

AJ Case Management Ltd

Office F10 James House

Inspection report

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06 June 2017
08 June 2017
15 June 2017
22 June 2017

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 1, 6, 8, 15 and 22 June 2017 and was announced. We gave the provider 24 hours' notice of our visit because the location provides and coordinates care in people's own homes and we needed to make sure there would be someone in the office at the time of our visit. This was the first inspection we had undertaken with this service.

Office F10 James House is registered with the Care Quality Commission to provide personal care to people who wish to remain independent in their own homes. The agency provides services throughout England and provides care for people with healthcare and social care needs. At the time of our inspection there were nine people using the service, including younger adults with complex physical care needs.

At the time of our inspection a new application was underway for the position of registered manager. 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.

Relatives told us the service offered a high degree of safety for people with complex needs. This included staff being skilled around the use of specialist equipment and reducing risks during activities. The provider worked closely with external healthcare professionals in understanding how to keep people safe. Staff and management were clear about how they would identify potential abuse and their responsibilities for reporting it. People were supported by the correct number of staff which was kept under constant review. Medicines were managed safely and staff ensured people received their prescribed medicines in the correct way. The provider worked with relatives to ensure their safe involvement in administering medicines.

People received care and support from staff who were very knowledgeable and well trained in their role. Staff received specialist input to ensure they were trained to deal with people's sometimes complex and rare conditions. The management team and staff showed a good knowledge of issues around consent and their legal duties in this respect. Staff ensured people received adequate food and drink with the correct level of support. Staff demonstrated a strong knowledge of people's vulnerability to certain illnesses and how people might communicate being unwell. Staff acted promptly in seeking medicinal help when required. Staff worked very closely with people's external healthcare professionals in order to promote their wellbeing.

Relatives were very positive about the levels of compassion and care shown by the provider and staff. Staff worked towards making people as independent as possible. Staff respected and promoted people's privacy and dignity in a person centred way. The provider worked to include family in people's care, where appropriate. Staff worked in a way which respected family relationships and friendships.

Care planning was highly person centred. People's past histories, wishes and hobbies were carefully

considered and explored to ensure they could still engage with these with the support of staff. People were supported to safely, constructively and fully participate in external activities. Relatives had a number of ways in which they could raise issues with the management team and staff, although no one reported they had needed to. People described all staff, including office staff and the management team, as being highly responsive to their needs and opinions.

Relatives, external healthcare professionals and staff praised the way in which the service was managed. The provider demonstrated they were acutely aware of the importance of creating an open, honest and positive culture among people, staff, professionals and relatives. The provider had a strong emphasis on team work in delivering a service which continually strove to improve the experience of the people it cared for. The provider used appropriate systems in a thorough way to ensure any shortfalls were identified and addressed promptly and effectively.

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.

The provider used safe recruitment practices to make sure staff were suitable people to deliver care. People were supported by their own dedicated and specifically skilled team of staff in adequate numbers.

People received the correct medicines using the correct methods in order to support their health. The provider sought to support relatives safe participation in administering medicines, where appropriate.

The provider had effective processes in place to minimise risks to people without curtailing people's participation in activities.

The provider and staff were aware of how to report matters of safeguarding and abuse.

Good 

Is the service effective?

The service was effective.

Staff were given specialist training and support from appropriate specialist external providers where necessary, in order to remain effective in their roles.

The provider and staff had a good understanding of the Mental Capacity Act 2005 and the impact this had on people's care.

People received support to ensure they had enough to eat and drink to maintain their well-being using methods which were appropriate for the individual.

Staff worked closely with external healthcare professionals in order to promote people's wellbeing and supported people to access the healthcare they required in a timely manner.

Good 

Is the service caring?

The service was exceptionally caring.

Outstanding 

Staff treated people and their families with care and compassion and went above and beyond to improve the quality of people's lives.

People were supported by a dedicated staff group who showed excellent knowledge of their day to day preferences.

People's independence, privacy and dignity were respected and promoted in a person centred way.

Is the service responsive?

Good ●

The service was responsive.

Relatives praised the highly responsive way in which the service met people's changing needs.

Relatives felt confident to raise any issue of concerns with staff or the management team and described them as communicative and approachable.

