COOCI Associates LLP

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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

This inspection was carried out on 21 and 22 August 2017. It was the first inspection carried out since the provider moved locations in August 2016. COOCI Associates LLP is a case management service. Their purpose is to support people who have experienced catastrophic or life changing injuries. The service acts as an intermediary between the person needing the support and specialist agencies who supply the care (support workers).Case managers are responsible for ensuring people's needs are met. They also support people to employ their own staff, for example support workers and/or therapists. At the time of the inspection there were four people receiving personal care.

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

People told us they felt safe using the service. The provider had systems in place to assess the risks to people and their environment. Where risks were identified these had been minimised. The risks to people and staff were kept under constant review. Trends were identified and action taken to prevent a reoccurrence where possible.

Staff received training in how to identify signs of abuse. Records showed appropriate action had been taken where concerns were raised. This helped protect people from harm.

Safe recruitment systems were in place to ensure as far as possible staff were suitable to work with people. Staff were trained and received support to ensure they had the skills and knowledge to carry out their roles. They were encouraged to feedback ideas to assist with the improvement of the service, through supervision, meetings and general discussion.

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 operating within the principles of the Mental Capacity Act 2005(MCA).

People and relatives told us the staff were supportive and described them as friendly, polite and understanding. Examples were given to us of the caring nature of the case managers, which demonstrated how kind and considerate the staff were.

People were involved in the planning and review of their care. Regular meetings were held with people to ensure they were happy with the delivery of care and any changes that may have been required. People were supported to be as independent as possible. People's dreams and wants were explored with them to ensure personal goals where feasible were fulfilled.

The provider ensured information was made available to people in a format they could understand, where necessary translators were used to ensure information sharing was clear and concise.

People with protected characteristics had been assisted by the service to achieve their own goals and their preferences and their lifestyles were respected.

The provider's complaints policy set out how people could make complaints and these would be taken seriously. Where a complaint had been made, this was followed through and used to drive improvements in the service delivery.

People, relatives and staff spoke positively about the registered manager and the partners of the service. There was an open culture of communication, and staff supported each other. Quality assurance checks and feedback from people, relative's staff and professionals was used to drive forward improvements to the service.

Staff understood the aim of the service and worked together to accomplish providing good quality and effective care.

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.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed.

The provider had systems in place to ensure checks were carried out prior to candidate's being offered employment. This minimised the risk of unsuitable candidates working with people.

People were protected from harm, as staff knew how to protect people from abuse and who to report concerns to.

Is the service effective?

Good

The service was effective.

People's health was monitored and when necessary external professionals were contacted to provide support to people on maintaining good health.

Staff understood the Mental Capacity Act 2005 and how this applied to their role.

Staff received appropriate training and on-going support through regular meetings on a one to one basis with senior staff.

Is the service caring?

Good

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

People were able to communicate with staff in a way that was meaningful to them. Systems were in place to encourage effective communication with people.

Is the service responsive?

Good

The service was responsive.

Systems were in place to provide people with protected characteristics the support they needed in an inclusive way.

People were encouraged to maximise their quality of life by pursuing their ambitions and dreams.

People knew how to raise concerns. When people had raised concerns these were dealt with quickly and appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager, senior staff and partners of the service provided effective leadership and management. This was valued by the staff and people using the service.

There were clear visions and values for the service. There was a shared philosophy of person centred care, which enhanced the service to people.

The registered manager had systems in place to monitor the quality of the service and took appropriate action to improve the standards when necessary.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This inspection took place on 21 and 22 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a case management service, so we needed to be sure someone would be available to assist with the inspection. At the time of the inspection the service was providing support to over 100 people but only four people were receiving personal care.

Prior to and after the inspection, we reviewed information we held about the service including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and used this to inform our inspection.

We sent out 75 questionnaires to people who used the service, relatives and friends, staff and community professionals. We received 9 responses from those who knew the service. We spoke with five staff including the registered manager, three relatives and one person.

