

Independence Matters C.I.C.

Independence Matters

Inspection report

Personal Assistant Services East, Great Yarmouth
Community Hub
Suffolk Road
Great Yarmouth
Norfolk
NR31 0LJ

Tel: 01493664658

Website: www.independencematters.org.uk

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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

The inspection took place on 6 and 7 July 2016 and was announced. Independence Matters PAS provides personal care and support to people with learning difficulties in the Great Yarmouth area and its office is situated in the Great Yarmouth Community Hub. On the day of our inspection there were 23 people using the service who received personal care. Care and support was provided to people in their own homes where they lived with their families, in residential care or in supported living schemes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood safeguarding procedures and were able to recognise the signs of potential abuse.

Risks to people had been thoroughly assessed and plans put in place to manage these risks while enabling people to live their lives without unnecessary restriction.

Robust recruitment procedures had been employed to ensure that staff were suitable to work with people who used the service. There were sufficient numbers of staff deployed to meet people's needs. Staff received comprehensive training to enable them to meet people's needs.

People were given support if they needed it to take their medicines as prescribed. People's nutritional needs were met and they were supported to access healthcare if they needed it.

People were supported by staff who showed respect and cared for them as individuals whilst maintaining their dignity. People were supported to make their own decisions where possible and their consent was sought appropriately.

People and those important to them were involved in planning their care, how it was delivered and their independence was promoted. People's care was delivered in the way they wished by staff who were knowledgeable about their needs.

People who used the service and staff who supported them were able to express their views on the service. People were supported to make complaints and were confident that these would be heard and acted upon. The service maintained good communication with people who used the service and their families or housing providers.

The management maintained a good overview of the service and had systems in place to monitor the safety and quality of the service. Staff were supported by the management and felt valued by the organisation.

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.

People felt safe and were supported by staff who knew the signs of potential abuse and how to report them.

The provider had carried out thorough risk assessments and staff were aware of how to provide safe care and support that promoted people's independence.

Sufficient numbers of safely recruited staff were available to meet people's needs.

People received support if they needed it to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by well trained staff who were supported to meet people's needs.

Staff sought people's consent and encouraged them to make their own decisions as far as possible.

People were provided with support with their meals and to access healthcare services if needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who knew them well and treated them as individuals.

People were involved in planning their care, and their independence was promoted.

Staff treated people with respect and promoted their dignity and privacy.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing their care and how they wished it to be delivered.

People were supported to make a complaint if they wanted and complaints forms were available in a format that they could understand.

Is the service well-led?

Good ●

The service was well led.

The provider encouraged people and their families to feedback regarding the quality of the service and were looking to develop new ways by which feedback could be provided. Feedback was used to develop the service.

The registered manager had a good overview of the quality of the service.

Staff were supported by management team and provider.

Independence Matters

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 7 July 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using services or caring for someone who uses services. The expert by experience telephoned people to ascertain their views on the service.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in May 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and some other professionals who have contact with the service and asked them for their views.

We were unable to speak directly with people who used the service so we relied on comments from their main carers and relatives. During the inspection we spoke with three relatives of people who used the service and four main carers. Main carers were the staff who supported people who lived in residential homes or supported living schemes. We made general observations of the care and support people received from Independence Matters while they were at the day service building on the same site as the office for Independence Matters during the inspection. We also spoke with the registered manager, three team managers and six care staff. We reviewed seven people's care records and medicines administration record (MAR) charts. We viewed six staff recruitment files as well as training and induction records.

We also reviewed a range of management documentation monitoring the quality of the service.

Is the service safe?

Our findings

People's relatives and main carers felt people who used the service were safe using the service. One relative told us, "I know [relation] is safe with the staff and if there is any sort of issue they would ring me."

Staff were knowledgeable about safeguarding procedures and had received training to enable them to recognise signs of abuse as part of their induction programme. Staff demonstrated to us that they knew how to identify different forms of abuse and report safeguarding concerns. They told us, "I would report it to [the local authority safeguarding team] if I was certain then I would tell the team manager. I would call the team manager for advice if I wasn't sure". Another member of staff told us, "If I need to raise a concern, I would." The registered manager was aware of their responsibilities in terms of safeguarding and was able to show us information on recent incidents that they had investigated.