The provider identified and reacted in a timely way to the needs of people using the service.

Is the service well-led?

Good ●

The service was well-led.

Relatives, external healthcare professionals and staff were very complimentary about how the service was managed and praised its leadership.

The provider sought all stakeholder opinions on the service and worked together with them to improve people's experience of their care.

The management team used a variety of audits in order to assess and address the quality of the service and to drive forward continual improvement. The provider and staff encompassed positive values while carrying for people.

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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 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. This was the first inspection undertaken with the service.

This inspection took place on 1, 6, 8, 15 and 22 June 2017 and was announced. The provider was given 24 hours' notice because the location provides a case management and domiciliary care service and we needed to be sure that people would be available to talk with us. A case management service is one which coordinates and manages a person's entire care needs.

The inspection team consisted of one inspector. Before the inspection we reviewed all the information we held about the service. Prior to the inspection, the provider had completed 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 also reviewed what notifications we had received from the service about incidents and events that had occurred. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with four relatives whose family members used the service. We spoke with relatives as people were unable to discuss their care with us. We talked with two specialist healthcare providers who supported a person who used the service. We also spoke with two care staff, two senior staff and the responsible person, who was one of the directors and who was also in the process of applying for registered manager status.

We reviewed a range of records about people's care and how the service was managed. These included the care records for three people, two staff records, quality assurance audits and records relating to the management of the service.

Is the service safe?

Our findings

Relatives told us that they felt people were very safe with the staff that cared for them because staff were highly skilled and trained which meant that relatives were happy to leave people in staff's care and people could live in their own homes.

One relative told us, "I completely trust staff. [Person's name] is completely dependent [for all their care needs]" and, "[Staff] are very skilled and safe [in providing all aspects of care]". They also told us, "I feel safer with them [staff]. We're happy to leave [the person] with them". They told us it was due to the "excellence" of the service that they felt confident about the person's care and that they were safe. They told us, "I know I wouldn't have felt safe about [Person's name] moving back into their home if [the service] weren't there". Another relative told us, "They're [staff are] very good; very safe and competent".

We found people were protected from risks because the provider had completed detailed and personalised risk assessments which provided staff with appropriate guidance in order to keep people safe. All relatives we spoke with praised the service for their careful and detailed assessment of risk. They explained how staff worked to minimise risk to people through appropriate practices or by seeking specialist advice in order to keep people at high risk of incident safe. One relative told us how the service had risk assessed the use of a vehicle for one person. They explained how all staff had been 'tested' to ensure the safe use of the vehicle including how to safely assist the person into the vehicle. We spoke with staff about how they reduced risks to people while providing care. Staff gave accurate, detailed descriptions which were person centred as to how they safely supported people. One member of staff described how they supported one person to move using specialist equipment. They told us how they did this in a way which minimised pain to the person caused by a condition the person had.

We found the provider worked innovatively with healthcare specialists to ensure that staff used specialist equipment appropriately and safely. This meant detailed guidance was provided to staff in respect of the equipment they used to support each person. Staff were then recorded on video using the equipment and this was sent to the appropriate healthcare professional for assessment and oversight. We spoke with the healthcare professional who confirmed they used this material in the assessment of the safe use of equipment and staffs' ability to comply with safe usage. Staff ensured people's activities were not curtailed due to manageable risks which might be present.

Relatives told us staff knew what to do in an emergency. One relative told us staff had been involved in a "minor bump" in a car while the person had been a passenger. Although the person appeared uninjured they had called "111" as part of their agreed procedure to ensure the person's well-being.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff were clear about their duty to report matters of concern and demonstrated they knew how to do this. Staff showed they were aware of what signs people who did not communicate verbally would exhibit if they were in distress and would act on this. Relatives we spoke with told us they were confident staff would report issues of abuse or concern. One relative told us, "I trust the staff to report anything that's a concern. [Staff]

would be very concerned". They described how the person responded well to staff and appeared comfortable in their presence. They also described how staff were careful about who might be visiting and contacting the person to make sure the person remained safe.

Staff had completed safeguarding training and knew how to raise matters of safeguarding appropriately. Staff were knowledgeable about external agencies they could approach with concerns about people's safety, as well as internal reporting procedures.

