Central Case Management Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 24 May 2016 and was conducted by one inspector. The provider was given two days' notice of the inspection because it is a community based service and we needed to make sure that someone would be in the office to meet us.

Central Case Management provides a case management and support service to people with acquired brain injury. Support takes place wherever people are living and currently covers locations throughout the midlands. The service operates from an office in Duffield, Derbyshire but staff are recruited locally and are based at the home of the person they are caring for. Each person has a local case manager who manages their care package, supports and coordinates the staff and communicates with other healthcare and legal services. Each person's care package is unique to them and dependent on their acquired brain injury, level of independence and care needs.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager had not always followed safe recruitment practice when recruiting staff as not all pre-employment checks had been completed. Therefore they could not always be assured that staff were suitable to care for people. When we brought this to the attention of the registered manager, they agreed to review their recruitment process to ensure the suitability of people employed by the service.

However, people were protected from the risk of harm or abuse as staff knew how to recognise abuse and report concerns. People's care needs were assessed and care plans provided staff with clear guidance about how to meet their individual needs and manage identified risks.

People were cared for by skilled and experienced staff as all staff received an induction into the service and on-going training. People were supported to maintain good health as they were supported to access community healthcare services where needed.

People were cared for by friendly staff who enjoyed their jobs and treated people with respect and kindness. Staff took time to get to know people using the service and understood their needs, wishes and aspirations. This enabled staff to provide a personalised service that met individual needs and supported individual goals.

People's views and preferences were included in care planning; and people made their own decisions about their daily living arrangements and activities.

Staff were managed remotely by the registered manager and locally by the case manager for the location.

Staff were motivated and keen to develop themselves and ensured that people using the service remained as independent as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected from the risk of harm or abuse by staff, as the registered manager had not always followed safe recruitment practice during recruitment. Therefore they could not always be assured of the suitability of staff to care for people.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities.

People were supported to access other healthcare services to manage their health needs.

Staff understood the needs of people and how best to support them.

Is the service caring?

Good

The service was caring.

People were involved in their care planning and supported to make their own decisions about their daily living preferences.

People's independence, dignity and privacy were promoted by caring staff.

Staff enjoyed their work and supporting the people who used the service

Is the service responsive?

Good

The service was responsive.

People contributed to their care plans and staff considered individual needs and preferences when they developed

personalised packages of care and support with individuals.

The service responded to comments and suggestions to improve people's experiences.

Is the service well-led?

Good

The service was well-led.

The remote management arrangements within the service meant the registered manager shared responsibility for the quality assurance of the service with the locally based case managers.

The management team adopted an open, inclusive style of management where staff felt supported.

Staff felt consulted about the development of care packages and the service.

Central Case Management

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 service was inspected by one inspector on 24 May 2016. The provider was given 48 hours' notice because they are a community based service and we needed to be sure that someone would be in to meet us.

We looked at information we already held about the service before the inspection. This included information the provider had sent us and notifications. Notifications are incidents or events that a provider must tell us about under the terms of their registration.

We spoke to people who used the service and their relatives to gain an understanding of their experience of the service and discuss their views on the quality of care they received. We also spoke to four staff providing the service; this included two care staff, a case manager and the registered manager.

During the inspection we viewed management records including two staff files, policies and procedures, training records and matrix, incident records and two case files that included daily logs, need and risk assessments, reviews, referrals and minutes from multi-agency meetings. This information helped us assess how the service was managed and how it responded to comments and complaints.

Requires Improvement

Is the service safe?

Our findings

The provider could not always be assured of the suitability of staff who were employed to care for people. The service had a recruitment policy in place that included an application and interview process followed by requests for references and pre-employment checks before staff were employed. This policy aimed to ensure staff were suitable to care for people. However, we found examples where this policy was not robust enough to identify and address areas of potential concern regarding prospective employees. For example some applications had not been completed fully. There was also no policy in place in how to check a person's eligibility to work in the UK or how to respond to a disclosure of a criminal offense. This meant the registered manager was not always able to check the suitability or eligibility of applicants to work within the service.

However, when we spoke to people and their families they told us they felt safe with the staff providing the service in their own home. One person said, "Yes I do feel safe with them" and a relative told us, "I have no worries about them [family member] anymore". Staff told us that where required they provided 24 hour care and support, which meant people were safe all day and night. This meant that the service identified and managed risks to people by providing appropriate levels of care at the times required.

