Anglia Case Management Limited

Anglia Case Management Limited

Inspection report

Ticehurst Yard
Beyton Road Tostock
Bury St Edmunds
Suffolk
IP30 9PH

Tel: 01359271900
Website: www.angliacasemanagement.co.uk

Date of inspection visit:
29 June 2016
06 July 2016

Date of publication:
22 September 2016

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place over a week between the 28 June and the 1 July 2016. During the week of the inspection we carried out an announced visit to the office, we carried out visits to people who use the service and met with their care staff and family members. We also spoke with a range of staff from the management team and other health care professionals. We also telephoned a number of people using the service for further feedback.

The service is registered to provide personal care and treatment of disease, disorder and injury. It supports both adults and children. Anglia case management provides a specialist service and coordinates services on behalf of people using the service most of whom have a brain acquired injury or other complex, life-changing injury. The service each person receives is unique to them and bespoke packages of care are delivered by staff recruited by the service but employed directly by the person themselves or a deputy appointed by the court of protection to manage the persons financial affairs. Anglia Case Management, case-manages people's care following legal cases for compensation for acquired brain injury. Awards are made, so that funding is available to pay for people's care. Families are often put in touch with the agency through the solicitor and will help the family with legal aspects of litigation and will represent them in court as well as helping them manage their care, support and housing needs.

There is an experienced registered manager in post. They are supported by a team of case managers who are all health and social care professionals. '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.'

The service was registered in 1998 and has always been judged as compliant by the Care Quality Commission. The agency has always communicated effectively with the CQC about the service they deliver. They have informed us of any events and, or changes affecting the delivery of the service or individual events affecting the welfare and, or safety of people they support. The agency has been proactive in their information sharing and have given us clear details of actions they have taken to improve the service and learn from events. In addition the agency often work with other providers including registered care homes. Staff are vigilant and have at times identified poor practice with other providers and have brought this to the attention of the local safeguarding teams and CQC to ensure the person is appropriately protected.

People told us they felt safe and staff were fully accountable to the people who employed them. The agency had robust processes in place for staff selection and recruitment, which people were fully involved in and had the final say. People told us they felt in control.

Staff had some initial training and induction from the agency which was robust and prepared the staff member for their duties. The agency were proactive in supporting, coaching and developing its staff. Staff

spoken with showed motivation and passion for what they were doing.

Staff received training in key areas of responsibility such as medication administration, safeguarding people and the Mental Capacity Act 2015. Staff spoken with understood key elements of their training and how to put it in place to ensure people received safe care. The service had systems in place to manage and monitor the safe administration of medicines but the systems were individual to each person. This demonstrated how the agency strives to offer a bespoke service. The agency had a robust process for reporting medication errors which had resulted in changes to how they supported staff including medication competency assessments being introduced for all staff.

Risks to staff delivering the care were clearly documented and staff were supported through induction, training, and on-going support and development so they could work in a safe way.

Risks to people using the service was very clearly documented and staff balanced supporting people safety with their right to self-determination and proportionate risk taking. This was documented and took into account people's preferences, life styles and life choices along with their right to choose how they wished to live. People were living full lives and fully engaged with their communities.

People had a range of additional care needs which staff were able to accommodate through the support and training they received and working with other health care professionals who had the specialist knowledge. Health care needs were recorded in good detail with step by step guides for staff to follow and bespoke to the person. Hospital admissions were avoided where possible by successful staff interventions and monitoring of people's health. Where people were required to go into hospital they were supported by staff to help maintain the continuity of care. People's last wishes or a person's wishes if they required urgent medical intervention were not always documented in people's records but staff told us how they had these conversations with people when they considered the time to be right.

The service is responsive to people's needs because each package of support and care is tailored and written around the needs of the individual. The team of staff are employed directly by the person receiving the care and the court appointed person. Staff employment and training is managed by the agency unless the person prefers to source their own training above and beyond the mandatory training. Staff work in partnership with other health care professionals and family members involved in the person's support. The teams supporting people had exceptional knowledge about the people they were supporting.

People were supported to develop new skills and maintain existing ones by having the right support and expertise to help motivate and enable them to achieve and reach their potential. Support was flexible according to the person's wishes and also taking into account the needs and wishes of extended families. Families whenever possible were very much part of the support given to the person but also had quality time away from the 'care situation'. Staff were respectful and helped people maintain their independence.

The agency was well led with clear lines of accountability, primarily to the person using the service. There were systems to develop and support staff and develop professional excellence.