Each person who was supported by the service had a team of staff that were specifically selected to care for them. This was crucial to people's safety due to the complexity of their needs and the specialist way in which they needed to be supported. One external healthcare professional described the provider as "being a lynch pin in getting these [specially selected] teams together". This meant staffing was rostered among a set team of staff. The provider had allowed for contingency where staff members may become unavailable at short notice through, for example, illness. Staff were restricted to regular maximum working hours of 37 hours, which provided more flexibility to cover absent staff. Relatives told us the provider was always able to cover staff absences and so people were always supported by the correct number of staff with the required specialist skills and knowledge. People who required constant care were never left alone without staff present. Relatives told us staff were on time for handovers. We saw that the provider kept the number of staff required under continual review because they [the provider] had a very good understanding of people's changing needs and had appropriate numbers of staff available to be able to achieve this.

The provider's robust recruitment procedures meant only suitable staff were employed to care for people. Staff were selected based on the specific needs of the person they were to care for. We found, and staff confirmed, they had experienced a robust recruitment process, including appropriate employment checks. We found Disclosure and Barring Service (DBS) checks had been completed for members of staff prior to their employment. DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

We saw the provider had taken appropriate robust action where one staff member's performance had fallen below the standard expected of them. The relative of the person affected praised the provider and staff for the action they took in the best interests of the person, even though they described the process as challenging and difficult for the provider.

The provider had appropriate procedures to ensure staff supported people to take their prescribed medicines or support relatives to safely do this. One relative described how the provider had arranged for them to receive medicines training from a pharmacist alongside staff. They explained how staff had developed a system whereby the relatives could safely record medicines they had given to the person and which were administered by staff. This ensured the relative could be involved in caring for the person where possible, but still ensured they received all the medication they needed, with staff assistance where appropriate. They described how this degree of cooperation and coordination between them and staff had made a significant difference to the person's experience of their care and allowed for flexibility in their day while still ensuring correct medicines were received.

Another relative told us how carefully staff approached medicines. They said, "They make sure all the medications are right. They always fill in the [medicines record] forms and it's always done with two staff. I can see all the documentation; that it's right".

Staff were able to accurately describe how some people needed specialist administration of their medicines

in the way they preferred or needed. Staff described how they administered one person's medicines through a special "tube". Their description of how they undertook this was supported by records. Staff gave an accurate and detailed description of how they supported a person to take medicines who was sometimes reluctant to do so. They demonstrated a person centred approach to how the person was most comfortable receiving their medicines and how they encouraged, but never forced the person to take their medicines. This person's relative confirmed staff correctly supported this person with their medicines, which were vital to their wellbeing.

Is the service effective?

Our findings

Relatives of people who used the service told us they [people] received highly effective support which changed people's lives; helping them to live in their own home and experiencing social opportunities within their communities. One relative told us, "Staff drive improvement". This meant people achieved aspects of rehabilitation that they may otherwise have not achieved. Another relative told us, as a result of the care provided, "[Person's name] has come on massively from where he was". External healthcare professionals also praised the service. One such professional told us, "I've had a number of cases and work with a number of services. They're streets ahead in efficiency, communication and responsiveness. They're clinicians themselves and their approach is reflective of this. They're continually improving their practices. It's a fresh approach. They don't get tired or complacent". Another external healthcare professional described how the innovative approach taken by the provider, "Needed writing up [for research]" as they had affected progress for people within their conditions using new and explorative approaches.

Staff were provided with generalised training to ensure they had the skills and knowledge needed to care for people. Staff then received further, specialised training to care for people with very specific needs and requirements. Relatives described staff as being specifically skilled and knowledgeable in areas and disciplines of care which impacted directly on the individuals they supported. One relative told us how staff were well trained in the use of the specialist equipment a person used on a daily basis. This was reflected by other relatives who described the highly skilled assistance people received. A further relative told us, "Staff are very safe in all aspects. I can't fault them". One relative described how the service was 'innovative' in its approach to care and ensured staff had the skill sets to be able to apply innovative therapies and support. They explained how this had helped the person to progress beyond their own expectations and meant they could live in their own home. This included working in tandem with specialists such as a neuro-physiotherapist. In one example, a staff member had worked alongside a specialist therapist for around two years in supporting one person's rehabilitation. This resulted in the staff member becoming skilled in the type of specialist exercises prescribed by the therapist.