Staff told us they received training in safeguarding adults and whistle-blowing, and knew how to raise concerns if they needed to do. One staff member said, "Yes I know how to raise a concern but I have not needed to in this organisation". The registered manager and case manager told us that safeguarding was discussed at team meetings and supervisions and staff were supported to raise any concerns they had. Records we saw confirmed that training takes place and safeguarding is discussed with staff in meetings and supervisions. This meant that staff had the knowledge and support to keep people safe from harm or abuse.

People, relatives and professionals were involved in developing risk assessments that identified and managed risks to individuals. These included risks due to individual health conditions, environmental risks and behaviour management risks. Relatives told us that they had been involved in risk assessments and confirmed that individuals were given responsibility for managing risks to themselves, where it was appropriate to do so.

The registered manager told us that risk management was, "A fluid process, as we react to client need and feedback from staff". Staff told us they respond quickly to changing needs and risks to individuals. We saw risk assessments and incident reports which demonstrated that risks and incidents were recorded and managed; with appropriate changes made following incidents, to reduce the risk of harm to people. We also viewed policies and procedures in place to safeguard people. Staff confirmed they were aware of policies and procedures and followed them in order to keep people safe. This meant that risks to people were identified and managed whilst also supporting individual freedom and choices.

People told us they had enough staff to care for them and additional staff were on duty when required for certain activities. Relatives said there was enough staff as, "There's always someone with [their family

member]". The registered manager told us that staffing levels were calculated on individual need and risk. They told us some people required 24 hour care and support with either one or two staff depending on activities; whilst others received less than 20 hours per week on a 1:1 basis. Records we viewed confirmed that decisions regarding the number of staff required to provide the care and support needed was discussed with the person, their relatives and relevant professionals. This showed that the registered manager was aware of the needs of people and provided sufficient numbers of staff to meet individual needs.

People received medicines in line with their particular health needs. Relatives told us their family member "Gets everything they need". The case manager told us staff received training aligned to the needs of people and the type of medication prescribed. This was delivered by the organisations training manager and via local pharmacies to meet individual need. Staff said they received sufficient medicines training and felt competent enough to administer medicines. The registered manager told us staff competency in administering medicines was checked by the case managers who were, "Nurses or have appropriate qualifications". Case managers told us they observed staff practice and audited records to ensure safe management of medicines. This meant that medicines were administered and managed safely, which kept people safe from any harm associated with medicine errors.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills to meet their needs. People told us they felt staff provided effective care and support. One person said, "They [staff] are very understanding and as supportive as possible". A relative told us, "[My family member] has done really well; they would be lost without them". The registered manager told us, "[Person] has made positive changes since support started" and, "We have made a difference". A staff member said "[Person] is doing great, we have a stable team and [person] is really motivated and puts effort into improving, it's working well".

The registered manager told us that all staff completed an induction which included observing experienced staff, mandatory training and person specific training which usually took place in people's homes. Staff said they received an induction which made them more confident in carrying out their role and responsibilities. We viewed records of the induction process and we saw evidence of training in staff files. We also saw the training matrix which indicated what training had been completed or was planned. The registered manager told us most of the training was carried out by the provider, as they felt this was more effective at meeting the needs of people who used the service. For example staff told us they received training on the use of specific hoists in people's homes for moving and handling; plus brain injury and behaviour management, where this was relevant to the needs of people they were caring for. This meant staff received training relevant to the needs of people using the service, which enabled them to provide more effective care.

Staff told us they had individual meetings (supervision) with their case manager throughout the year to discuss their performance and training, which they found useful and supportive. One staff member said, "Supervision is useful to discuss things not discussed at team meetings". Staff also confirmed they had good support from the case manager and the rest of the team. One person said, "The case manager is really good, keeps in contact regularly by email so everyone knows what's going on and they're good with support". This meant that staff were supported to maintain good practice and provide effective care to people.

Staff said there was good communication amongst the team. They told us they used a daily communication book, diary and emails to communicate with each other and a white board to record information and activities for the person using the service. One person said, "We write everything in the diary and communication book and do an email in the evening with an overview of the day, so everyone knows what's happening". One person told us, "This is really important as we spend most of our time lone-working, so we don't get to see each other very often" and "It's good to keep in touch, especially if [person] is having a bad day". This meant that information was shared with staff so people continued to receive consistent care.

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.

