

CA Case Management Ltd

# CA Case Management Ltd

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

CA Case Management Ltd is a domiciliary care agency, specialising in the provision of case management services for people with brain injuries and their families. This includes providing comprehensive care and therapy packages, tailored to meet people's individual needs. CA Case Management Ltd provide personal care to adults and children with physical disabilities in their own homes. At the time of this inspection, 30 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People received safe care from staff who knew them well. There were safeguarding policies in place and the registered manager and staff knew how to identify and report any concerns.

The service had enough staff to meet the needs of the people using the service. Staff had been safely recruited.

Medicines were managed safely and administered by trained members of staff. Staff observations and competency checks were carried out.

Staff had access to personal protective equipment (PPE) and there were effective infection prevention and control measures in place.

People were supported to have maximum choice and control of their lives and staff supported them, in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives told us staff were kind and caring. They provided care and support to people in a respectful and dignified way.

People's individual nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet. No-one at the service was receiving end of life care.

The management team were committed to providing a high-quality service to people, striving for continuous improvement. Systems were in place to monitor the quality of the service people received.

The registered manager understood their responsibilities and worked in an open and transparent way. Relatives were aware of how to approach the registered manager to raise concerns or complaints. One relative said, "We get on really well and the registered manager is in regular contact with us which is very

helpful." Another relative said, "Absolutely brilliant team and the registered manager comes in every month and ask us if everything is okay, so no problems."

The registered manager sought support and liaised with other health and social care professionals regularly, as a result, staff met people's need safely and effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 30 June 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# CA Case Management Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector, and one Expert by Experience, to obtain feedback from people using the service or people's relatives or representatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 September 2022 and ended on 30 September 2022. We visited the location's office on 21 September 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two people who use the service and six relatives by telephone about their experiences of the care provided.

We reviewed a range of records. This included three people's care records and medicine records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service. We continued to seek clarification from the provider to validate evidence found. We looked at training, quality assurance records and policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood their legal responsibilities to protect people and share important safeguarding information with the Local Authority and the Care Quality Commission.
- Staff had attended safeguarding training both for adults and children and knew what to do when they were concerned about a person's safety. One staff member said, "I would report my concerns to my team leader, contact CA Case Management directly, contact the person's deputy or go down the official routes if I had to."
- Relatives told us, "[Person, is sitting here grinning, you can tell a lot from a person's face how happy they are." And, "I am pleased with the way carers look after [person] because they have been through a lot."

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place that met their care requirements. These provided clear guidance to staff to help reduce the likelihood of people being harmed.
- Staff had received appropriate training to enable them to use equipment safely and confidently. One staff member told us, "[Person's support needs are] very complex so we have undertaken very thorough training and competencies to keep not only [person], but employees safe as well." Another said, "I have had training for enteral feeding, nebuliser and tracheostomy care, and know [person] well"
- Staff knew how to reduce the risk to people when providing care. One told us, "I feel that the company do all they can in order to support the clients in the best possible way and they are open to ideas from staff if they feel something better would or could work ."

Staffing and recruitment

- Recruitment procedures were robust and appropriate checks were carried out including references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helped the provider make safer recruitment decisions.
- Staff were recruited individually for bespoke care packages and to solely care for one individual at any one time. This meant staff were not having to attend various call visits in one day, they were able to focus on one person and provide as a care team a bespoke holistic care package.
- There were enough staff to support people safely. Relatives told us, "I'm pretty lucky with the team we've got, they're very good covering each other." Another said, "We have the same team of carers who work 12-hour shifts, we get on well with them can't fault them, a brilliant team."
- The registered manager told us, "In the event of using agency staff who are commissioned by the person's appointed deputy, we review the agency worker profile. The agency manager will want to visit. There will be

a clinical induction plan to ensure they know where to access everything."

#### Using medicines safely

- Staff received training in safe medicine management, and they were assessed as competent before administering medicines.
- The registered manager told us, "We have done a lot of work reviewing our medicines policy in the last year or so. All staff have training in medicines administration. Our team leaders carry out medicine checks including a monthly stock check of what's in the persons home."
- Medicine records were audited regularly; appropriate action was taken if any errors or shortfalls were identified.

#### Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, aprons, masks, goggles and visors were provided for them.
- Staff told us, "We have training on this, to ensure that the environment is clean, we are provided with gloves, visors, goggles, aprons and masks," Another said, "We have strict controls in place in [person's] home. We have cleaning charts in every room and plentiful supplies of PPE." Relatives confirmed staff wore PPE. One relative told us, "We are all PPE safe."
- The providers infection control policy and procedures were up to date.

