

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Westcountry Case Management Ltd

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Staffing** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Westcountry Case Management Limited
Registered Manager	Ms. Claire Booth
Overview of the service	<p>Westcountry Case Management coordinates care and support services on behalf of people and children with physical and mental disabilities and brain injuries.</p> <p>The main office is based in South Devon where a team of administration staff support over 25 self-employed professionals called 'case managers'. The case managers work with people to set up and coordinate their rehabilitation, care and support needs.</p> <p>Westcountry case management staff oversee the recruitment process, training and performance management of the case managers and support workers employed directly by the people using the service.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 January 2014, checked how people were cared for at each stage of their treatment and care and sent a questionnaire to people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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This agency operates as a 'case management' service. This means that Westcountry management staff do not provide the care and support themselves but assist clients to employ their own workers.

Workers are employed by the people using the service or have an agent acting on their behalf. The service oversee the recruitment process, training and performance management of the case managers and support workers on behalf of people using the service.

For the purpose of this report we will refer to case managers and support workers as 'workers'.

The main office based in Bishopsteignton in Devon. At the time of our inspection they were providing a service to 50 adults and children from South Wales down across the South West of England.

People told us they were very happy with the service they received from this service. comments included, "all of my support workers understand my needs and allow me to live my life as independently as possible".

People told us they had been able to make choices and decisions in relation to their care planning. Comments included "an excellent team who understand me and help me make decisions".

Training records showed that all workers had received mandatory training and additional training specific to the people they supported.

People told us that they felt the workers had the necessary skills and time to meet their care needs.

We saw that the agency monitored their service and sought regular feedback from people.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People expressed their views and were involved in making decisions about their care and treatment.

People who use the service were given appropriate information and support regarding their care or treatment.

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### Reasons for our judgement

We the Care Quality Commission sent out 61 questionnaires to people who used the service to find out their views. Thirteen responses were returned. Each person was also given an additional questionnaire that they could give to a relative, friend or advocate, 7 responses were returned. We spoke with one person who used the service and five people's representatives.

Workers we spoke with told us that they maintained people's dignity and independence. One worker told us, "It is very important I allow my client privacy when they have a shower", another told us "I always ask before I do anything to see if it is alright". One person responded to our survey, "all of my support workers understand my needs and allow me to live my life as independently as possible".

People were involved in their care and treatment. The service held regular meetings for each person who used the service. We looked at the minutes of one of the meetings held. All workers involved in the person's package of support were included along with the person and a family representative. Topics discussed included the changes made to the epilepsy management and how the person had succeeded to lose weight and the exercise regime they had followed. We had a positive response to our survey with everyone saying they had been involved in decisions about their care and support needs.

Support workers supported people to make choices and decisions about their daily lives. For example we saw from care records that workers had recorded how they cared for people and the choices they offered them. One worker recorded that a person had wanted to go to bed in the afternoon, they had discussed this with the person and they decided to go after supper. One person who used the service told us, "I have an excellent team who understand me and help me make decisions".

Case managers demonstrated a good understanding of the Mental Capacity Act 2005

(MCA) and how to apply this to their practice. Records showed that decisions made on behalf of people were made in accordance with the MCA. We saw a two stage mental capacity assessment which identified a person as not having capacity to make a significant decision regarding treatment. We saw records of a best interest decision made on the person's behalf which followed the MCA guidelines of involving relevant people in the decision making.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We were told by the manager that each person using the service had an allocated case manager who was responsible to oversee their package of support. The case manager's role included coordinating the support package, reviewing the persons care plans and supervision and monitoring of support workers involved with the individuals package of support.

People who used the service told us they were happy that case managers and support workers met their needs appropriately. One person told us "the carers go out of their way to help". Another person told us "they are all very good, I have no complaints".

We saw records that showed the service had gathered information about people's needs when they first received a referral. The service had obtained written information from social services, healthcare professionals and solicitors acting on behalf of people. This showed that the service took action to ensure that they were able to meet people's needs appropriately and protect people's safety and welfare.

The manager told us that they work with other care agencies to support people at the beginning of their care package while support workers were recruited. Information passed to the agency was concise and thorough to assist them to meet people's needs. Records showed that the service liaised well with other agencies to ensure people's care delivery was coordinated and planned to meet their needs.

At this inspection we looked at the care records of four people. This meant that we looked at care plans, assessments and notes made by case managers and support workers.

The information in the initial needs assessments were comprehensive and had been used to generate individual detailed care plans. The care plans were very detailed giving support workers clear guidance how to deliver individualised care. We saw that people who used the service and their nominated family and friends had been involved with setting up the care plans.

Risk assessments had been completed to identify risks to people. We saw that risk assessments had been completed at the initial meeting in all of the four care records we

looked at. The computer system used by the service had an alert system to highlight when reviews and assessment were due to be repeated.

Each person had risk assessments specific to their needs. Examples we saw included mobility risks, equipment, medication and environmental assessments.

We saw on the services computer database that assessments and care plans were reviewed monthly or as needed. We were shown evidence that changes had been made to one person's care plan between reviews. This showed that people were protected from receiving inappropriate care.

We spoke with 15 case managers and support workers who were able to tell us how they met people's needs. They told us that they followed the care plans and asked people what they required. One care plan we looked set out how the person could become frustrated, it guided workers to be patient, to take time to listen and gently encourage the person to be involved with the activity.

