

StanleySmith Case Management Ltd

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Inspection report

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Date of inspection visit:
14 June 2022
04 July 2022
05 July 2022

Date of publication:
19 August 2022

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

StanleySmith Case Management is a specialist agency which provides case management support to children and adults who have sustained complex life changing injuries such as an acquired brain injury, spinal injury or cerebral palsy. StanleySmith Case Management provide the regulated activity of personal care and treatment of disease, disorder or injury for to up to eleven people. At the time of our inspection there were 11 people receiving the regulated activity.

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

People received a truly bespoke person-centred care from a well-led service. People and their relatives spoke extremely highly of the service they received and felt it focused on the support they required to live as independently as possible and maximise their quality of life. People and their relatives told us they were treated with kindness and respect by staff.

The provider's demonstrated a commitment to continuous learning and improving care to achieve best outcomes for people. Staff were encouraged to undertake learning opportunities and cascade learning to the team. The provider had established systems to monitor the quality of the service which included developing monitoring tools to monitor progress and measure whether the service was helping people achieve their goals.

Staff were all highly motivated to provide care and support which was kind, compassionate and supportive. Staff clearly reflected the providers ethos of providing an innovative, dynamic, tailored approach for the people they supported.

People's voices were heard, and their views regularly sought. People were fully in control of their care, and this was promoted in everything the service did.

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.

The provider had completed detailed and personalised risk assessments and health and wellbeing plans. The focus was on enabling people to continue to live a fulfilled and active life whilst maintaining their safety.

Recruitment of staff was completed safely and was highly bespoke. Recruitment processes were completed with people and their family's full involvement. People's support teams were recruited according to people's assessed needs.

Staff were provided with training to ensure they had the skills and knowledge needed to care for people.

Where people had specific needs, staff received bespoke training from specialist health professionals.

People were protected from the risk of abuse. Staff had completed safeguarding training and understood their roles in protecting people from abuse.

People were supported by staff to take their medicines safely. Staff had access to comprehensive policies and procedures around safe medicine management and were provided with training and support.

People were supported to undertake social and leisure opportunities they enjoyed and were meaningful to them, to live as full a life as possible and prevent social isolation.

The service had an exceptionally positive approach to partnership working. They worked closely with a wide range of specialist clinicians and professionals across the clinical and geographical areas covered. Health professionals were extremely complimentary about the service.

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

Rating at last inspection

This service was registered with us on 27 March 2019, and this is their first inspection.

Why we inspected

We undertook this inspection as the service have not been inspected since registering with the CQC.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

StanleySmith 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 undertaken by one inspector and an assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats through case management. Case management is a collaborative process of assessment, facilitation, care co-ordination, evaluation and advocacy. The provider carries out assessments, and delivers care, support, and therapy focused on enabling people to recover from their injuries.

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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with 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 visited the office on 14 June 2022. Some people receiving care from StanleySmith Case Management were not able or did not want to speak with us. However, we carried out telephone calls on 4 July 2022 and spoke with one person who was happy to speak with us. We also spoke with four people's relatives. We returned to the office on the 5 July 2022 to speak with one person about their experience of care. We spoke with the registered manager who was also a director. We also met and spoke with the co-director of the service. We spoke with six support staff and contacted four case managers via email. We also contacted four health professionals working with the service. We reviewed a range of records. This included four people's care records, medication records, audits, training records and four staff files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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

- People were protected from the risk of abuse because staff understood how to identify and report potential abuse.
- Staff had completed safeguarding training, including childrens' safeguarding where appropriate.
- Staff understood their roles in protecting people from abuse and actions they should take if they were concerned that someone was being abused.
- Relatives told us they were confident people were safe and staff would report issues of abuse or concern. One relative told us, "We feel that [name] is in safe hands. They [staff] are really good at what they do. we've got a lot of confidence in them."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from risks, because risks to people had been comprehensively assessed and actions put in place to reduce risk.
- The provider had completed detailed and personalised risk assessments and health and wellbeing plans. Risk assessments provided staff with appropriate guidance in order to keep people safe and focused on enabling people to continue to live a fulfilled and active life whilst maintaining their safety. For example, risk assessments were in place for one person to ensure they were safe whilst they enjoyed their leisure activities of horse riding and playing football.
- Risk assessments provided staff with appropriate guidance in order to keep people safe.
- The provider worked with healthcare specialists to ensure that staff used specialist equipment appropriately and safely. Detailed guidance was provided to staff in respect of the equipment they used to support each person. Health and wellbeing plans included clear photographs and diagrams of how equipment should be managed to enhance staff understanding. For example, one person's records contained detailed guidance with photographs, to illustrate the correct procedure to transport a persons trike in and out of the car.
- Accidents and incidents were responded to appropriately. There was an open culture in which all safety concerns raised were highly valued as integral to learning and improvement.