#### Learning lessons when things go wrong

- Accidents and incident' records showed the action taken by the registered manager to reduce the risk of reoccurrence and harm to people. We saw reflective practice sessions had been held with people's named support workers to discuss things that had gone well, things that had not gone so well and what could be done differently in the future.
- Staff confirmed lessons learned were shared in staff meetings, one staff member said, "Yes, this is important so we can learn but not repeat same error."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's needs were assessed prior to commencing the service. The registered manager told us, "The case manager reviews, wherever the person is involved. Some people we sit with to discuss their care requirements, those that are unable, we would go through at length with their families. The care plan is then shown to their appointed deputy."
- Care plans were comprehensive and gave clear information around how care and support should be delivered. For example, one person's care plan provided detailed and individual guidance to staff when supporting person with personal care and their hair care routine.
- People's support needs were regularly reviewed to ensure their care continued to be delivered as required. Relatives told us, "We recently had a new care plan which went brilliantly. I feel listened to and everything we've asked for has been put in place." And, "The team manager comes to discuss [person's] needs or whether anything needs changing or reviewing."

Staff support: induction, training, skills and experience

- Staff received an induction and shadowed more experienced staff until they felt confident in their role.
- One staff member told us, "I had a lot of online and face to face training and then had the opportunity to meet with the person and their family [before supporting them]."
- The registered manager told us, "Staff have care skills training, then additional training is arranged by their case manager specifically relating to the needs of the person they support. This will include theory and specific clinical training."
- Staff received supervision and told us they felt valued and well supported. Staff told us, "I can talk to the team leader or management anytime and do have appraisals, they are supportive." Another said, "I have supervisions every quarter and yearly appraisal. They [the management team] are always supportive."

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

- Staff knew how to support people with their individual dietary requirements.
- One staff member told us, "[Person], can choose what food they want to eat, and we buy this when we go food shopping. [Person], can tell you how they want you to cook their food." Another staff member said, "The person I support has a full regime under the dietician and it is clearly stated in their care plan."
- One person we saw from their care plan required all food and fluids to be administered by an enteral feeding tube. This is where food and fluids are received directly into their stomach through a feeding tube. Their care plan had detailed instructions of how to administer food and fluids. What to look out for in the event of an emergency and photographic instructions on how to clean the equipment.

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

- Management and staff worked in partnership with various local authorities, dieticians, physiotherapists, occupational therapists, clinical psychologists, GP specialists, nanny agencies, personal mobility adaptation and IT specialists and many others to ensure people's individual care requirements were met.
- Staff knew people well as they were employed to work with one person only and therefore were able to identify any concerns promptly and seek appropriate advice. Relatives confirmed this to be the case. One relative said, "The care package and support for [person] is second to none, when there is an issue, it is known."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We saw people had mental capacity assessments in their care plans which had been carried out to establish if people making decisions about aspects of their lives had the capacity to do so.
- People, and/or relatives had signed consent to care forms, where they had capacity, or their relatives were their decision makers. These were placed in peoples care plans.
- Staff completed MCA training and encouraged and supported people to make their own decisions. Staff told us, "It is a legal framework for acting and making decisions on behalf of adults who lack capacity," another said, "To assume a person has capacity unless proven otherwise. The person you care for being allowed to make their own decisions. They have the freedom to choose."

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- The majority of people and their relatives gave positive feedback about the service. One person said, "I have my hair done to look pretty. I like perfume put on." Their relative said, "They [staff] look after [person] in every way, [person] has their own personal team."
- Staff knew how to respect people's privacy and dignity. One said, "I treat [person] as an adult and listen to [person's] concerns and ask for their opinions. I involve [person] in as many decisions as possible and engage in conversation with [person]. Another said, "I encourage [person] to join in personal care, for example, moving their head to help with their tracheostomy cleaning. I ensure that [person] is appropriately dressed and covered and close the door while carrying out personal care, and I listen to [person's] wishes as demonstrated in their facial expressions."
- People were able to choose their gender of staff wherever possible. One person who told us they had a preference said "I have a certain gender of staff [to support with personal care]. I'm not being funny but I want to feel comfortable in my own home."
- Relatives spoke positively of staff. One relative told us, "We would recommend this service as [person's] privacy and dignity are respected at all times now. Staff are 100% understanding."