We found that care plans reflected the needs of a person as an individual. We saw entries in one person's care plan about how important a consistent morning routine was. The plan clearly set out in detail each individual part of the morning routine, from having breakfast, bathing, exercising and receiving medication at the right time.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We were told by one worker, "the care plans are set out brilliantly and exactly what you need to know to help you do your job". Twelve people responded positively to our survey saying that workers treated them positively. One representative told us "I have had no reason to complain, I feel we are well supported".

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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We spoke to workers about their understanding of good safeguarding practice. Their duty of care, their responsibility to keep people who used the service safe and what action they would take in response to concerns. They were able to tell us what action they would take in response to concerns and how they would ensure people's safety.

Case managers and support workers were confident that any concerns they shared with the manager would be taken seriously and acted upon. We were told that the manager was very supportive. One worker told us "she has an approachable manner and vast experience in this field of work". Another told us "the whole team are very approachable".

We saw there were reviewed and updated adult and children safeguarding and whistleblowing policies and procedures. These were available at the main office and on the services computer system that all workers had access to. The staff we spoke with were able to tell us where they could access the services policies and procedures. These policies clearly set out the requirement of workers to report concerns and incidents.

Case managers and support workers told us they understood the term 'Whistle Blowing'. This meant that workers knew their responsibility to raise any concerns should they suspect wrongdoing at the service.

People responding to our survey told us they felt safe receiving care from the case managers and support workers. One person wrote about, "good friendly relationships with my care workers".

We saw that the service responded appropriately to allegations of abuse. The service had been alerted with safeguarding concerns and had acted in accordance with their policies.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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At the time of our inspection 50 people used the service. The service also provided support to children who had varying levels of health needs. The service worked with a team of 197 support workers and 30 self-employed case managers from a variety of professional backgrounds including occupational therapy, physiotherapy, nursing and social work.

All but one support workers were employed by the people using the service. One worker was employed directly by West Country Case Management. Westcountry case management oversaw the recruitment process, training and performance management of the workers on behalf of people using the service.

People responding to our survey told us that they felt the workers had the necessary skills and time to meet their care needs. One person told us "I have a very good case manager who is very switched on and motivated with lots of new ideas".

People and relatives responding to our survey told us that support workers arrived when they were scheduled to be on duty.

Workers told us that the staffing levels allowed them to meet people's needs. The manager told us that usually other workers working for the person using the service would step in to cover absences. The support worker employed by the service was also available to cover staff shortages.

The manager told us that if additional workers were required to cover shortages. An agreement was reached with the people using the service that they their support workers could be employed on a bank basis, to step in to cover absences to support other people. The support worker employed by the service was also able to cover support worker shortages.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We saw on the services database that all support workers had completed mandatory training which included manual handling, health and safety, infection control, and safeguarding adults.

We saw from records that workers had completed a comprehensive induction program. We spoke with one support worker who had recently completed the induction program. They said, "I did the training first" and "I did shadow shifts, until I was comfortable and the client was comfortable with me".

Some people who used the service had very complex needs. The manager explained that workers had received specialist training arranged by the case managers and training officer, so they were able support these people in a safe way. We saw records that showed evidence of this client specific training. These included dealing with challenging behaviour, understanding epilepsy, life support and acquired brain injury training. This meant that workers were competent to meet people's individual needs.

The service had a training officer that supported workers to ensure they received the client specific training needed and had a good understanding of people's needs. We saw records that showed that support workers had completed client specific training. These included dealing with challenging behaviour, understanding epilepsy, life support and acquired brain injury training. This meant that workers were competent to meet people's individual needs.

Support workers spoke highly of the training provided. One support worker told us "I enjoyed the training, I got a lot out of it".

Workers received regular supervisions and appraisals. We looked at four support workers files. Records showed that support workers received supervision every three months from the case manager. Supervisions were recorded and signed by the worker and the supervisor. We saw that action plans had been agreed and that outstanding actions had been followed up. This meant that the service had ensured support workers development needs had been identified and addressed.

Case managers we spoke with told us they felt well supported in their roles. They told us

that they were supported by the manager and had good regular peer support meetings.

We saw that registered nurses employed by the service had provided evidence that they were registered with the nursing midwifery council, (NMC) and were able to practice.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The service protected people who used the service and others who may be at risk, against the risks of inappropriate or unsafe care and treatment. There was an effective system in place to regularly assess and monitor the quality of the service provided.

These systems included annual questionnaires to people who used the service, agents (solicitors and representatives working on behalf of people who use the service) and staff. We saw a report from the last annual survey performed in December 2012, was collated and analysed. We saw that the service had made changes in areas the audit showed required improvement.

We were shown positive responses from the current survey which was sent out in December 2013. The manager told us that when all of the responses from the current survey had been returned they would collate them and then an action plan would be generated.

The service had taken into account the complaints and comments made, and views expressed by people who used the service and their representatives. We know this because the service had a complaints policy and procedure in place. We saw the complaints log had been kept updated with concerns that had been raised. It contained issues regarding a person not wanting to use a particular support worker. We were shown records of actions that had been taken to resolve these concerns.

The manager showed us how they accessed the computer system as part of their quality assurance program. The manager told us as part of her role along with her clinical lead they regularly check entries made and changes to people's plans. This demonstrated that the service monitored the quality of the support people received.

The service had a new computer system. Workers were able to access the database and record daily information straight onto the computer in people's homes which was uploaded onto the services main database. This enabled the management team to regularly monitor entries made and ensure people were receiving good quality safe care and support.

The computer system had an alert system to highlight when reviews and assessment were due to be repeated. This showed that the service had a system to identify, assess and manage risks relating to the health, welfare and safety of people who used the service.

We were told by the manager that the computer system was backed up daily at the main office to protect people from having their personal information lost.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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