There were systems in place for continuous feedback about the service received and innovative ways of how to improve people's experiences and life enhancing opportunities.

There were in depth auditing practicing across the company overseen by the registered manger and Deputy manager to ensure safe systems were in place albeit bespoke and compliance with their own internal policies and procedures. This included medication systems and finance policies.

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 is safe.

There were highly detailed risk assessments form the basis of safe care and proportionate risk taking.

Staff receive training around safeguarding and the agency are proactive in identifying and raising concerns.

People received their medicines safely and there were systems in place to identify any errors so these could be dealt with quickly to minimise any adverse effects.

There were enough staff to deliver effective care and there was robust staff selection and recruitment procedures. This helped to ensure that only suitable staff were employed.

Is the service effective?

Good

The service is effective.

Staff were well supported through initial induction, training and supervision. Staff were encouraged to develop and work in innovative ways to support people. Continuous development and self- learning was encouraged. The agency were not afraid to let staff go if they did not meet the expectations of the person employing them.

Staff understood how to support people and help them regain control over their lives. Staff received training and support around supporting people with complex decisions.

Staff supported people with a range of complex health care needs and did so to a high standard. There was good expertise in the agency and they also sourced other specialist support and worked with other agencies to further develop and promote understanding within this specialist field

Is the service caring?

Good

The service is caring.

Staff were appointed based on their attributes and according to the person specifications. Staff performance was regularly reviewed to ensure it was satisfactory.

Staff promoted people's independence and this was clearly documented.

The service was provided around people's individual needs and their profiles focused on their strengths and abilities. Care and support was only provided after initial and continuous consultation.

Is the service responsive?

Outstanding ☆

The service is very responsive.

The service responded well to each individual in a way that was specifically focused on them.

Care needs were clearly documented and did not just focus on the person's physical needs but on their strengths, emotional, and psychological needs. Strengths were emphasised and people were encouraged to take control over their lives and were supported to achieve what they wished to.

By enabling people this also enabled members of their family to pursue their needs.

The agency were responsive to feedback and recorded, and responded to any feedback to improve the service as required.

Is the service well-led?

Good ●

The service was well led

There were clear lines of accountability and systems to monitor the quality and effectiveness of the service provided.

There were systems in place to support and develop the workforce.

The people being supported were supported in line with their individual needs, wishes and aspirations. The service was able to meet a wide range of needs and had considerable expertise. The service worked in unison with others who had the right knowledge and expertise within areas they had less expertise.

Anglia Case Management Limited

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 inspection took place on the following dates: 28, 29, 30 June and 1 and 6 July 2016. We inspected this service in a number of different ways due to its complexity and diversity. We visited the registered office. We visited five people and as part of this visit met and spoke with, four of their staff and three family members. We spoke with four people, four relatives, five staff and one health professional over the telephone.

We announced our visit giving the provider 48 hours' notice. This gave the provider the opportunity to ask people's consent for us to visit them in their own homes to establish what service they received and how they felt about it.

The inspection team comprised of two inspectors, an expert by experience and a pharmacist inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience of supporting a person with a learning disability and a brain injury.

We also received a provider information return. This is a report we ask the provider to submit that gives some key information about the service; what they are doing to meet regulation, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People received a safe service. Everyone we spoke with had confidence in the staff team that supported them and said they received safe care. One person told us that the team leader was, "…excellent and was the font of all knowledge." They told us that they, "Trusted the service 100%" They said, "Staff carry out their duties very well, almost exemplary " Another said , "I would report any concerns to the team leader, I trust her, they always do something about it. I feel very safe." Families echoed this stating that they regularly met with staff, team leaders and the case manager and were able to reflect of the service provided and discuss any concerns they might have which they said were addressed.

There was an on call system for emergency and where people had support from large teams they had their own on call protocols in place which were clearly documented. This meant there were arrangements in place twenty four hours a day to ensure continuity of care and support.

Risks associated with people's care and support were well managed. People's records were kept in their homes and reflected their individual needs and any risks they might encounter on a day to basis through activities of daily living or due to their physical health/condition. The agency, when assessing a person's needs, would provide detailed costing's of the likely support a person would need around their care needs. As part of the care planning a very detailed risk assessment would be carried out annually as a minimum or earlier as a result of a change in need or risk.

Incident/accident records would be used to record and action any changes needed. The client (acting through their Financial Deputy) takes out Employer's Liability insurance. Staff were also required to adhere to health and safety policies and procedures which were accessible and discussed with staff.