We reviewed a range of records about people's care and how the service was managed. These included care records for two people, medicine administration record (MAR) sheets and other records relating to the management of the service. We examined staff training records and support and employment records for three staff. Other documents we viewed included quality assurance audits, minutes of meetings with staff, and incident reports amongst others.

Good

Is the service safe?

Our findings

People involved in the service told us they believed the service was safe. One person told us "I am in good hands. I know that any information about me will not go any further." Relatives told us the case managers were well informed of people's needs and strived to meet their needs. They reported staff were equipped through training and experience and this provided reassurance to people and their relatives.

Each person had their own allocated care staff. People's needs were assessed and from this assessment the staffing levels were determined. Where people required support 24 hours a day agency staff were utilised. Where there was a staff shortage due to staff absences either a bank staff or other staff covered their shift. When required agency staff would be approached to provide extra staffing.

Because of the complex needs of the people using the service, it was imperative that staff were skilled and knowledgeable about how to care for people. With this in mind, people, their relatives and COOCI staff where appropriate were part of the recruitment and selection process. This was to ensure candidates had the right training, experience and skills to support the person in a safe way.

People's safety and well-being had been considered by the service and steps had been taken to ensure that any risk of harm had been assessed. Environmental risk assessments were in place alongside risk assessments related to the care provided for people. Where people required specialist equipment to support their needs, staff were trained to operate the equipment safely. For example a transferring hoist. Maintenance and insurance details related to equipment were retained by the provider to ensure the equipment was safe to use. Other environmental risk assessments including areas such as gas supplies, open fires and pets were completed where appropriate. This ensured the environment was safe for people and staff.

Other risks related to care were also assessed. These included falls risk assessments, moving and handling and medicine risk assessments. Competency assessments were carried out on care staff to ensure they understood and carried out the necessary tasks safely. This ensured the risk of injury or harm was minimised.

The provider held senior management meetings each month to look at the risks associated with the provision of care. These included complaints, incidents and accidents and safeguarding concerns. Action plans were put in place and reviewed to ensure trends were identified and the risk of repetition was minimised.

Staff knew how to report concerns of abuse. They were able to identify indicators of abuse. Records demonstrated where safeguarding concerns had been recognised the appropriate action had been taken by the case manager and the provider. All staff received training in how to safeguard people from abuse.

Recruitment systems were in place to ensure people were protected as far as possible from unsuitable staff. Checks included Disclosure and Barring Service checks, written references, health declarations, and proof of

identity and of address.

Where people required assistance with medicines these were administered by trained staff. Staff competency was checked by senior staff. Audits were carried out by the registered manager to ensure medicines were being administered safely. A number of staff had completed enhanced medicines training which included areas such as recovery medicines for people with epilepsy.

Good

Is the service effective?

Our findings

People and relatives told us staff were skilled to do their jobs. Comments included "They have found us some excellent therapists…. they are reliable and know their stuff." "I am confident they [staff] have all had their training…I could not sing their praises enough. It was such a stressful time in the beginning. They answered all my questions, they are so knowledgeable and approachable, we wouldn't be where we are today if it wasn't for [named case manager]".

Support workers received both mandatory and specialised training to enable them to meet the needs of the individual they were supporting. The case managers also attended training both mandatory and specialised to ensure they had the skills and knowledge to assist support workers but also to understand the specific physical and mental health needs of people. This also allowed them to be able to provide supplementary support and advice regarding people's environment, equipment and other resources useful to support the person's needs. One relative told us "They are all very experienced, they came well trained. All have their own strengths; they complement each other throughout the team."

Staff were supported through supervision, appraisals, team meetings, induction and training. One staff member told us when they took on the role of case manager they had shadowed a more experienced case manager and received advice and guidance from them. The registered manager told us the team meetings included a training session from external professionals. One member of staff told us how they had directly benefitted from a specialist training session they had attended. They had attended training in continence care. They said, " I learnt what good continence care looks like….As a direct result of my training I will impress upon the support workers the importance of good continence care and how important it is for good skin care."