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

- The registered manager told us, "When taking on new referrals, we do thorough introductions, speak to the individual wherever possible, involve their next of kin, representative to ensure we put together a bespoke care plan tailored to every individual's needs."
- For example one person had a previous bad experience and did not want a hoist to be used for their manual handling manoeuvres. This was discussed with the individual and their case manager involved the occupational therapist and together they sourced a different hoist and the person was fully supported by a hoist to enhance their mobility and transfers.
- One relative told us, "[Person is definitely able to make their own decisions through use of their communication book, [person's] care plan is reviewed every six months and the team manager comes to discuss [person's] needs or whether anything needs changing."
- One member of staff told us, "Our client is nonverbal, so body language is a great tool to gauge how they feel or what they'd like. [Person] uses their eyes as communication, for example a quick look from left to right with a head turn is 'no' whilst a big smile and bright eyes is a 'yes'."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to meet their individual needs. The service worked with people, relatives and health care professionals to ensure they received the right support according to their preferences.
- People's care plans were person centred with detailed information providing staff with information of how to care for them and what was important to them. Relatives told us that staff knew people well.
- Staff discussed any changes in people's needs with the management team to determine if care plans needed to be reviewed. One staff member told us, "we discuss in team meetings, use a communication book. The person I support, we refer to their physiotherapy progress reports, and include the person for their input as well." Another told us, "Information is handed over by having regular staff meetings, I see my staff at least twice a week for shift handover and if needed will update the person's care plan and document it in the logbook."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs well and they had been considered when planning care for people.
- Relatives and staff told us about different ways they communicated with people. One relative said, "[Person] uses a communication book, the care staff know how to understand the basics of the book." A staff member told us, "I have got to know my client, by observing their facial expressions, I know if they are enjoying something as they will have a huge smile, if they are not enjoying something they often sigh and if in discomfort will pull their legs up."
- People's care plans provided information on their individual preferred communication. For example, one person is supported to use eye gaze to aid communication, this is an electronic device that allows a person to control a computer or tablet by looking at words or commands on a screen.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to education, outings, shopping, dance classes, music lessons and holidays where they were encouraged to take part in activities. We saw one person had recently been on holiday and were

supported to take part in canoeing, climbing, zipwire and archery activities. Reflective practice had been carried out by the provider with the staff members to find out how things had gone and if anything could have been done differently. This was a positive experience for the person.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place which included recording the nature of the complaint and steps taken to resolve the complaint and the outcome.
- People and relatives were aware of the complaints process and felt able to raise any concerns. Most spoke positively, one relative said, "I have no complaints or concerns to raise about CA Case Management Ltd, so I would recommend this service to others." Another person's relative said, "CA Case Management Ltd is 100% responsive."

End of life care and support

- At the time of our inspection the provider was not supporting anyone with end of life care. The registered manager told us, they would work closely with people, their relatives and relevant healthcare professionals and would provide staff with the necessary training if end of life care was required.

# Is the service well-led?

## Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team led by example and promoted a positive culture across the service based on person centred values which promoted choice and inclusion and aimed to achieve positive outcomes for people. One staff member said, "I am not set by boundaries, times, rotas. I am led by the person, whatever they want. My role is not task related, [person] is able to make choices."
- People, relatives and staff were all positive about the leadership of the service. Comments from staff included, "The company is supportive seeks to promote quality care for people." And speaking about the registered manager, a member of staff said, "I can call the office if I need to talk to [the registered manager]. [The registered manager] has also called me to check on me when I have been unwell."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles within the organisation and understood their responsibility in relation to quality performance, monitoring, managing risks and meeting regulatory requirements.
- Effective quality assurance systems were in place to monitor the quality of care being delivered and drive improvement across the service.
- The registered manager and nominated individual had been open and honest when things had gone wrong and worked to resolve them and share learning.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager was in regular contact with people using the service and their relatives to ensure the care being provided was meeting their needs. The registered manager also gathered feedback in the form of emails, paper-based surveys and visiting people to seek feedback regarding the overall quality and experience of care people received.
- Staff we spoke to told us they enjoyed working at the service, were confident in their roles and responsibilities and found the management team approachable. Staff's feedback included, "The best things about working for this service are, the person I support, my team, we have our own way of working with [person]."

### Working in partnership with others

- There was regular contact with people so that any concerns could be dealt with quickly. A relative told us, "It's been brilliant, we have a laugh and joke with the case manager [person's individual case manager] and I've never felt unsupported. I know [person's] best interests have, been put at the top and that's all that matters to me."
- External professional feedback we received was positive about the service, we were told, "In my experience of working with very different clients, the case managers have ensured safe practice for the clients and support staff working with them." Another told us, "My impression is the service is managed well, as case managers are consistent."