Risk assessments were very comprehensive and took into account the complexities of the person's needs, the wider family dynamic and views of other family members involved in care giving. Risk assessments established the hazard, level of risk, potential harm and how the risk could be mitigated. For example: there was a plan regarding the management of the risks associated with swallowing, skin breakdown and the actions staff should take in the event of an accident. There were diabetic protocols and those for other medical conditions which made it clear what actions staff should take and step by step guides.

In addition to risk assessments there were care plans which gave details of people's individual needs, aspirations and goals. The agency worked hard to have a proportionate response to risk whilst encouraging and facilitating a person's self-determination, and choice even if some decisions made were considered unwise by others. Imaginative and innovative ways to manage risk were used making full use of technology as one solution which enabled people to live with as few restrictions as possible. For example smart phones contained apps which prompted people when to take their medication. This meant they could do this task independently. Staff had an enabling attitude that encouraged people to challenge themselves. For example we spoke with a person who had lost all confidence but had subsequently participated in activities, re-engaged with family and had been on holidays which they would not have considered possible several years before.

Staff were given sufficient support and training to provide safe care and to help them understand and minimise risk to people they were supporting. For example staff underwent extensive manual handling training which was bespoke to the needs of the individual and training was carried out in the person's home. Manual handling plans were in great detail and included pictorial guidance and clear instruction for staff to ensure people's safety.

People were protected from the risk of potential or actual abuse because staff were trained to identify and respond appropriately to any allegation of abuse. One staff member told us, "I'm clear who to contact regarding safeguarding whether it's out of hours or in hours." All the staff we spoke with were clear about the steps that they should take if they had a concern. One staff member told us about a safeguarding incident which had occurred, had been reported and learning which had taken place as a result. They told us, "Where there are any concerns our role is to report….and if in doubt we ask." Another member of staff said that they, "Would tell their manager, but if they did not take action they would go higher [in the organisation]." Staff were aware of other organisations they could raise concerns with if the need arose. We saw that staff were asked about safeguarding and their understanding of it as part of their performance review, supervision and their initial interview/induction.

In the office there was information and training material for staff around protecting adults and children in their care. There had been a number of safeguarding concerns which had been reported to the Care Quality Commission and the Local Authority. These referrals had been made appropriately and thoroughly investigated to ensure people's safety through appropriate actions taken. This demonstrated the providers understanding of safeguarding and operating in transparent way.
We looked at processes in place for people's finances. In most instances these were managed through an appointed person. Where staff handled people's monies there was a clear auditable system for looking after their money. Running totals and records of items purchased and receipts were kept. Money was checked at the beginning of each shift. Any transaction was through the agreement of the person being supported and clear guidance was in place for staff to follow. Within the different households the frequency of financial audits varied and this was not standardised which made it difficult to us to audit unless we visited every person.

People received their medicines safely. One person said about their medicines, "Yes they are on the ball and I trust the staff completely." We looked at people's medicines in their homes. Each person had a unique set up around their medication needs. For example one person we visited, the family took responsibility for the person's medication but when they went out consent had been sought for trained staff to administer the person's medication. Medication records showed when care staff had administered the medicines but not when the care giver had. This meant we could not see that they had received all their medication without counting each tablet in stock. We raised this with the team leader who said they would take immediate actions and clarify this with the care giver to ensure an accurate record of administered medication was in place.

For other people staff administered all the medication and did so according to the prescriber's instruction. Staff kept clear records and we did not identify any gaps. There was clear guidance around medication administration and when to administer medication prescribed as when necessary, (PRN) like pain relief and laxatives. One person we visited was prescribed a large number of medicines. We found staff were very knowledgeable about the person's medication, usage and dosage. There were clear systems in place for ordering, storing and administering the person's medication. Clear guidance was available to all staff. There was an established audit in place to ensure medicines were available as prescribed and administered correctly to ensure the person received their prescribed medicines safety.

Staff across the service had medication training and support and oversight was provided by the team leaders, and case managers. Staff were managing complex health care needs which might require medicines as part of an intervention strategy and were doing this well. We established this through speaking with staff who were very knowledgeable and confident of where to go for support. We saw stringent systems in place for the management of controlled drugs. In addition staff were proactive in ensuring medications were only administered as prescribed but if people needed occasional medication this was agreed through the GP.

Through internal audits the provider had identified a number of gaps in the medication records. This had resulted in a review of their practice and the individual staff members identified so this issue could be addressed. To improve its practice and accountability for safe administration of medication staff were now required to complete annual medication competency assessments. This assessed their understanding of their training and used this as a tool to assess their continued competency. There were also robust systems in place to identify any medication errors and to ensure immediate actions to safeguard people's health. Staff making a mistake were subject to additional support and an assessment of competency. Not all staff had a completed medication competency assessment as the agency had only recently introduced these for everyone. The manager assured us that this was not the only means used to assess their competencies. They told us they carried out regular spot checks on staff and observed medication administration.