The registered manager told us where people lacked capacity to manage their finances they had applied to

the Court of Protection, who had appointed a "financial deputy" to manage their finances effectively. Families confirmed that the person had been involved in this decision and this was in their best interests.

People made decisions regarding their food and diet and were supported to a level agreed in their care plan. One person was fed intravenously and had told staff that mealtimes were not very satisfying, as they were no longer able to taste the food. Staff told us they worked in partnership with a dietician to safely offer 'tasting-sessions' to provide this person with some variety to mealtimes. Staff told us this person really enjoyed these sessions and said, "It puts them in a good mood for the rest of the day". We saw records that confirmed that 'tasting-sessions' were introduced in response to comments made by the person. This showed that people were supported to access a healthy and nutritious diet to maintain their health that takes account of individual preferences and needs.

Relatives told us that their family members were supported to access community healthcare and attend appointments. For example people were accompanied to the GP and dentist appointments. Staff told us they would contact the GP on behalf of people, if people said they were feeling unwell. One person's relative told us that staff helped their family member with their exercises and this had led to an improvement in this person's mobility. Staff said they worked in partnership with other healthcare services to provide a multidisciplinary approach to healthcare. For example they told us how the physiotherapist had shown them how to 'do the exercises' with one person. This meant this person had more frequent access to physiotherapy which had improved their mobility. Records we saw confirmed that people were involved in these discussions and in the development of their care plan. This meant that people were supported to maintain good health by supporting their access to relevant healthcare services.

A relative told us how their family member was supported to live independently by the adaptation and design of the property they lived in. This had allowed for an additional bedroom for staff to 'sleep-in', which meant they were available 24 hours each day to provide care when needed. This property was all on one level, with adaptations that enabled the person to do more things for themselves and maintain their independence.

Good

Is the service caring?

Our findings

People were cared for by staff who supported their independence, promoted their privacy and their dignity. One person said to us, "Great staff". A relative told us they were, "Very happy with all the team, they look after [family member] well, they help me too" and, "All support staff are great".

People and their families told us they were very happy with the care they received from the staff. They told us they felt staff listened to them and took time to understand them. One staff member told us how they had spent time doing speech therapy exercises with a person and how this had helped them in communicating together. This staff member told us they were now more confident in communicating with this person and felt this had improved their professional relationship with this person. This showed how staff took time to build positive caring relationships with people.

People told us that they made their own decisions and staff supported their choices. Staff told us that people were involved in all their care planning and reviews; people and families confirmed this to us. We also saw evidence in records of when people were involved in developing and reviewing their care plans. Staff told us how they provided information to people in ways that they could understand. For example, they used text or a computer tablet to communicate with people who had difficulty communicating verbally. They also used a white board for the team to record daily activities, so people knew what they were doing each day and who was on duty. Staff told us that where possible, these were changed in response to the personal preferences of people on the day. For example if a person wanted to stay in and participate in an indoor activity rather than go on a planned walk, if they were feeling tired. This meant people were involved in their own care planning and made decisions relating to their daily life.

People told us staff understood them and were kind when caring for them. Staff told us they respected people as individuals and took time to, 'Get to know them' and 'Find out what is important to them'. Staff provided examples of how they promoted individual privacy and dignity and people confirmed this. For example, people were given privacy when they had visitors and when showering and dressing. One person said, "Yes they are very good about my privacy, they always knock on my door in the morning and wait for me to answer before entering".

People and their relatives told us that staff supported them to maintain their independence as much as possible. One relative said staff encouraged their family member, "To do as much as they can themselves". Staff told us how they promoted independence by encouraging people to carry out tasks themselves. However, they were available to support or prompt if necessary.

One staff member told us they respected their professional boundaries and even though they had developed positive friendly relationships with people, they told us they maintained a professional relationship with people and respected their privacy and confidentiality. This showed how staff promoted people's dignity, independence and rights.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People told us they contributed to their care plans and made decisions regarding their daily activities. One person said, "Staff go with me and take me to places to do my hobbies" and "Yes, they always check what I want to do". Relatives told us they were very happy that their family member was supported to develop and maintain links within the local community. This meant they were able to follow their interests which had always been important to them.

One relative told us how their family member was supported to access sport and social events which they had, 'always loved'. The relative was really pleased that they continued to do this and 'mixed with people in a social way'. This showed that staff were aware of people's individual preferences and supported them to maintain their interests.

