

Complex Case Management Limited

# Complex Case Management Limited

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Complex Case Management Limited is a domiciliary care agency that is registered to provide personal care to people living in their own homes. 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. At the time of the inspection, three people were supported with their personal care needs.

The service specialised in providing bespoke rehabilitation, personal care and case management services to people throughout the North West who have sustained serious injuries including acquired brain injury, spinal injuries and orthopaedic injuries.

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

Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were enough staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures helped to ensure prospective staff were suitable to work for the service. Whilst people received their medicines, we found inconsistencies in one person's medicines records. The acting manager assured us these issues would be addressed. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. The provider had arrangements for the induction of new staff and provided regular training updates for existing staff. Staff were supported by the management team. People were supported to access healthcare services, as appropriate.

A person and a relative told us staff were kind and caring. People and where appropriate their relatives had been consulted about their care needs and had been involved in the care planning process. Staff worked in respectful ways to maintain people's privacy and dignity. Staff demonstrated a commitment to providing dignified and compassionate support. People were supported and encouraged to pursue activities of their choice. People and their relatives had access to a clear complaints' procedure.

The acting manager provided day to day oversight of the operation of the service. The provider had established quality assurance systems and regular audits and checks were carried to monitor the standard of the service.

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

The last rating for this service was good (published 25 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Complex Case Management Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one 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.

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. The registered manager was not available at the time of the inspection. The acting manager had oversight of the day to day operation of the service and intended to apply for registration.

#### Notice of inspection

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

Inspection activity started on 4 February 2020 and ended on 5 February 2020. We visited the office location on both days.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, such as notifications. These inform us of events that happen in the service which the provider is required to tell us about by law. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We visited the office and spoke with the acting manager, the office manager, the care coordinator, the team administrator and the case management assistant. We also spoke with one person using the service, one relative and two members of staff over the telephone.

We reviewed a range of records. This included two people's care records and associated documentation. We also looked at the staff training records and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. This included access to appropriate training and to policies and procedures. A person told us they felt safe and were happy with the care and support they received.
- The acting manager and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding vulnerable adults and refreshed their knowledge at regular intervals.
- The provider had a safeguarding and a whistle-blowing policy to ensure staff could report any concerns in a confidential manner.

Using medicines safely

- The provider's systems and procedures were designed to ensure people had the level of support they needed to manage and take their medicines safely. However, we noted there were some inconsistencies in one person's medicines records. The acting manager assured us these issues would be addressed and made plans to review the person's care.
- Staff had access to a full set of medicines policies and procedures. They had received appropriate training and the management team carried out checks on the staff members' level of competence.
- Staff maintained records following the administration of medicines. A member of the management team checked the records when they were returned to the office.

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

- Risks to people's personal safety were assessed, monitored and managed effectively. Each person's care plan included a series of individual risk assessments, which had considered risks associated with the person's environment, their care and treatment, medicines and any other factors. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst not restricting people's freedom and independence.
- The provider had developed systems to learn lessons and improve the service when things went wrong. We saw there were appropriate forms to record any accidents and incidents. All accidents and incidents were discussed during the clinical governance meetings. Any learning was shared with the staff team.

Staffing and recruitment

- Enough staff were deployed to meet people's needs in a person-centred way. Staff were recruited to provide care for specific people. This approach ensured a good level of consistency.
- The provider followed safe recruitment systems and processes. We looked at two staff recruitment files

and found appropriate checks were carried out prior to employment.

#### Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection and staff had received training in this area. Staff had access to an infection prevention and control policy and procedure.
- Staff were provided with personal protective equipment, including gloves and disposable aprons.



# 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.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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.

- The acting manager and staff had completed training and demonstrated an understanding of the principles of the MCA. Staff understood the need to ask people for consent before carrying out care and a person using the service confirmed this approach. The acting manager had plans to further embed the principles of the MCA within the care planning process.
- There were no restrictions placed on people's liberty.

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

- The acting manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare conditions were documented within their care plan.
- The acting manager and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had systems to ensure people received care which met their individual needs in line with good practice guidance. A member of the management team completed a detailed assessment prior to a person receiving a service. This helped to ensure people's needs and preferences could be appropriately met.

- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff respected people's individual characteristics.

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

- People were supported to eat and drink in line with their needs and preferences.
- Staff carried out risk assessments as necessary and monitored people if they were at risk of poor nutrition and hydration.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. A person and a relative told us the staff were competent and well trained.
- New staff were supported through an induction programme, which included the provider's ongoing mandatory training. Staff training was monitored, to ensure staff completed their training in a timely way.
- Staff were provided with one to one supervision with their line manager. This staff to have discussions around work performance, training needs and areas of good practice.

# 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.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. 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 rights were promoted, and person-centred care was delivered. A person and a relative expressed satisfaction with the care provided and made complimentary comments about the staff team.
- The provider promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities.

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

- People were given the opportunity to express their views about their care on an ongoing basis and during reviews of their care plan. This ensured they were fully involved in decisions about their care.
- A person told us the staff understood their individual needs and preferences and always accommodated these when delivering their care.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- A person told us they were treated with dignity and respect by staff and confirmed staff helped them to maintain and build their independence.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. 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; End of life care and support

- People received personalised care and support specific to their needs and preferences. A person told us they were happy with their care and staff responded promptly to any requests made for assistance.
- Each person had an individual care plan, which was reviewed at regular intervals. We found minor shortfalls in some of the care plan documentation. The acting manager agreed to address the issues and made arrangements to review one person's care and support.
- Staff understood people's needs and it was clear people were supported to make choices and to take control of their daily lives. Staff completed electronic records, which documented the care people had received, in a detailed and respectful way.
- The service was not primarily designed to provide people with end of life care. However, in these circumstances the acting manager explained the service would work closely with health and social care professionals to ensure the comfort and dignity of the person.

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 received support to continue hobbies and interests that enhanced their quality of life. The acting manager and staff were aware of the risks of social isolation and emphasis was placed on meaningful conversation and the promotion of people's emotional well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The acting manager and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their care plans. Information was available in a variety of formats and in a way people could understand.

Improving care quality in response to complaints or concerns

- The provider had arrangements in place for recording, investigating and resolving complaints. The acting manager confirmed she had received no complaints about the service.
- People had access to the complaints procedure. We saw the procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with.

# 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.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. 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

- The acting manager and staff had a clear understanding of their roles and contributions to service delivery. The registered manager was not available at the time of the inspection. The acting manager, who provided oversight of the day to day management of the service, informed us they intended to apply for registration.
- The provider 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 checks on records and observations of staff.
- Ratings from our last inspection were displayed in the service and on the provider's website, in line with legal obligations.

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 acting manager understood and acted on the duty of candour responsibilities. They promoted and encouraged candour through openness. Good relationships had been developed between the acting manager, staff and people who used the service.
- The acting manager spoke with people when things went wrong. Any incidents were fully discussed with staff during meetings or in one to one support sessions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a positive culture which had achieved good outcomes for people.
- Staff confirmed people were appropriately supported. Staff knew people well and were knowledgeable about their needs and preferences.
- The provider had developed a set of organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were familiar with the key policies.

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

- Staff involved and engaged people in the service and considered their equality characteristics.
- People and staff were invited to give feedback on the service and had been given the opportunity to

complete a satisfaction questionnaire. The last survey had been carried out in January 2020. The results of this survey were not available at the time of the inspection.

- The acting manager and staff worked in partnership with external agencies where they could learn and share knowledge and information that promoted the continued development of the service.