Records showed staff received regular supervision. One staff member told us it was beneficial as, "It gives you the opportunity to discuss any issues you might have and get guidance. It might prompt discussions and I get feedback on my own performance against the standards the company has." We observed a supportive team of case managers and company partners. The registered manager told us they supported each other by utilising each other's knowledge, skills and experience.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where it was appropriate to their role staff had received training in the MCA. Some people receiving care from the provider had the mental capacity to make their own decisions. Their consent to receive care was documented in their care plans. Where people lacked the mental capacity to make decisions for themselves, mental capacity assessments had been completed. Records demonstrated how best interest meetings attended by the relevant professionals had been held to ensure future actions were carried out in the person's best interest.

Where people required support with eating and drinking and food preparation this was provided by staff or family members. The registered manager told us where people were at risk of choking case managers ensured assessments were carried out by the relevant professionals. Guidelines in care plans and risk assessments outlined the advice received by speech and language therapists or other professionals. One person received support via a Percutaneous Endoscopic Gastrostomy (PEG). A peg is a way of passing food, medicines and fluid into the body via a tube which is passed through the skin into the stomach. Staff received training in PEG feeding from the Clinical Nurse Advisor and their competence was assessed. This ensured the risk of injury or harm was minimised.

Good

Is the service caring?

Our findings

Comments from a person using the service and relatives included "If I need something I think they would do everything in their power to do it for me." "They are refreshingly free from 'Don't worry about it, we know best' which we have run into often before." "I think they are fabulous." Staff were described as "Polite" "Friendly" "Understanding" "Approachable and down to earth."

One relative of a person told us when they first approached COOCI Associates for assistance the case manager came to their loved one's home to meet them. Their loved one displayed what some may have considered as unusual behaviour. They told us "[The case manager] didn't look shocked; it was lovely that nothing fazed her, it was great. It was the reason I went with COOCI." They said "Right from the very beginning they took the time to get to know her [person], they are very in tune with her. What I like most is they explain to [person] everything that is happening. This is so good and important for her."

A person using the service told us how the attitude of the case manager was important to them. They said "I am treated with respect; the best thing about COOCI is the experience and knowledge of the staff. This is especially important for me as I am a wheelchair user. The case manager was a physio, and they had lived with someone in a wheelchair, because of this they have been able to share information and advice with me. It has made such a difference and has been so helpful."

People and relatives told us they were involved in planning the care provided. Records evidenced people's involvement in care planning and reviews. Each person's care was reviewed monthly or three monthly depending on their needs. A case manager visited the person to discuss how their care was progressing and to review their personal goals and needs. One relative told us how they had been able to step back from the care being provided as they trusted the case manager to ensure the care was appropriate. They said." They continuously review her care. So much so I have been able to step back. I am so happy and content. I don't have any concerns; it is so lovely to have mother and daughter time again. It is going as well as it could do with her current situation. I have been able to step back and be a daughter again."

People were supported to be as independent as possible. Staff knew the importance of treating people with respect and protecting their dignity. One staff member explained to us how they did this. "We make it clear about data protection. If a person needed assistance with personal care when out in public we would find a private place to carry this out." A person told us, "I don't feel comfortable going out on my own. My case manager is coming to help me problem solve with this. I am hoping that I will be able to get out on my own in the future, but I need some help with this." A relative told us as a result of the support their loved one was receiving; they continued to make "good progress". One staff member told us how they believed the aim of the service was "To offer a person centred case management service to our clients." They believed the service was meeting this aim. They said "I work to be the best case manager I can be. People have different ways of achieving that but that is always the aim."

Staff members told us how they encouraged people to make choices and decisions about aspects of their lives and their care. Documents showed people were able to make choices and decisions and these were

followed through by the case manager. Documents demonstrated where a relative was not satisfied with the initial care plan, this was changed to more clearly reflect the needs of the person and how staff were to support them. The relative told us "They [COOCI] are better than most, if we ask them to look into something they do." One person told us they had recently attended a meeting with their legal representative and their case manager. Within an hour of the meeting the case manager had emailed them to inform them of the actions they had taken as a result of the meeting. This demonstrated how people were involved in the planning of their care. Their choices and decisions were acknowledged and acted upon by the provider.