A relative told us, "I like the way the staff discuss things with [family member]". They also told us that staff knew how to respond to different behaviours and demands from their family member and said, "They are very good". A relative told us staff supported people to plan their care in accordance with their preferences. For example one person loved football; and trips to watch football were included in their care plan, with staffing numbers changed to accommodate this activity. Staff told us they were able to respond quickly to changing needs or preferences, as they knew people so well. For example, staff said that because they had spent time 'getting to know' people, they had a good understanding of what triggered changing moods or behaviour and had developed strategies for managing this. This showed how staff respected the opinions of people when planning care and activities and how they responded to changing needs and choices.

Staff told us how they responded to requests to provide gender specific care and promoted people's rights. For example they told us how they respected people's right to make their own decisions, including what could be considered as, 'risky' decisions; where people had the capacity to do so. They told us how they supported people to deal with the consequences of risky decisions but it was not their place to stop people from doing what they wanted. This demonstrated that the staff promoted individual rights and equality. It also showed how they enabled independent thinking and decision making and were not risk averse.

The provider listened to feedback from people and relatives and used this to improve their service. People knew how to make a complaint or suggestions if they were not happy with the service and were confident they would be listened to. People told us they, "Would go to the manager" if they had any complaints or problems. They also said this had not been necessary as they were, "Very happy" with the care provided. A staff member told us, "[Registered manager] responds well to complaints and sorts things out". This meant that people and staff were confident that the manager would respond well to complaints and were confident to complain or raise concerns if they needed to.

The registered manager told us how they had responded to particular incidents or complaints and how they had put learning from them into practice. For example, they showed us a complaint they had received from social care at the end of someone's care package. We discussed how they had responded to it and they told us how this will be used to inform future decision making when ending care packages. We saw records that

confirmed this.

The registered manager also sent out an annual questionnaire to people and their families to gain feedback on the service and suggestions for improvement. We saw the responses which were all positive about the service with no suggestions for improvements. This indicated that the provider sought feedback from people who used the service; and people were happy to feedback their experiences.

Good

Is the service well-led?

Our findings

The provider adopted an inclusive style of management which empowered and supported staff. People and staff looked to the case managers for guidance or support and they said it was provided when needed. Relatives told us their family members care packages were well managed by the case managers, who they described as, "Very good" and "Brilliant". They told us the case managers kept in touch with them and kept them updated, which they appreciated.

Staff told us the service was well managed. One staff member said, "This is a very good organisation, communication is so effective which is rare, I like that". Another said, "I am supported by the [case] manager; they're always around". Staff told us they felt respected and were involved in care plan reviews. They said this was important as they were the ones who saw people on a daily basis and knew them best. They felt case managers respected their knowledge and valued their input into discussions. This demonstrated that the service adopted an inclusive style of management which empowered and supported staff.

A staff member told us, "People are at the centre of everything we do, that's why I like working here". This was supported by the registered manager who said the service was personalised to the needs of individual people. They said that 'person centred care' was a big part of the induction process and was re-visited during on-going training. This meant that staff understood the values of the organisation and this was instilled in on-going training and supervisions.

The registered manager said they had a stable team, with low turnover and everyone worked well together. They also said, "We only use agency staff if we really have to, we prefer to cover each other if we can, it's better for the clients". Staff confirmed they were happy to do extra shifts or swap shifts around so they could provide consistent care for people using the service. This showed that staff were motivated and flexible and demonstrated a positive working environment.

Staff understood their roles and responsibilities and there were clear lines of management and accountability between staff and managers. Staff told us there was good communication and support from managers even though it was "remote management". They also confirmed they had been to head office for training and appreciated the times when they met-up with colleagues and managers for "team-building". This meant that although the service and staff were managed remotely, staff had a strong sense of identity with the service and did not feel isolated, which demonstrated good leadership.

There was a quality assurance system in place which involved the case managers checking the quality of care people received and reporting this to the registered manager. Locally held team meetings were opportunities to discuss quality of care with staff and concerns about individuals were followed up in supervisions. There were options to provide extra team meetings or supervisions where required, to address any concerns regarding performance. The registered manager reviewed all records before archiving them and used this as an opportunity to check quality and consistency of care and record keeping.

The registered manager provided an example of how they had responded to concerns regarding the quality

of record keeping and information sharing within a team, that were highlighted when they were reviewing records. This was addressed as a whole team issue and staff were reminded of the importance of accurate and timely record keeping, which led to an improvement in practice and greater consistency of care for the person using the service.