Staff recruitment was robust and on-going around the needs of the people the agency supported. Job adverts were person specific to recruit staff to suit the needs of the people they would be working with. Staff recruitment took into account the person's individual situation and sometimes whole staff teams were employed whilst the person was recuperating in hospital. Teams of staff were inducted and trained before they started to provide care to people. Staff worked in conjunction with other family members to ensure the person was appropriately supported and the family had some respite.

We looked at a number of staffing records and saw that the recruitment process helped to ensure that only suitable staff were employed. Checks include the potential member of staff's employment history, references, criminal records checks, and proof of address, identification and rights to work in the UK.

There were robust interview processes which included the involvement of the person receiving care and their family. One staff member told us they had a formal interview in the office and got through to the second interview stage. The second interview was held with the person they would be supporting. People told us they got the final say as to who was appointed. One family told us about their child, "We are fully involved in their care. We interviewed ten people and shortlisted three; they met our child who then chose the carer they wanted."

There were sufficient numbers of staff employed to meet people's needs. Staff worked in pairs where there was an identified need such as for manual handling requirements and support on trips and holidays. One person receiving 24 hour support told us, "I am completely dependent on them for all functions." People told us that staff supporting them respected their right to a family life and right to privacy but were also in close proximity should they need them. One person told us that they had twenty four hour cover and when we asked about staff sickness, they replied, "They can usually muster up a temporary solution." People had individual service contracts which included the costing of the support. This factored in costs such as staff sickness and staff holidays and the occasional use of temporary staff. We asked the agency how temporary staff ensured continuity of care and the manager told us whenever possible regular staff were used but on the occasion when agency staff were necessary they had a number of regular outside agency staff they used. They did not support people until they had completed an agency induction and a minimum of one shadow shift.

Staff told us the longevity of staff had increased and the need to use agency staff had significantly decreased. Staff also told us that if the level of staff support a person required fluctuated, they used evidence collected during careful monitoring to support a decrease or increase of staff support. Staff were monitored through their time sheets and through spot checks and regular contact by senior staff with people using the family.

Good

Is the service effective?

Our findings

People received effective care because the staff were trained and supported to provide care around their individual needs and the needs of other members of the family. This was confirmed by people we visited. One parent told us, "Staff are trained to support my child in a range of areas such as moving and handling, medication and providing exercises for my child." They confirmed staff could not undertake any of these areas until they had been sufficiently trained.

New staff received an induction which lasted three days and covered essential training including: medication, moving and handling and information about the organisation. This was followed up by an on-site induction where staff went through everything which was recorded on the induction checklist and pertained to the specific service they were working in and the different protocols in place. In addition staff did a minimum of two shadow shifts for each shift i.e. morning afternoon and night, usually six shifts in total. This was a minimum and depended on their previous experience and the complexities of support they were providing.
Senior staff told us some elements of a person's support such as medication administration would not be undertaken until they were deemed sufficiently competent. We looked at induction records which included shadow shifts and told us what staff had observed and in turn that they had been observed and only signed off when they, the senior and person using the service was confident of their ability. Staff also completed the care certificate which is a set of introductory standards designed for health and social care professionals.

Staff told us they had received training appropriate to their roles and gave a range of examples of training undertaken such as brain injury, cerebral palsy, first aid and moving and handling. Staff had access to bespoke training around the needs of the individuals they were supporting. There was training on brain injury at level 1, which covered the anatomy of the brain and what to look out for, level 2 covered what behaviours to expect and level 3 training pulled it all together and served as a refresher. In addition the agency employed staff from varied backgrounds and had a team of staff with extensive professional qualifications and experience who were able to provide support and training to staff.

Staff told us they were well supported and that there was lot of information and guidance to follow, which was well organised and easy to read. They confirmed that they had regular supervision and team meetings. They said that the team meetings were good as they tried to find solutions to things. For example a team described how a person had become a recluse since acquiring their injury and staff met to see how they could best support them and pull on their resources. Staff told us they used meetings to share knowledge, and experiences. . However another staff member said they did not have team meetings but did have regular 1-1 face to face supervisions.