We spoke with a specialist neuro-physiotherapist who supported one of the people who used the service. They described how the provider had arranged training for staff with them in order that they could understand a rare condition which affected the person. Staff who cared for this person told us this training had been particularly valuable in, not only enabling them to carry out practical aspects of care in the best way possible, but also to increase their understanding and empathy for the person they supported. We found staff had spent a significant amount of time working with specialists in order to improve the quality of life for people, for example, taking part in and supporting people during regular therapy sessions with healthcare providers over a long period of time.

Staff told us and records confirmed new staff completed a thorough induction process so they became familiar with the person they were to care for. One staff member described how they had undertaken a period of over four months of shadowing experienced staff so they could fully understand how to deliver the complex care required by one person. Staff also described how they received specialist training which related specifically to the person they cared for. One person's personal care in respect of assisting them to

move was videoed at the request of an external healthcare professional. This was so this professional could assess staffs' support of this person and the suitability of the practices used. This had been carried out with the careful consideration of the person's privacy, dignity and best interests. Staff told us the training they received enabled them to feel confident in their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires 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. Both staff and management demonstrated a detailed practical and legal knowledge of the MCA and what this meant for the person they cared for. The management team showed a high level of knowledge around issues effecting consent to care and the mechanisms they needed to potentially access as a result, such as the Court of Protection.

We looked at the records of a person who had a Deprivation of Liberty Safeguard (DoLS) authorisation. This was because the person lacked the capacity to consent to aspects of their care which were required to keep them well and safe. Their relative described how the application had been made, including to address the fact the person was to be monitored by camera due to their level of dependence and risk. They told us, "I was concerned about the cameras at first. It went through DoLS. The provider handled it very sensitively. They only use the cameras when needed and [for the agreed purpose]. They get turned off at all other times". They described how the provider discussed how the person would have felt about the use of cameras prior to their need for care. We found the provider had made an appropriate application in respect of the person and this had been granted by the local authority. Staff were clear about the content of the DoLS and how this impacted on the person's care.

Staff described how they could best communicate with people, and in the ways the person preferred, in order to ensure they were consenting and comfortable with the care being provided. Staff demonstrated sensitivity around the use of equipment which supported people to be safe during aspects of care, but which must not be used to restrain the person in any way. These included belts used on wheelchairs and other equipment. This meant people's rights were protected by staff.

Staff were aware of how to ensure people received enough food and drink. We looked at the records of one person who received food and drink via a specialised tube. We saw staff ensured the person received the regular amounts they needed in order to stay well. We saw that, during a recent period of hot weather, staff had increased fluids to maintain the person's hydration. An external professional we spoke with described that, although this person received fluids and nutrition via a specialist tube, it was important they experienced having food placed in their mouth as part of their therapy. They described how staff assisted this person to experience the enjoyment of food in this way, while ensuring they remained safe and appropriately fed via their specialist tube. Another person was at risk of choking. Their relative told us, "Staff always supervise meal times. They make sure [person's name] is safe".

Relatives told us and records confirmed staff supported people to access external healthcare professionals. One relative told us, "They definitely react well to medical issues. Staff have chased GPs regarding medicines needed. They know [person's name] so well and recognise if he's ill". Staff demonstrated good knowledge of people's conditions, the history of how these conditions might manifest themselves, and what action was required if they occurred. For example, we saw some people were more susceptible to certain illnesses due to their on-going conditions. One person was susceptible to urinary tract infections, but could not verbally communicate when they felt poorly. Staff were accurately able to describe the signs, symptoms and regular testing they carried out to ensure a GP referral was made when a urinary tract infection was suspected. The

person's relative confirmed staff were effective at recognising symptoms and were proactive in gaining external medical help where appropriate. They told us that as well as this established monitoring for this specific condition, staff were acutely aware of when the person "did not seem themselves" and so needed medical intervention.