Staffing and recruitment

- Recruitment of staff was completed safely and was highly bespoke. A case manager told us, "We have several options for recruiting support workers for our clients, they can be employed through StanleySmith Case Management, the client, self-employed or through an agency." This meant that people could choose the best option for them.
- Detailed assessments of people's support needs were used to determine the support they needed, and

their support team were directly recruited according to these assessments. This meant staff numbers were variable and specific to their care needs.

- The recruitment process was completed with people and where appropriate, their family's full involvement. The person and their family had the final say about the appointment of a new member of staff and were involved in meet and greet sessions with potential staff.
- Robust checks were made on prospective new staff including enhanced criminal record checks and previous employment references.

Using medicines safely

- People were supported by staff to take their medicines safely. Where people administered their own medicines, risk assessments were in place to make sure they were safe to do so.
- Medicine administration records (MAR) showed medicines were given as prescribed. MAR charts were regularly checked by the service's clinical nurse prescriber for any changes or omissions.
- Where people required their medicines administered through a percutaneous endoscopic gastrostomy tube (PEG), guidance was in place and staff had received training. A PEG tube allows people to receive medicines and/or nutrition directly into the stomach.
- Medicine records were regularly checked and audited by the service's clinical nurse prescriber for any changes or omissions.
- Staff had access to comprehensive policies and procedures around safe medicine management and were provided with training and support in safe medicine practices.

Preventing and controlling infection

- Staff told us the provider was extremely proactive with regards to infection control particularly during the pandemic. One case manager told us, "They were ahead of the game with anticipating what was going to happen. Risk assessments, testing kits, covering teams for those that had to shield and clients that were extremely vulnerable, were at the forefront of planning."
- Staff received training in infection control and used personal protective equipment (PPE) to help prevent the spread of infections.
- The provider was using PPE effectively and safely and staff had access to PPE.
- Staff completed twice weekly COVID-19 tests.

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

- Most people were referred through their legal deputy as part of compensation claims following their life changing events.
- People were allocated a named case manager who undertook detailed and person-centred needs assessments. This assessment informed the person's health and wellbeing plan, which assisted staff to deliver the support the person wanted and needed. This resulted in positive enhancements to people's health, wellbeing, and abilities.
- People, their relatives and other professionals involved in their care and support were consulted throughout the assessment process to ensure people's preferences, lifestyles and life choices were met.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. People had their own individual characteristics respected by the staff who supported them. One staff member told us, "It's treating someone the same regardless of their disability, ensuring people have the same decisions and opportunities as everyone else. Not just disabilities but things like gender, sexual orientation, race, religion and everything like that."

Staff support: induction, training, skills and experience

- Staff were provided with training to ensure they had the skills and knowledge needed to care for people. Where people had specific needs, staff received bespoke training from specialist health professionals. For example, staff supporting a person with a spinal injury received regular training and support from the health professionals directly involved with the person. A staff member told us, "The training is really good with this company. We have just renewed our spinal injury course competencies. The spinal injury unit came to the house, to go through everything with us in person before being signed off."
- New staff were supported through an induction programme, along with the provider's ongoing mandatory training. New staff also completed shadow shifts with a more experienced member of staff until they, and the person they were supporting, felt confident in their abilities.
- Staff were supported through regular supervision meetings where they could discuss any issues they may have as well as their personal development.
- Staff told us they felt well supported and were able to speak with their managers, case managers and team leaders if they needed. One told us, "I have felt very well supported and I just have to pick up the phone. They are a very good company and I know they would be there for me if I needed anything."
- Relatives told us staff were competent in their roles. Comments included, "All staff are appropriately trained, and training is done when it is needed" and "Training is done at the right time and specific to [name]'s needs."

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

- People were supported with their hydration and nutritional needs. Where possible people took part in menu planning and were able to voice their preferences.
- Where people required special diets for example pureed food these were described clearly in people's health and wellbeing plans.
- Some people supported by the service had percutaneous endoscopic gastrostomy (PEG) tubes to allow food, fluid and medicines to be sent directly to the stomach. The service ensured that staff were trained to support people in this area safely.

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

- People were supported to access health care services and live healthier lives. Integral to the role of case management is the coordination of organisations and resources to enable people to live a fulfilling life. Documentation evidenced close liaison with external services such as care agency staff, solicitors, and therapists to enable person-centred support for individuals.
- Joint multidisciplinary meetings took place with relevant health professionals to ensure effective and synchronised care was provided to people.
- Staff were sensitive to changes in people's behaviours and reported these to their relevant therapists and case managers. This ensured therapies were highly personalised to best assist the person.