The manager told us that people being supported were invited to be involved in their staff's probationary reviews and appraisals and their feedback was sought to ensure they were happy with the performance of the staff. We saw examples of probationary reviews which evidenced this. All new staff appointments were subject to a probationary period of a minimum of 12 weeks. At the end of this period, a formal probationary review was held to review progress. Goals were set at each review and carried forward and reviewed at

supervision sessions. The manager told us, and provided evidence, of the commencement of a rolling two year Personal Development Programme plan in the summer of 2015. Steps were being taken to get this externally accredited. They said support staff were helped to access Diploma and National Vocational Qualifications programmes from level 2 – 5 and the importance of these were understood and valued by all parties.

The agency was complying with The Mental Capacity Act 2005. 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.

Staff were able to demonstrate an understanding of the Mental Capacity Act. We observed that staff offered people choices about what they wanted to do and worked in an inclusive way. Examples were given to us about how staff supported people in all areas of their lives and empowered them to make decisions by giving them the confidence and tools to help effective communication. Mental capacity assessments were completed as appropriate and the agency worked in conjunction with the legal sector and other health care professionals as appropriate. The agency told us everyone using the service had initial assessments in regards to capacity and a number of people had court appointees for their finance but no one currently for welfare.

The manager told us that staff often had to support people through difficult periods of their lives and they were supported to act in a legal and meaningful way. Staff supported people from the risk of harm through robust assessments which highlighted the risks and actions taken to support the person whilst respecting the person's right to choose how they lived their lives.

People were supported to eat and drink where required. Some people had 24 hour support and required help with most day to day tasks. People were involved in helping to decide what they wanted to eat and food preparation. We observed staff ensuring people had enough food and promoted healthy eating.

There was evidence that staff monitored people's nutritional and hydration needs and worked with a range of health care professionals to promote people's wellbeing. We observed one person being supported to eat and this was undertaken at an appropriate pace. The member of staff sat on a stool which was a good height that enabled them to have eye contact with the individual and talk to them as they were supporting them. A number of people had specific risks around eating and this had been identified and guidance was in place to promote people's health and welfare.

There was evidence that staff monitored people's health care needs and did so with input from a range of other health care professionals. One parent told us, "They, [the staff] were brilliant and if something looks out of place they come and get me to have a look." They said their family member was at risk of choking and said staff were all trained to manage this. This was clearly documented in their records and staff were able to tell us who and when they would contact health care professionals. Staff had the right knowledge and skills and had case managers to oversee people's care and refer to other health care professionals as required. All case managers had a wealth of experience in either social work or nursing and the service directly employed health care professionals who could provide a bespoke service as required such as occupational therapy. The staff liaised with hospital staff and guidance/health care action plan and protocols were drawn up. People with complex needs also had hospital plans which went with them should

they require care in hospital. This enabled continuity of care which was further enhanced by staff who knew them best going to and staying in the hospital with them. The manager said it was sometimes difficult to source training around a person's individual needs and they have to be creative.

We visited people using the service and found they had a range of support to maintain their physical and psychological health. Examples included supporting a person with percutaneous endoscopic tube, (PEG.) and a person who had a dysfunctional bowel. Staff told us how they had consulted, and were receiving training in bowel management for people with spinal injuries from Stoke Mandeville hospital. Staff had also consulted the GP, District nurses and psychologists to ensure the person's needs were met.

Good

Is the service caring?

Our findings

The service demonstrated a strong person centred culture as illustrated through its involvement of people who used the agency and consultation with people about their care needs and subsequent care planning. One person told us that "My friends are the carers." "We get on well together." They told us they were supported by a mix of ages and gender and it worked well. They said, "I am in command of my life but with assistance." They said, "If I am having a bad day, they sympathise, the majority of staff are caring, if they did not speak to me nicely they would be out."

The same person told us they made the decisions and there were some house rules they had decided on and staff respected these. This showed how staff involved and respected people's decisions.

We saw photographs of staff supporting people and celebrating their achievements, including graduation from college. We observed real warmth between staff and the person being supported and other family members which was inclusive. Staff demonstrated a really good knowledge of people and did not focus on their medical needs but spoke of the person, their likes and attributes. Staff were respectful and any conversations held were inclusive. Staff were aware of people's needs and provided personal care in a respectful way. We observed staff lowering their voice and asking the person if they could support them to go to the toilet. This demonstrated a staff understanding of providing care in a respectful, dignified way. Staff were also very aware of people's privacy and the need to give them space according to their wishes.

One person told us staff have supported them and given them opportunities which had helped with their confidence. Issues around depression and self -esteem were important factors in supporting the person to adjusting to their life following a traumatic injury. They said staff supported them to go to college and worked closely with the college to help them achieve what they wished.

