent situation, where this was the case we saw that staff worked closely with specialist speech and language therapists and dieticians to constantly assess people and where assessed as appropriate encourage and support people to eat and drink small quantities of suitable food and drink.

The service had formed highly effective relationships with other health care professionals, sharing their knowledge and expertise to further support people using the service and their families. For example, when supporting a person with a spinal injury staff had worked alongside the medical staff and therapists on the specialist spinal unit who cared for the person when they first had their accident. The hospital provided on going support to the team and as a result an effective action plan was formulated to best support the person and their family. Another person's bowel function was compromised as a result of their injuries. Staff were supporting them to manage their anxieties around this as well as promoting a healthy bowel function through diet and exercise. Staff had consulted with, and were receiving training in bowel management for people with spinal injuries from health professionals based at a specialist spinal injury unit. In conjunction with this staff were also working alongside the GP, district nurses and psychologists to ensure that the person's needs were met. Records showed that people had health plans in place which included actions and goals such as how to stay healthy through exercise and diet. Health care plans were written in conjunction with family members to make it clear who was responsible for particular aspects of people's care, particularly where this was shared with another organisation such as a school.

People with an acquired brain injury may lack the drive, memory or motivation to be able to plan and prepare a well-balanced diet and lack insight into how this impacts their daily life. Poor nutrition can have a negative impact on levels of fatigue which in turn affects people's ability to engage with rehabilitation; work; family and social life. The service had innovative ways of empowering and educating people to make decisions regarding their nutrition which had a positive impact upon their lives. This included the facilitation of group sessions on fatigue management. One of the sessions focussed on nutrition and healthy eating and supported people to understand about the link between food and nutrition to fatigue. We saw evidence of how staff had supported one person to maintain a fatigue diary and how this had contributed to prompting them to eat at meal times which they had previously missed. This improvement in nutrition combined with

the use of assistive technology to monitor their energy expenditure had helped the person to return to their hobby of running. For those individuals for whom group sessions are not appropriate one to one sessions were arranged. Information was provided to people including recipes for juices and smoothies, diet and fluid advice and healthy snack and meal options. Staff had raised concerns about another person who was drinking enough during the day. In response staff set a drinking challenge for themselves and the person, using role modelling behaviour and prompts to successfully increase the person's fluid intake. We also saw that where people had specific meal time requirements, their care plans contained clear guidelines for staff about how to support them. For example, we reviewed the care plan of a person who had been assessed as at risk of choking. A risk assessment was in place which provided staff with information about how to support to reduce this risk.