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.

- 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.
- People's needs in relation to mental capacity was assessed as part of the application process and robust processes were in place to apply for and continually monitor applications made to the Court of Protection where people were subject to constant supervision.
- Some people receiving care from the service had the mental capacity to make their own decisions. Where people lacked the mental capacity to make decisions for themselves, mental capacity assessments and best interests decisions had been completed.
- 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. One staff member told us, "Everybody is different, and you give people the choice to do what they want." Another told us, "We do try to ensure we are keeping to [name]'s choices. You can see with eye movements that [name] can

recognise what is being said and responds to you by looking at you for yes and look the other way for no."

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

- Staff were all highly motivated to provide care and support which was person-centred, kind, compassionate and focused on achieving the best outcomes for people.
- People and their relatives told us they were treated with kindness and respect by staff. One person told us, "They've been fantastic with me." Another person said, "We get on really well and it's nice and easy." One person's relative told us, "They are absolutely fantastic. They are very caring."
- People had built up strong relationships with the staff that supported them. The same, regular staff supported people which ensured that staff got to know people and their families and understood people's specific care needs and requirements. A case manager told us, "The clients are very much treated as individuals and I work hard to get to know them, visit them regularly and to build up a good relationship with them. I try to be available on the end of the phone as much as possible."
- The provider promoted and encouraged inclusion. Staff received training on equality and diversity issues and had access to a set of policies and procedures.

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

- People's voices were heard, and their views regularly sought including how they were supported to make decisions. People were fully in control of their care, and this was promoted in everything the service did, including choosing the staff team.
- People and their relatives were provided with regular opportunities to discuss the support provided and whether it was meeting their needs.
- Relatives told us they felt listened to. One relative told us, "I'm involved in everything now and I feel they listen to me. It's the best thing I did changing to StanleySmith. I've got a lot of confidence in them."

Respecting and promoting people's privacy, dignity and independence

- Staff were passionate about empowering people to achieve optimum independence to achieve their goals and aspirations. For example, one person told us about how staff helped them to access voluntary work in a placement that they were interested in.
- People's health and wellbeing plans contained specific information about how to promote the person's independence in all areas. For example, we saw guidance for staff on how to promote people's independence in personal care, taking medicines, food choice and preparation and household tasks.
- People told us staff encouraged them to be as independent as possible. One person said, "They tell me 'You can do it' and I find I can."
- Staff ensured people's dignity and privacy were protected. One staff member told us, "People are individuals, and we treat them as individuals, we respect peoples' privacy and respect we are working in

their home and keep things as normal as possible for them."

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

- The provider and staff were extremely passionate about promoting a person-centred approach to ensure that people received a truly bespoke service. This was reflected in people's individual assessments, health and wellbeing plans and the support they received.
- People's health and wellbeing plans were detailed and easy to follow, and where specific techniques were required such as moving and assisting someone or therapy exercises, these were clearly detailed for staff to follow.
- People and their relatives spoke extremely highly of the service they received and felt it focused on the support they required to live as independently as possible and maximise their quality of life. One relative told us, "[Name] gets first class care. They really are amazing." Another relative told us, "They oversee everything down to the carers, training, and the equipment we need. They are really good at what they do and are very knowledgeable."
- People had a small team of staff, including case managers, team leaders and support workers. Staff were employed by the person and their shift pattern and job descriptions related directly to the person's needs and preferences, ensuring their care and support was personalised to them.
- People's diverse needs were promoted and supported. Staff knew the people they cared for extremely well, including their diverse needs and how they were met. For example, supporting one person to attend their church weekly.

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.

- People's health and wellbeing plans clearly identified how people communicated their needs and the provider ensured all information was provided in a format all people could understand.
- Staff demonstrated a clear understanding of how people preferred to communicate, whether this was through non-verbal cues or using specialist communication equipment, including systems that track eye movements to convey their messages or operate equipment. This enabled staff to communicate information to a person in the way they could understand it.

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

- Staff had an excellent understanding of the needs of people they were supporting, and what activities they liked to do. People were supported to undertake social and leisure opportunities they enjoyed and were meaningful to them, to live as full a life as possible and prevent social isolation. This included people attending a variety of community activities and voluntary work opportunities. One person's relative told us staff supported their relative to take part in a wide range of activities, often joining in, and the person had a very active enriched social life.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since registration of the service. However, there was an appropriate complaints management system in place which identified what actions people could expect when they had raised a complaint or a concern.
- Relatives told us they had not had to raise a complaint but felt they would be listened to and felt confident any issues would be resolved.

End of life care and support

- The service was not primarily designed to provide people with end-of-life care. However, people's end of life decisions were discussed with them and/or their relatives where appropriate, and these were recorded in their health and wellbeing plans.