Another person told us, "The staff are perfect, I have everything I need, I don't want to go back to hospital, I am happy here. " This person was able to tell us the impact being in hospital had on them and how they now felt about their life which they said was much more positive and they had started to enjoy their life again.

One family member told us, staff were always polite and well managed. One of the parents said, "I have a fantastic relationship with all of them."

The agency worked with people in a variety of ways to gain their feedback and alter the service in line with what the person wants. Staff spent a lot of time getting to know people and their wider circles of support and planning their support in line with the person's wishes. Through induction, training and shadow shifts the agency gave staff the support they need which in turn they used to support people using the service. Care plans were written in great depth and gave a pen portrait of the person. Staff spoken with described people's strengths and needs in a positive way and demonstrated a good understanding and liking for the person they were supporting. The agency gave us a number of examples of how they have supported people in meaningful ways, including a person whose family member had died and the staff supported

them with attending the funeral and helping them with the family dynamic. Another person needed considerable and on-going support following a short illness and death of a close relative and then the death of their lifetime partner at a time when they were trying to manage their own life changing injuries.

In addition staff told us how they supported people at the end of their lives and how they worked inclusively with family and health care professionals and how the agency supported them as individuals to manage sometimes very difficult situations. This meant the agency provided continuity for the person and their family as their needs changed and in some instances worsened.

People's autonomy and independence was encouraged and facilitated. A key element of the support provided was to help people achieve their goals and retain or relearn skills they might have lost. We were given countless examples of how staff helped people achieve their goals through being innovative in the ways they worked and by working closely with the individual and professionals to break down a task so it became achievable. The care plans reflected this. One person had been supported through college; others had been enabled to take a holiday for the first time since becoming disabled. Another person was able to overcome their anxiety that stopped them achieving other goals in life. Staff helped people to achieve new things as well accessing local community facilities once more. Staff spoke of how they supported people to be as independent as possible and gave examples of what they had achieved, for example putting on the washing machine or drying up a bowl with a tea towel to the more complex activities, like swimming, cycling and returning to work. We observed staff and the relationships they had developed with people which were inclusive and professional and focused on how the person wanted to live their lives and how they were supported to overcome some of the difficulties they faced.

Outstanding ☆

Is the service responsive?

Our findings

The agency provided an exceptional service to people, which was responsive to their individual and often changing needs. Staff identified and monitored changes to people's needs or changing family circumstances and took any action that was found to be necessary. Assessments were extensive and took place over a period of time. The agency told us they met people's needs and preferences by searching for innovative ways to enhance people's quality of life and wellbeing. They did this through identifying what the person wanted and needed to help achieve their goals and by building links with other services and support networks.

One parent told us, "We have a team of care staff who basically follow them around like a shadow, take them to birthday parties, shopping, shower them and get them ready for school - they're brilliant." They told us how responsive the care staff were to their needs and how the support provided is reflected in their child's care plan. They said about one staff member, "We hit it off straight away, and they know what I'm thinking!" They told us they were always looking at things to help and support the family and to help their child develop. This included setting specific achievable goals and purchasing varied and specific equipment to help them to increase their independence.

Another family told us how the service had supported their child, who had now become an adult. They said, "They get a more a normal life and they have come out of themselves a lot more."

One person told us how staff supported them in getting back to work with gentle encouragement and practical help and support. They had also supported them to keep fit, do their own budgeting and slowly regain more control over their life. They told us about the staff, "They've done very well. If I didn't have them I wouldn't be doing the things I'm doing, a few senior people come to see me to ask how it's going. They send me a questionnaire once every so often to ask about the support."

Another person was supported by a team of staff and had meaningful activities in place to help enhance their wellbeing and provide vital support to their marital partner, the primary carer. The support had helped the whole family's emotional health as they spoke of the strain they had been under.

People were supported to achieve their goals in individual ways that met their needs. This was reflected throughout our visits from people we met and staff we spoke with and as illustrated through people's care plans. The agency provided evidence of how they in some cases had supported a person to be more independent following their injury but also how they had enabled people to pick up things they were doing before their accident, including returning to work or college. . Care staff were not only meeting people's physical care needs but supporting them in gaining the confidence to live their lives in the way they wished and helping to overcome some of the obstacles faced by people with a disability. The agency has nominated one of their client's for a national award run by the spinal injuries association for their innovation and creative ways of overcoming their injuries

We looked at people's care plans which reflected what people had told us. They were live documents which

were constantly reviewed and updated to reflect what the person wanted to achieve and what they had already achieved. The care plans showed how staff were innovative in their approach and tried different ways to help the person achieve their goals such as different mobility aids and specific equipment. We spoke with staff who were able to explain people's needs which matched what was recorded in the care plan. This demonstrated they knew what the person's needs were and how to meet them.

