

Central Case Management Limited

Central Case Management

Inspection report

No 4 Fourteen Business Centre, 14 Town Street
Duffield
Belper
Derbyshire
DE56 4EH

Tel: 01332840710

Website: www.centralcasemanagement.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Central Case Management is a case management service which coordinates care packages for people who have complex needs because of an acquired brain injury. Services are provided to people in their own homes.

People's experience of using this service: The person and relatives we spoke with told us that staff were caring.

At the last inspection of the service in May 2016 safe recruitment practice had not always been followed as not all pre-employment checks had been completed on potential staff. We found on this inspection that this issue had been addressed. Staff knew how to safeguard people from abuse and had received the training they needed to carry out their roles effectively.

People's needs were comprehensively assessed and reviewed. Staff were guided as to the actions to take to minimise any risks identified. Where incidents had taken place these were analysed, lessons were learnt and embedded into practice.

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. The service was flexible and met people's needs in an individualised way.

Staff supported people to maintain and develop their hobbies and interests. A system for recording and responding to complaints was in place. The service worked closely with a range of other agencies and professionals to support people well. Staff told us they were supported well by the management team.

Rating at last inspection: At the last inspection the service was rated good overall with safe rated as requires improvement (report published August 2016). The overall rating at this inspection remains the same and the safe domain had improved to good.

Why we inspected: This was a planned inspection to check that the service remained good.

Follow up: We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 improved and was now safe..

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

Central Case Management

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: Central Case Management provides a case management and support service to people with acquired brain injury. The service currently covers locations throughout the Midlands. Each person's level of support is dependent upon their acquired brain injury, level of independence and care needs.

The service provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. Not everyone using the service receives a regulated activity. At the time of this inspection two people were supported with personal care tasks by the service.

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

Notice of inspection: We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available to support the inspection and for staff to be available to talk with us about the service.

What we did: We reviewed information we had received about the service to plan the inspection. This included details of incidents the provider must notify us about, such as abuse. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give us some key information about the service, what the service does well and the improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection: We discussed their experience of the service with one person by text as this was their preferred method of communication. We spoke with the registered manager, three support workers and two relatives.

We reviewed a range of records. This included two people's support records, various records related to recruitment, staff training and supervision and the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- At the last inspection we found that not all required checks had been carried out prior to new staff starting to work at the service. At this inspection we found that the suitability of care staff was checked during recruitment to make sure, as far as possible, they were safe to work with people.
- We looked at staff rotas which showed staffing levels were sufficient. Staff confirmed this. Staff told us teams of workers were usually consistent.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to safeguard people from abuse and how to report any concerns they may have.
- They told us that they felt confident that the management team would address any safeguarding issues they raised.

Assessing risk, safety monitoring and management

- Support plans contained very clear guidance for staff to follow to help keep people safe. Risks to people had been comprehensively assessed and actions put in place to reduce the risk. For example, risks around medicines and transfer and movement had been considered.
- People had personal evacuation plans which set out how staff should support them in the event of them needing to leave their homes in an emergency.
- An on-call system was in place should staff need advice or support from management outside of office hours.

Using medicines safely

- Staff had received training in medicine management. Staff were trained to support people with specialist equipment in this area.

Preventing and controlling infection

- Personal protective equipment such as gloves and aprons were available for staff when needed.
- Staff knew how to reduce the risk of infection spreading and had received training in this area.

Learning lessons when things go wrong

- The provider reviewed incidents to identify how lessons could be learnt. For example, they told us how they had changed their recruitment processes following the recruitment of some staff that had later turned out not to be suited to the service.

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.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- 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.
- The registered manager was fully aware of their legal responsibilities in supporting people who may lack capacity to make certain decisions.
- Staff had undertaken training in the MCA and understood the purpose of the Act and its scope.

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

- People were assessed to ensure their needs could be met before they received support from the service. The registered manager told us, "The aim is to get the person back to as near where they were (prior to their accident) as possible." Areas assessed included cognition, the person's insight and self-view, health and leisure activities. Where it could be, consideration was given to people's needs and preferences both before and after their accident.
- Each person's support plan was individual to them and covered the areas where they needed assistance, such as eating and drinking, social leisure and community and personal care.
- Staff received a handover of information about the person they were supporting when starting their shift. This meant they had the up to date information to support the person effectively.

Staff support, induction, training, skills and experience

- People were supported by staff who had the training they required for their role. This included training in fire safety, emergency first aid and health and safety. Staff were also provided with specialist training to meet the individual needs of the people supported such as brain injury and epilepsy awareness. One staff member told us, "Training is fantastic, amazing."
- New staff received an induction when they started working for the service which included working alongside more experienced staff until they felt confident to work alone. Staff told us they felt their induction was thorough and supportive. One staff member told us, "I was signed off, I wasn't just thrown in."