We understood from staff some people had difficulty communicating verbally and for some cognitive problems affected their memory. The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 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. One person used a picture board; this enabled them to show staff where pain or spasms were on their body. The picture board was also used to aid communication between the person and others. One relative told us how staff photographs had been placed on a memory board in the person's home to help remind them who each staff member was. They described how when the case managers visited the house, they sat and talked to the person, they said "It would be so easy for them to come in and then go without including her. They are so incredibly respectful and she feels part of it."

For one person using the service English was not their first language. Translators were used when meeting the person and discussing aspects of their care. We were told by the registered manager and case manager that information in different languages and formats could be produced for people if needed.

Good

Is the service responsive?

Our findings

People and professionals spoke positively about the responsiveness of COOCI Associates LLP. Feedback sent to the Commission prior to the inspection from professionals included descriptions of COOCI Associates as "Exceptionally high quality of service... efficient and expeditious in their handling of all client case management needs." "This agency deals with some of the most challenging and complex cases you see in this sector and, on the cases I have worked on with them, I have observed them to provide an excellent service."

Prior to the commencement of care each person's needs were assessed. The assessment included the back ground information related to the person and their condition. This included their medical needs, accommodation, mental health needs and their personal goals and preferences. From this assessment and in agreement with the person or their representatives the case manager produced a care plan. This detailed how each of the person's needs would be met and by whom. The risks associated with the care provided were assessed and managed to minimise any harm. Due to the complex needs of people using the service and the individual circumstances people were faced with, each care plan and package of care was personalised to their specific needs.

Changes to people's needs were identified promptly and were reviewed with the person or their relative and the involvement of other health, therapy and social care professionals where appropriate. Any changes to people's care was discussed with the person or their representative. This was recorded in the daily log and discussed with staff through supervision. The information was disseminated to the support team via email, once the person was happy with the changes to the care plan this was placed on their file. Support staff had to sign to evidence they had read the updated care plan.

People with protected characteristics had been assisted by the service to achieve their own goals, preferences and their lifestyles were respected. This was in line with the provider's equality and diversity policy and procedure and staff training. The registered manager said, "We try and instil in new staff right from the beginning our values, beliefs and our expectations. ...We build up relationships with clients, so they trust us. We can't judge people...Equality is included in our mandatory training, peer discussions and supervision."

People's personal goals and ambitions were taken seriously by the staff at COOCI Associates, and where possible each person was encouraged to fulfil their dreams and aspirations. The risk of social isolation was also addressed by the case manager. Where people had hobbies or interests they wished to pursue these were discussed and facilitated as far as possible. For example, one person wished to go on holiday each year. This required detailed planning and the support of a team of support workers to facilitate this. The person has enjoyed four European cruises. Another person wished to go travelling. This was facilitated by the case managers at COOCI and a committed support worker. This resulted in the person travelling around Europe for a month with their support worker.

Contingency plans were put in place should people require emergency support whilst abroad. The

registered manager told us of a situation that arose, where a person was taken seriously ill whilst abroad. The case manager travelled out to support the person and their family. They were able to inform the medical staff in the hospital of the person's needs. They assisted the person on their return journey and ensured facilities at the local hospital were prepared for the person on their arrival back into the country.

Other people were encouraged to follow new interests and retain hobbies they were involved in prior to acquiring their injury. One relative told us "Currently she is dog walking. She likes horse riding, hydrotherapy and going to the theatre." We had been told by the registered manager and staff and the relatives how the person enjoyed photography. With some adaptations the person was still able to pursue this hobby. They had produced a calendar which was praised by staff and we were told by their relatives had been "Well received" by friends and family.

