

Community Case Management Services Limited

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Inspection report

Unit 23
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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

Community Case Management Services 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. Where they do we also consider any wider social care provided. At the time of the inspection, fifty-one people were supported with their personal care needs.

The service specialised in providing specialised and bespoke rehabilitation, personal care and case management services to people both nationally and internationally who have sustained serious injuries specifically acquired brain injury and complex health conditions. The services provides support to people of all ages from children to adults.

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

People were kept safe by staff who understood how to safeguard people from abuse and effective safeguarding procedures. There were sufficient staff to meet people's needs and ensure safe care. Robust recruitment procedures helped to ensure the right staff were employed. People received their medicines safely. Risk assessments were detailed, person centred and kept up to date through regular review. There was an emphasis on rehabilitation and maximising the potential of people that used the service. 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. Policies and systems in the service supported this practice. People had a comprehensive assessment of their needs prior to using the service. The provider had arrangements for the induction of new staff and staff received regular training designed around people's individual needs. People were supported to access healthcare services when required.

People 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 promoted people's dignity, privacy and treated people with respect. There was a focus on encouraging and enabling people to live full and active lives.

The provider had established governance and quality assurance systems with regular audits and checks that monitored the standard of the service.

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

Rating at last inspection

This service was registered with us on 9 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was first registered with the CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information, we may inspect sooner.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Community Case Management Services 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.

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 9 September 2021 and ended on 14 September 2021. We visited the office location on 9 September 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service, 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 all of this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager, operations manager, office manager and head of recruitment. We also spoke with five people that used the service, two relatives, three case managers, five support workers and the director following our visit.

We reviewed a range of records. This included four 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.

Staffing and recruitment

- People had detailed assessments of the support they needed and their support team were directly recruited according to these assessments. This meant staff numbers were variable and specific to their care needs. People and relatives told us they received the right amount of support to keep them safe.
- The provider followed safe recruitment systems and processes. Rigorous checks were made on prospective new staff including criminal record checks and previous employment references. We looked at two staff recruitment files and found appropriate checks were carried out prior to employment.

Preventing and controlling infection

- One relative said, "There are no concerns over infection control. Staff are very careful and use aprons, masks and gloves when giving care."
- There were systems and procedures to prevent and control the spread of infection and staff 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, masks 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 registered 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 providing personal care. People we spoke with confirmed they were involved in their care.
- Where there were restrictions placed on people's liberty, suitable DoLs were in place.

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

- People had care teams which consisted of a range of different health professionals in line with their identified needs. This included occupational therapists, speech and language therapists and psychiatrists. Staff received ongoing support and training from the health professionals to ensure the care people received continued to meet their needs. One relative said, "[Person] receives the full range of professional input and my care team work under detailed guidance and support from highly skilled professionals."
- The registered manager and staff worked closely with other health and social care professionals as well as other organisations to ensure people received a coordinated service.

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

- Care plans contained detailed information about people's support needs. Staff told us the care plans accurately reflected the needs of people.
- Assessments of people's needs were recorded, and people's support needs were reviewed regularly.
- 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. People had their own individual characteristics

respected by the staff who supported them.

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

- People had detailed assessments of their eating and drinking needs and were supported to eat and drink in line with their own needs and preferences.

Staff support: induction, training, skills and experience

- Staff were provided with training which was appropriate to their roles. Where people had specific needs, staff received bespoke training from the relevant health professionals. For example, staff supporting a person with a diagnosis of epilepsy received regular training and support from the health professionals directly involved with the management of the individual's epilepsy. People and relatives, we spoke with felt staff were skilled and knowledgeable about people's needs.
- New staff were supported through an induction programme, along with the provider's ongoing mandatory training which included safeguarding and training specific to case management. Staff attendance and ongoing training was monitored by the management team to ensure staff knowledge remained relevant and up to date.
- Staff had access to supervision and support from the individual case managers who were employed by the individual in receipt of care, but also had access to the management team if additional support or supervision was needed. Staff told us they felt well supported in their job roles.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's rights were promoted, and person-centred care was delivered. People and relatives we spoke with were complementary about the care people received and the approach and attitude of the care team.
- The provider promoted and encouraged inclusion. Staff received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood about their role in treating people with kindness and compassion. One relative said, "Staff are so kind and caring in what they do."

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

- People were able to express their views about their care on an ongoing basis and during reviews of their care. People were able to provide feedback and request care reviews to include their views on how their care was delivered.
- People were encouraged to express their goals and aspirations when their care needs were assessed or reviewed. This information was then used to plan and deliver care that reflected what people could achieve and what support was needed to make their wishes a reality.

Respecting and promoting people's privacy, dignity and independence

- People told us they were cared for with dignity and respect. The registered manager told us how the approach was always to promote, build and maintain independence for people who used the service.
- People's personal 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.

This key question has been rated good. 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 care and support that was bespoke to their individual needs and preferences. People told us they were happy with their care and staff were responsive to their needs.
- People had comprehensive care records and care plans which detailed their individual needs and was kept under regular review. One staff member said, "All paperwork and reviews put (person) at the centre of it all. Full involvement of all relevant people whether they are family or professionals. A real focus on enablement and review, I feel we have made some big in roads in terms of improving the health and outcomes for them."
- The service was not primarily designed to provide people with end of life care. However, staff felt confident they could support people and families wishes at this time. The registered manager said they would work closely with professionals in the event of providing end of life care and that people's individual wishes were at the centre of all decisions made.

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 which enhanced their quality of life. The registered manager and provider told us the focus was always on maximising people's potential. We found examples in care records where people had been supported to return to activities like skiing or going on safari after they had received complex health needs through injury or negligence. The registered manager said, "It would be easy to focus on people's limitations, rather than on what they can achieve."

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 registered manager and staff understood the Accessible Information Standard. People's individual 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. Where complaints had been made, we could see that there was a process to review and respond to the concerns in a timely manner.
- People had access to the complaints procedure. We saw the procedure was clear in explaining how a

complaint could be made and reassured people any concerns would be actioned without delay.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear understanding of their role in ensuring effective oversight and management of the service. They had reviewed the CQC guidance to providers on meeting the regulations and implemented robust systems to ensure they satisfied the regulations.
- 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 observations of staff, regular reviews and contact with people receiving care and regular checks on care records and outcomes for people.

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 registered manager understood their responsibilities regarding the duty of candour. They promoted and encouraged candour through openness. People, relatives and staff we spoke with told us they felt they had good relationships with the provider and management team.
- The registered manager and provider maintained contact with people who used the service. Any incidents were fully investigated, discussed and shared with staff during meetings or in one to one supervision.

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.
- People and relatives told us the support was appropriate to their needs.
- Staff confirmed people were appropriately supported and were knowledgeable about people's individual needs and preferences.

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

- People, relatives and staff were encouraged to provide feedback on the service, and this was reviewed regularly by the management team and provider.
- Staff ensured they involved and engaged people in the service and considered their equality characteristics.
- The registered manager and provider worked with a vast array of different health professionals and external agencies to share knowledge and to keep up with the latest research and information. This was

reflected in the care people received. The provider told us how they work with leading professionals in the field of brain injury and charities associated with head injury to promote a wider understanding of brain injury to other professionals. The registered manager told us how the service strived to ensure they continually developed and improve in the field of case management.