- Staff were supported through regular supervision meetings with the management team where they could discuss any issues they may have as well as their personal development.

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

- Staff supported people with their nutritional needs and meal preparation as required.
- Some people supported by the service had percutaneous endoscopic gastrostomy (PEG) tubes to allow food, fluid and medicines to be sent directly to the stomach. The service ensured that staff were trained to support people in this area safely.

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

- The service worked well with a range of health professionals such as neuro specialists, physiotherapists, occupational therapists, assistive technology specialists and nutritionists.
- We received very positive feedback about the service from health professionals. One professional told us, "I have found them to be very client centred with a thorough understanding of the issues often accompanying traumatic brain injury, to enable them to provide an empathetic, safe and considered service for the client and their families and loved ones."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The person we spoke with told us staff were caring. They sent us a text message which said, 'I am very happy with my care staff, they have all helped me very much over the last few years since I had my car accident, they have helped me come back a long way as I was told by my doctor I wouldn't speak/walk ever again...I can talk and walk a lot better now.'
- The relatives we spoke with told us that they found the staff were kind and caring. One relative told us "They help me so much. I'm so glad I work with them, they are happy to help me. It's a consistent staff team, I take part in interviewing, I'm so glad it's not always different staff. Staff are really kind, they do a proper job, they are putting everything into it, they love my [relative]."
- One professional told us, "I have worked with them with a range of challenging clients and their case management always places the person at the centre of their care."
- Staff had received training in equality and diversity and the service had a policy in place regarding this.
- People's cultural and spiritual needs were assessed as part of the service's initial needs assessment.

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

- The service was aware of the need to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- People's confidential information was stored and managed securely.
- Staff supported people with using assistive technology for communication purposes. Staff helped one person use a white board and diary to help support their memory.
- Staff were aware of people's wishes. One person's support plan noted how staff should wake the person up gently every morning playing the person's favourite song.
- Support plans contained detailed information about people's communication needs including how staff could assess if they were in pain if the person was unable to communicate this verbally.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain the privacy and dignity of the people they cared for and were aware that this was an important part of their role.
- People's independence was promoted. For example, staff told us how they held a key for one person's home but always gave the person chance to open the door themselves.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's needs and preferences by assessing them prior to providing support. These were regularly reviewed and adjusted if needed.
- Support plans were bespoke. They contained information as to how to support individuals to enable them to be as independent as possible. People had identified goals they were working towards.
- The service was flexible in meeting people's changing needs. The registered manager told us how for one person, short staff shifts were changed to longer hours. This helped to reduce a person's anxiety about the change over time.
- Staff worked in a person-centred way with people. They knew people's likes and dislikes well. One staff member told us "We go with [person's] wishes, if [person] changes their mind about what they want to do we go with them."
- People were supported to access leisure activities of their choice. One person went to bingo and football matches and had developed relationships with other people there. People also went on a range of outings and holidays. Staff accompanied some people on holiday and were flexible in changing their shifts to do so. One person told us by text, 'I'm able to go out to places I never could for a long time after my accident.'

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints were managed appropriately by the registered manager and provider. No complaints had been received by the provider at the time of this inspection.

End of life care and support

- No one using the service was receiving end of life care at the time of this inspection.
- An end of life care policy to guide staff was in place should this type of care need to be provided

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.

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; Continuous learning and improving care

- Governance systems were in place to check the quality of the service. Each person had a local case manager who managed their care, supported and coordinated the staff working with the person and communicated with healthcare, legal and other services. As the service was only supporting two people with regulated activities the registered manager told us this meant they had a very clear overview of any issues and problems that may arise. They told us they were looking at developing their current audit records so that they were more robust.
- Staff at all levels of the service understood their roles and responsibilities.
- One professional told us, "I have found they respond quickly to changing situations with case managers always being at the end of the phone and information is circulated quickly and appropriately."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was committed to ensuring that people received high quality, holistic care.
- The provider understood legal requirements and their responsibilities in providing a service to the people supported. They were aware of duty of candour requirements.

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

- Formal surveys had not been sent out to the two people using the service or their families. We discussed this with the registered manager who told us that they had sent out surveys previously but not received any response. They therefore gathered people's views in meetings and telephone conversations. They recognised that records relating to this needed to be more robust
- Team meetings were held regularly. Staff told us they felt listened to at meetings. One staff member told us, "It's a wonderful job, it's the best company I have worked for."
- Staff told us the registered manager was very approachable. One staff member said, "I could go to the manager if I had any concerns, they are very open and easy to talk to."

Working in partnership with others

- The service worked closely with a wide range of other agencies and professionals to fully meet people's needs including Court of Protection representatives, barristers, architects and social workers. One legal professional told us that the service was 'First rate.'