Care plans focused on enablement and the skills the person. They were written in consultation with the person about their preferences, support needs and how they wished the support to be provided. They gave step by step guidance about how to support the person covering areas such as morning routines, preferences and how they liked to take their medication. Key goals were included and there were reminders to staff to promote the person's choice and how this should be communicated. The plan also covered areas such as intellectual, emotional and social needs. Where people might become distressed there was a clear plan of action for staff to follow to try and reassure or to divert the person's negative feelings. This meant staff were promoting a positive culture and meeting people's needs in a holistic way.
Daily notes reflected the care and support provided and the dialogue between the person being supported and staff and provided a contemporaneous record. People were involved in the initial recruitment of staff, their induction and their probationary review. This enabled them to have input into who supported them and to choose who and how staff supported them.

Care plans showed how information was recorded and regularly updated. We met a number of families of children with complex needs. Family members told us how staff worked with their child and in partnership with the schools their child attended to ensure continuity of care and support. They met regularly with the special educational needs lead to disseminate information and to ensure strategies were shared across home and school settings where it was appropriate to do so. Parents told us the flexibility of the support enabled them to work, have free time and spend some time with other family members. Parents told us they had complete confidence in the care staff which enabled them to have time for other family members.

The manager told us if there was an area where there was not sufficient expertise staff would identify this and address it. One example was a group run by a team 'Managing Fatigue ', (common with brain acquired injury,) which gave advice and support to people and the staff working with them. The agency had two case managers who had a specialist interest and experience in spinal injury and have developed resource packs for staff. Another case manager has a great interest in complex paediatric health and support regimes. The agency prided itself on having a wealth of experience and expertise in many fields.

The agency had a robust complaints procedure and also recorded compliments to demonstrate what they did well. One person told us they had no complaints and had confidence that the team leader would sort out any problems as they arose. They said they knew that they could speak to other senior managers if, "… they did not get satisfaction." But thought this was unlikely as things were sorted out quickly and to their satisfaction. Another person told us they were aware of the complaints procedure but said that the management were approachable and they did not have any issues.

One family member told us that support had improved when they had raised a concern and this was dealt with efficiently and effectively by the agency. The families we spoke with were aware and had copies of the complaints procedures and office contact details.

We saw the agency worked at every stage to support the family to build a rapport with them and to sort out any concerns or worries they had about the care, the support team or support from other agencies. The manager confirmed that there was a full and accurate record of any complaints received. We did not ask to see these but did look at individual reviews of care discussion around how the agency acted on any

suggestions.

Good

Is the service well-led?

Our findings

The service demonstrated good management and leadership. The feedback we received about the service was very positive with people expressing their satisfaction. Some people had seen changes to their teams that supported them and this had caused them some concern. The service had tried to ensure continuity of teams by having relief/bank workers and the occasional use of properly skilled agency staff. Each team depending on size would have a team leader, and a case manager who oversaw people's care.

The company has recently been sold and plans to expand had been discussed. The new owners had been in consultation with the manager and staff about how to manage the existing service and look at potential growth into new areas to replicate the service they were providing to other people. Both the manager and the deputy were very knowledgeable about the service they provided, the people they supported and what quality assurance systems they had which they deployed to the most effective use.

The manager told us they supported and developed their work force to be the best they can be. They told us all staff had goals set annually which are monitored throughout the year and aimed at improving their professional practice. We saw a sample of these and spoke to staff about their achievements. The service supported staff to undertake qualifications appropriate to the needs of the people they supported and to complete nationally recognised vocational courses to enable them to strive to improve organisational practice. The company also had its own professional development programme for managers, for which they were seeking external accreditation. The manager told us they are going to be entering the Great British Care Awards this year as they have done previous years. They said this recognised staff's talent, hard work and achievement and they have in the past had three regional champions.

The organisational structure enabled effective dissemination of information. Within the service there was a registered manager, a deputy manager and a number of case managers who each had a number of support packages they oversaw. Team leaders were also employed to directly oversee the care provided to people where there were a number of staff supporting people. They managed the team and provided some of the care. Meetings were held between support workers and there were separate meetings for case workers and team leaders who would take the information to their teams. Newsletters, intranet usage and a Facebook page were used to disseminate information. This had the necessary protections.