We also found staff were sensitive to changes in people's behaviours and reported these to their relevant therapists. This ensured therapies were highly personalised to best assist the person.

Is the service caring?

Our findings

Relatives praised the staff who cared for people as displaying a high level of caring, compassion and empathy for the people they cared for. Relatives described the level of caring to have had a significant impact on people, their quality of life and in how they were able to progress. This meant they could take part in social activities and live in their own homes. One relative told us, "It's been absolutely fantastic" and "They've always been very good and have high standards of caring". They described how staff and the provider cared for the family as well as the person, "We desperately wanted what they have to offer. They are caring of [person's name] and family". One relative described how the standard of caring displayed by staff made the difference between the person being able to live in their own home rather than in a residential setting. An external healthcare provider described staff, "I take my hat off to staff. They are very loyal, very compassionate".

One staff member described how the specialist training the provider arranged enabled them to better empathise with the person they cared for. This person had a rare condition which affected how they experienced care, which could result in pain and distress. The staff member explained how they received training from a healthcare professional which included the opportunity to talk with people who had the same condition. This gave them a greater understanding of how caring would be experienced by the person they supported. Staff demonstrated they were able to quickly recognise when the person was showing anxiety and knew how to lower their anxiety. This person's relative confirmed staff were highly effective in addressing the person's anxiety.

Staff gave detailed examples of how they communicated with people either through the use of specialist communication equipment or non-verbal signs. They were able to accurately reflect how people communicated they were comfortable or that something was wrong and they wanted an element of care to stop or their needs to be met in an alternative way. Due to the complexity of some people's conditions very specific ways in which care was delivered were assessed and recorded.

One person was assessed as needing certain elements of care to be delivered while they slept. Their relative described how this had been carefully considered and we saw records supporting these activities and the decisions to carry them out in the way required. The relative told us how these elements of care were crucial in keeping the person well presented in the way they were previously accustomed. Staff were aware of the very specific circumstances of when they could carry out these elements of care and when they must stop to avoid distressing the person. The person's relative told us staff had approached this effectively and sensitively. This meant the wellbeing of the person had been sustained in the way they would have wished.

One staff member told us, "[external healthcare professional's name] watched videos [of me delivering care] to ensure I hadn't missed something. I was very well prepared by the time I had to care for [person's name]". They described their experience of working with the external healthcare professional as, "A great privilege", due to their reputation in their field. They described the input from this level of professional as typical of the provider in ensuring the very best therapeutic input for the person.

Relatives told us staff recognised and supported people's choices and preferences. Staff were able to

accurately reflect the needs of people they supported. Staff were able to demonstrate detailed knowledge of people's preferences and their preferred lifestyle choices and preferences prior to them requiring care and support. One relative described how staff had very carefully discussed what one person would have liked to do and their dislikes before their injury and used this to inform their care practices while supporting the person. This had informed the care planning process from how the person liked to look to what activities they participated in. This included maintaining neat hair, oral hygiene, attending services of worship and enjoying activities involving music.

The service strove to improve people's independence, using tried techniques as well as new innovations and technology. This aspect was carefully considered as part of every aspect of people's care planning. One relative told us how the introduction of a "smart wheelchair" for one person by the service had made a difference to their sense of independence, in allowing them to move independently around their home. They told us, "The smart wheelchair is great. It's given [person's name] a sense of his own volition in his movement".

People benefitted from a service that was proactive in accessing technologies and therapies that would assist them to have a better quality of life and be responsive to their individual needs. For example one relative described how staff sought new ways to help one person to communicate through the use of technology. They told us staff trialled some communication technology with the person, but when they determined it was not suited to the person rather than leaving it at that they went on to trial different equipment. This showed that there was a culture of continuing to find equipment that met people's needs and improved their quality of life. The trial of specialist equipment to help a person move independently around their home had been successful. This person's relative described how important this equipment was to the person in giving them a sense of control over their movement. A further relative told us, "They are always seeking to engage [person's name] with new therapies". One relative told us, "They're always exploring ways of improving [person's name] development. They strive for new things" and "They're amazing". They described how staff were committed to continually improving the person's experience of care and their quality of life through the use of different therapies and technologies. These included specialist equipment to assist people to move independently and therapies such as hydrotherapy. Another relative told us, "They're always trying new ways to engage [person's name] with therapies".