Is the service well-led?

Our findings

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

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

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

- There was strong, clear leadership at the service. The registered manager and co-director were very experienced, highly skilled and demonstrated a clear passion, drive and knowledge about the provision of care.
- The registered manager and co-director continued to work clinically with their own case management clients and were able to talk about the specific needs of people, the journey they had been on with people in developing specialist support. They demonstrated a clear vision of how they were continually striving to improve people's experience of their care. A case manager told us, "They (the registered manager and co-director) step with ease between leading the company, taking difficult decisions when necessary, and working alongside colleagues. For example, in the Psychology-led peer support sessions, they sit as clinicians alongside the other case managers, but bring to the table the additional knowledge and insights of their other roles and take away from the sessions any action points that would improve the safety, effectiveness, care and responsiveness of the company."
- The provider had established systems to monitor the quality of the service. The management team carried out audits and monitored the standards and safety of the service. These included observations of staff, regular reviews and contact with people receiving care and regular checks on health and wellbeing records and outcomes for people.
- The provider was clear regarding their role and responsibilities in accordance with reporting notifiable incidents to the CQC.

Continuous learning and improving care

- The provider demonstrated a commitment to continuous learning and improving care to achieve best outcomes for people. A health professional told us, "I have observed a commitment to continued professional development at an individual and organisational level. This has allowed for discussion of complex cases and reflection on subjective experiences of the case managers, which is underpinned by the empowering and responsive nature of both directors."
- The provider encouraged staff to undertake learning opportunities and Clinical Professional Development. For example, the provider signed up for Brain Injury Group webinars for case managers to access throughout the pandemic and beyond.
- The provider had developed their own assessment monitoring outcome tool based on the Therapy Outcomes Measures model, to monitor progress and measure whether the service was helping people achieve their goals. Information drawn from these helped the service develop action plans to improve care.

The Therapy Outcomes Measures model is a cross-disciplinary and cross-client group method to gather information on a wide range of issues associated with therapy and rehabilitation.

- The registered manager, co-director and case managers engaged with organisations across the sector and cascaded learning to the team. For example, the co-director was a member of the Professional Practice and Membership Group within BABICM and the other director and case managers were members of BABICM. BABICM is the representative body for the continued professional advancement of case management and promoting best practice to address and manage the needs of people with brain injury and other complex conditions.

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

- People were supported by staff that promoted a positive culture which was person-centred and inclusive. The registered manager, co-director and staff were committed to ensuring that people received high quality, holistic care which promoted people's choice and independence.
- The providers clear vision and values ensured people were supported to regain control and autonomy over their lives after substantial life changing injuries and trauma.
- The service people received and the staff caring for them, clearly reflected the providers ethos of providing an innovative, dynamic, tailored approach for the people they supported.
- People were supported by a case manager specifically selected for them to meet their individual needs. Case managers experience and knowledge enabled them to empower the people they supported to reach their full potential. Case managers managed people's care, supported and coordinated the staff working with the person and communicated with healthcare, legal and other services.
- People we spoke with, and their families said the care and support people received exceeded their expectations. One relative told us, "They are an excellent service, and I would not hesitate to recommend them to anyone. They've made a real difference."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to provide feedback on the service and had been given the opportunity to complete a satisfaction questionnaire. The last survey had been recently sent out and the service were waiting for responses before analysis. The results of the previous survey reported that 100% of people would recommend StanleySmith Case Management and people reported they had experienced an improvement in their quality of life.
- Staff wellbeing was vital to StanleySmith Case management. Staff told us they were given extra support from the provider when they needed to fulfil their role and meet expectations. One case manager told us, "[The registered manager and co-director] will always make time to listen to ideas and talk through problems."
- Staff were extremely positive about working for the provider and the culture the management team promoted within the service. One staff member told us, "I think they are great. I definitely feel well supported. There is always a point of contact and meetings for supervision and personal development. They support us really well." Another staff member commented, "You really feel valued with this company."
- Records confirmed staff took part in regular meetings with their supervisors to discuss their development needs and receive feedback on their performance.

Working in partnership with others

- The service had an exceptionally positive approach to partnership working. They worked closely with a wide range of specialist clinicians and professionals across the clinical and geographical areas covered. The provider invited these professionals to consult on matters pertaining to their specialism to assist people to

achieve positive outcomes.

- Health professionals were extremely complimentary about the service. One health professional told us, "In discussion with other professionals and solicitors, I am aware that StanleySmith Case Management have a very strong reputation, particularly for working with complex and challenging cases, often involving both the client and their families. This is underpinned by excellent communication, clear values, respect, responsiveness, and professionalism."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities regarding the duty of candour. They promoted and encouraged candour through openness and transparency.