The service promoted a positive culture which was person centred and inclusive. Anglia Case management had clear vision and values that were person-centred and ensured people were supported to regain control and autonomy over their lives after substantial life changing injuries and trauma. The company was previously owned by a private individual who still remains within the company as the Managing Director she has extensive experience of working in this field. The Registered Manager also has extensive experience of Child protection and supporting adults and children who could be vulnerable in their situation as do many of the Case Managers within the company. They drove improvement through clear expectations and values and their knowledge and the knowledge of the team of case managers they employed. The aims and objectives of the service were clear through the statement of purpose and service user guide which were shared. The agency had clear mission statements and promoted an open culture of learning where

safeguarding concerns and complaints were responded to and learnt from. Staff went through an intensive interviewing process to ensure they had the right values and skills to support people in a way of their choosing and people were involved in this process. Care plans were consultative documents and clearly designed around the needs of each individual.

Staff told us they felt motivated and valued in their role. All staff we met made a positive contribution to this inspection and were willing to talk to us and were proud of what they had achieved One staff member said "If there was a problem they try to guide staff. " Senior staff spoke about not stepping in too early, but supporting staff to find solutions. Staff described the company as, "brilliant." Staff said about the case manager, "They were the best boss he has ever had." Staff told us the on call arrangements worked well. One staff member told us that it was a nice welcoming team who were very supportive. They said that the care was excellent and was the, "best that they had seen in any setting." They gave the example of the slide sheets and slings which they said were bespoke to the individual and fitted exactly……"It is a shame that everyone in this situation cannot get care like this." We felt through our evidence gathering that people received a well-planned service from motivated staff.

One person using the service told us the service they received was good. They said, the case manager visited every 6 weeks and carried out an audit and checked the daily records, the rota and communication book. There were action plans in place to address any shortfalls in service delivery and staff regularly discussed the service provided with the person and others to ensure any suggestions could be taken into account and acted upon. Another said that they provided a good service and the agency were very supportive.

Another staff member said that they loved their work and that it was fantastic as they were being developed and supported. Managers are approachable and were accessible, "… giving advice and support when you start to doubt yourself."

There were systems in place to assess the quality of the service and to enable the agency to make improvements required. The service was constantly obtaining feedback from people about the service they were providing. Examples of this included questionnaires to obtain feedback, 1-1 support, telephone and face to face consultation and reviews. One person told us the agency send out questionnaires and they come in the post and asked about the care they received. They said they always have an input in completing them and saying what I they though. They told us, "I am in control of my own destiny."

The deputy manager said feedback from questionnaires was relatively low but believes this to be due to frequent face to face contact with people, which was at least monthly, with phone calls in between. We saw the results of the last survey between October 2014 and September 2015 there were 20 respondents. A sample of comments from people reflected what the service meant to them: Examples included: "I think I have one of the best teams of support that support me to live a very independent life." Another said "We would be lost without her – she understands and is very patient with [my relative]." Another said "Most of team long term, so all good."

No negative comments had been raised as part of this quality review. The manager said because of the relatively low feedback they were reviewing the way they collected and collated feedback from people to see if this could be improved upon. They told us other ways of getting feedback included annual reviews, compliments, complaints and surveys.

A schedule of auditing was seen was and these took into account any events which compromised people's health, welfare and safety, such as incident and accident records. The manager told us that they welcomed and canvassed opinion from all staff and stakeholders to sustain a positive and learning culture. We saw this

from regular recorded meetings with staff and through their induction, probation and supervisions. They said they shared information with staff in many different ways including through induction, meetings, training, performance reviews and quarterly newsletters.

In addition to audits the agency learnt from feedback it received and had a positive attitude towards complaints and safeguarding. The CQC have received notifications in a timely way and these have all contained detailed information of the event that has occurred and what actions they have taken to consistently improve the service and the experience for the person using the service. This is then disseminated to the staff so they know what changes have been made and why and they are asked for their input in decision making.

The agency worked inclusively with other health care agencies to provide a cohesive service and ensure staff were following best practice. For example the agency works with other organisations for the good of the people it supports. Examples given included Sheffield Spinal Unit, the Royal National Orthopaedic Hospital, Stanmore, charities and other organisations The manager told us they had not only learnt from them but had contributed to the development and work within this very complex and specialist area. Examples included sleep disorder affecting people with a brain injury and work with the National brain injury society and Headway the national charity. Staff had supported a number of people with sleeping disorder and they had been supported to meet and gain support and practical support around their condition.