External healthcare professionals also praised the provider in this respect. One such professional told us, "They are creative in their approach. Highly professional. I have no negatives and I have worked with the company since they have existed". Another external healthcare professional told us, "[The provider ensured] eminent people were involved with [person's name] case. [The provider] drove this because it was the parents' wishes. We've worked as a team and I've met the most incredible people working with [the provider]". They described how staff were involved in the development and assessed of new therapies with people, sometimes becoming 'expert' in their own right.

We found staff had a sophisticated understanding of how people preferred to communicate, whether this was through non-verbal cues or through the use of specialist communication equipment. This meant staff would understand if the person was upset or unhappy about something and ensure that the reason for this was looked into.

Staff ensured people's dignity and privacy were protected. One relative described how staff were very sensitive to a person's dignity. They described how staff remained discrete during family visits and ensured monitoring equipment was switched off to allow privacy at these times. They told us, "Staff are very careful to leave us be. They turn the monitors off". They said staff ensured the person was not overlooked by others while receiving care. The ways in which staff preserved people's dignity and privacy was tailored to the person's preferences and circumstances. For example, one person preferred to wear a certain garment while

being bathed and staff ensured this was in place each time.

Is the service responsive?

Our findings

Relatives and staff described how they worked together in the best interests of people and to support their wellbeing. Relatives described how staff kept them updated about people. One relative told us, "They're always keeping us in the loop. We're very much involved and attend all the meetings. They're always making us aware of what's going on. They tell me what his day has been like". Another relative told us, "They're constantly striving to learn more about [person's name]. We're really on board with this care". This meant relatives received frequent updates and were involved in people's care in an extensive and appropriate way.

Staff described how they worked with families to ensure people were supported to attend appointments and ensured the involvement of a variety of healthcare professionals in people's care. An external healthcare professional told us, "They handle MDT [a meeting which brings together different parties who support the person to discuss their care] well. They balance legal, family and professionals very well". Another external healthcare professional described the service as one which, "Deals with complex cases. Their doors are always open to family and friends". This meant the provider worked to understand different sources of information and input into people's care in the interests of people's health and wellbeing.

Care plans were highly person centred and individualised to each person's needs. An external healthcare professional told us "[The provider] holds [person's name] at the centre of everything. Everything starts and ends with them".

People needs were regularly and continually assessed. The provider continuously considered the care and subsequent staffing levels people required to meet these needs. We found one person's needs in respect of being assisted to move had recently increased. The provider acted quickly to address the staffing levels for this person. The provider used external healthcare professionals to help with the assessment of people's needs. These healthcare professionals worked closely with the person, staff and the provider to ensure care remained appropriate.

People received care from a consistent group of staff who were highly knowledgeable about their needs. Staff had been recruited specifically to support an individual person. One relative told us, "No problems with staffing. They manage it very well. [Person's name] has a very stable care team". Another relative described how a person responded well to their team and looked to staff members when they required something. They felt confident the person was very comfortable with staff. Some relatives described how they had worked with the provider and staff members for an extended period of time and that the "fit" between staff and the people they cared for was crucial. Staff demonstrated a very detailed knowledge of people's needs, including day to day preferences and their conditions. This included how a person might experience care and how care needed to be adapted to the person's specific needs.

Relatives told us they found the provider's office staff and management were approachable and highly responsive. Each person was supported by their own staff team who was headed by a team leader and a case manager, who were in turn managed by the central management team. Relatives told us they had clear lines of communication to all levels of the team structure and management. They described all staff as being

very responsive to queries and took action to improve people's experience of their care in a timely and proactive manner. One relative said, "[case manager's name] has always been on the end of the phone. I'm really pleased with them".

Relatives confirmed the provider sought their opinions on the service. We also found the provider welcomed and sought the opinion of staff on how the service could be improved. We asked relatives if they were aware of the procedure for raising complaints with the provider. They told us that, while they had not had cause to raise a complaint, they had a number of contacts within the service which they could use. One relative told us, "If I had any issues I would go straight to the [Director's name]. She's very communicative".