The provider had a complaints policy and procedure. Staff were aware of how to access the information if needed to deal with a complaint. We read the complaints log. A family had made a complaint and this had been taken seriously by the provider. Detailed records had been kept which highlighted the action taken to deal with the complaint this was on going and had not been concluded at the time of the inspection. We spoke with the complainants as part of the inspection. They told us the provider had responded very quickly to the complaint and they felt their complaint had been taken seriously and they had been listened to. Other people told us they had not had to make a complaint, but would speak to their case manager if needed, or the office staff.

Good

Is the service well-led?

Our findings

One staff member told us "The best thing about working for COOCI is working with a group of people who have a similar ethos to yourself. This is a job that you absolutely have to do right. Because we are dealing with people and their lives and that matters." Relative's comments included "COOCI staff are so friendly and approachable. They have taken time to get to know [person]. They have a fabulous attitude; they are like an extended family now. ….they have worked incredibly hard to build trust and now [person] enjoys their company."

People were encouraged to give feedback on different aspects of the service through a questionnaire sent to them by the provider. These were sent to staff, people who used the service and their families, and professionals. The questions were based on the key lines of enquiry used by the commission for inspection purposes. This allowed the provider to review all aspects of care and to allow for people to identify areas of improvement. The registered manager told us having used the questionnaires and reviewed the responses it was clear that some of the questions were not helpful. It was apparent some people had struggled to answer; this was going to be reviewed before the next questionnaires were sent out. Records showed the registered manager had reviewed the responses and where appropriate had put together an action plan, and had responded positively to the feedback they had received. In this was they were able to drive forward improvements to the service. Staff told us they were able to feedback ideas or improvement through supervision sessions, team meetings or through general discussion with the senior staff.

A number of quality assurance checks were undertaken to ensure the safety and quality of the service being provided. Audits of assessment records were completed to ensure that all information and details were accurate and appropriate. Client risk management audits were completed to ensure the person was safe and the care was suitable to meet their needs. Adverse incidents were audited. Lessons were identified and action was taken to prevent a reoccurrence. A recent audit of data protection ensured all people or their representatives had consented to the sharing of information with GPs and other relevant professionals.

One person, relatives and staff spoke positively about the management of the service. One staff member told us they could speak with the registered manager at any time, but there was nothing to stop them speaking with the partners of the business if they wanted to. They found both the partners and the registered manager listened and were responsive to both staff and people who used the service. They told us "There is an open dialogue; it is not a particularly hierarchical team. They are all colleagues as well as partners. This gives them an insight into the role, which is really helpful and valuable." A relative told us "It was so difficult when Mum was in hospital. I cannot believe we are now at the stage we are choosing colours for her bungalow. They [COOCI] have been there every step of the way. It is nice to have someone there you can talk to about everything. I couldn't thank them enough."

The registered manager told us the aim of the service was "We are dedicated to making a positive difference to people's lives." A staff member told us "We aim to deliver proper person centred case management to our clients." Through our discussions with the staff and the registered manager it was clear they remained focussed on the needs of the people they were supporting. They recognised each person's experiences and

needs were unique to them. As one staff member told us "We take their needs seriously and we work to help them understand the processes involved in their case. Medical and legal procedures can be confusing. We are not lawyers so we use layman's language to help them understand." A relative confirmed this was the case they said "It is such a scary situation to be in. They are a friendly smiling voice down the phone; they are very patient and understand. They explain things so well and in simple terms. They are so good at what they do, they are wonderful." This demonstrated the provider had accessible and inclusive methods of communicating with people, that enabled them to be involved in the decision making process. Care was centred on the individual, and there was a shared value base within the service.

In the PIR the registered manager identified the accredited schemes and initiatives they were part of. This included membership of The British Institute of Brain Injury Case Managers (BABICM) and the Case Management Society UK. These organisations support the development of Case Management practice across the UK. The provider used the competency framework to support training for staff. The provider sits on the board of Aylesbury Vale Headway. Headway is a brain injury association. The provider subscribes to online and hard copy journals to support evidence based practice. Staff also attend conferences, seminars, training session and webinars. This ensured the provider and staff kept up to date with good practice.