Is the service well-led?

Our findings

Relatives we spoke with told us the service was highly organised and they praised the way in which the provider led and, along with staff, drove improvements within the service. One of the directors of the service, who was applying to become the registered manager following the resignation of the previous registered manager, came in for particular praise from relatives. A relative told us, "I can go straight to [Director's name]. It's a very personal service and they make themselves known. I have [Director's name] mobile number. [Director's name] was involved with [person's name] from early on and she makes good decisions". Another relative told us, "I take my hat off to [Directors name]". They described how the Director had worked very closely with the relative and person receiving care for some time and how they had been pivotal in the person receiving an "excellent" service. They also credited the Director and staff team as being crucial in the person progressing and being able to live in their own home. They told us how the Director did not shy away from difficult conversations and took decisive action in order to improve people's care. A further relative said, "They coordinate all the work of the different people [supporting the person]. It's very good quality and I can contact [the management team] at any time".

We spoke with three members of the management team who demonstrated a clear passion, drive and knowledge about the provision of care. Management were able to talk about the specific needs of people, the journey they had been on with people in developing specialist support and a clear vision of how they were continually striving to improve people's experience of their care and progression using, for example, specialist therapeutic input. Relatives we spoke with confirmed management and staff were passionate and dedicated to the care of the people they supported.

We found records were kept securely and were well organised. During the inspection staff were able to access electronic and paper based records quickly and efficiently. Relatives confirmed appropriate records were kept in people's homes. These included care plans and daily care logs. We found records were detailed and provided guidance staff would need to care for each person in a person centred way.

All staff we spoke with were extremely positive about working for the provider and the culture the management team promoted within the service. One member of staff described how they had become disenchanted with the care profession as they had previously not been supported to provide care to the level they wanted to working for other providers. They told us working for the provider had reawakened their enthusiasm for working in care. They told us, "We have a very good management team. I'm very happy. I thought about leaving care, but am glad I found this [job]. I look forward to coming to work". Another member of staff told us, "I get the opportunity to really relate to [person's name]. It's a wonderful experience. It's been amazing." and "They've been very good to me. I can always turn to my team leader, including for emotional support". One relative described how the provider had involved them in the recruitment of staff, including reading application forms and being involved in interviews. They told us this meant staff were the correct "fit" for the people they cared for. We saw the provider prominently displayed their five values on posters in their offices and staff demonstrated they delivered care in line with these values. In speaking with staff, we found their philosophy and approach to care giving was in line with the values promoted by the provider.

Records confirmed staff took part in regular meetings with their supervisors to discuss their development needs and receive feedback on their performance. Staff confirmed they felt supported by their supervisors and managers. One staff member described there being an "open door policy" at the service, meaning they could raise issues or suggestions at any time.

The provider worked well with other healthcare providers in the interests of the people they supported. External healthcare professionals were extremely positive about the culture within the service. One such professional described the provider as being keen on a "team approach", which included people, relatives, staff and external professionals. Another external healthcare professional told us, "I have huge respect for [the provider]. I've experienced other case management services, but this is by far the best. I absolutely wanted to work with [the provider]". The management team was clear and transparent about what worked well within the service and areas they sought to develop further. This meant the provider worked to provide a positive culture within the service in the best interest of people using the service.

The outgoing registered manager had given notice and one of the service's directors had entered an application to become the new registered manager. Registered persons are required to notify CQC of certain changes, events or incidents at the service. While we had not received any notifications from the provider, we found the management team were aware of the types of notifications they should send, but had not encountered any circumstances where these needed to be sent.

The provider had systems in place to monitor the quality of the service. These included checks of the standard of care delivered by staff both on a practical basis and ensuring records were fully and appropriately completed. One relative told us, "[The provider] is always shadowing and observing staff". Relatives also confirmed the provider sought their views and opinions on the service in order to drive improvement. The provider had systems in place for the reporting of accidents, incidents, near misses and medicines errors and a system for collating and analysing any issues. We saw the provider had aligned policies procedures and their own auditing systems in line with the CQC's own key lines of enquiries and the relevant regulations to ensure these were considered at each stage of their business. This meant the provider was able to effectively identify issues and drive improvement.