The provider informed us on their PIR, "Safeguarding is at the core of our function, we work closely with the county safeguarding teams & multiagency colleagues to report, respond to, action and manage any presenting risk. All staff have mandatory safeguarding training & know how to report concerns."

Action was taken to protect people from harm and abuse. Records made of any incidents that occurred showed that the registered manager had followed the safeguarding procedures and notified the local authority on three recent occasions. Each incident had been thoroughly investigated and appropriate action had been taken to protect people from harm. This included reviewing people's care plans to ensure staff had the information they needed to protect people.

One main carer told us that the service had assessed risks around a person's epilepsy. They told us, "[name] is as safe as [name] can be. If they are out and [name] has a seizure they will bring [name] straight back. I am happy they know what they are doing" A relative told us, "I am happy [relation] is safe. They [staff] do all the appropriate risk assessments."

We saw that risks to people had been identified, and plans were put in place to guide staff on how to manage these. These included risk assessments showing how to support people with their mobility in the safest way. Information was provided to staff about how to support people when moving around their home and transferring in and out of chairs and their bed. This ensured that people were transferred correctly when they received personal care support so that risks to their and the support workers safety through the use of incorrect techniques were reduced.

One person had been assessed to identify the risks they faced in relation to their sensory loss. There was evidence that they had been involved in developing the care plans that would and how risks they faced could be reduced, whilst not placing unnecessary restrictions on the person's lifestyle. The registered manager told us that they would only provide care to someone if they had assessed that they could manage any risks identified within the person's care package.

People were supported by staff who had been through the required recruitment checks. These included

acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

People's relatives and main carers told us that there had been a few missed calls. One main carer told us, "We have had a few occasions when people haven't turned up but these have been dealt with at the time. It is usually the home (where this person lives) that chases up though rather than the office ringing us."

Staffing levels were determined by people's needs and were monitored by the team managers. When we visited there were sufficient numbers of staff deployed. The registered manager told us there was a pool of staff who worked in another part of the provider's service they could call on if needed in the event of any staff shortage.

There was a system used that informed team managers in the office that staff had arrived at people's homes. This enabled team managers to monitor that people were receiving their support at the time planned. In the event a member of staff did not arrive on time team leaders could investigate the reason and if necessary deploy other staff to support the person.

Main carers and people's relatives were confident that people's medicines were correctly managed by the support staff who were well informed on the person's needs. One main carer told us, "The staff will always leave with a bag packed to deal with any situation. [Name]'s care plan is with them all the time and the IM (Independence Matters) staff are trained to administer the drugs if [name] has an episode. The Midazolam is signed out and back in again each time [name] goes out."

The majority of people's medicines were administered by their relatives or main carers. The staff were involved in the administration of medicines for some people when they provided support during the day. Staff had been trained in the administration of medicines. We saw the medicine administration records (MAR) for two of the people who were supported with their medicines by staff. The records were accurate and consistently completed. In the care plans we saw guidance for people who needed medicines to be administered PRN (meaning 'as required'). There were body maps for topical medicines to ensure that staff knew where to apply these as prescribed. Some people were able to administer their own medicines and we saw that risk assessments had been carried out to ensure they could do so safely.

Is the service effective?

Our findings

People were supported by staff who had the necessary skills to meet their needs. People were unable to tell us their views, but one main carer told us, "They [staff] seem well trained; they are all really person centred." Relatives and other housing providers we spoke with told us that they felt the IM staff were well trained to carry out their role. Staff knew how to treat people well and use any equipment needed. A relative of someone who used the service told us, "They all know what they are doing though they are very well trained".

Independence Matters had developed its own training department. New staff received a comprehensive induction course and they were required to shadow more experienced colleagues for two days before they started working independently. The provider informed us on their PIR of the training staff were provided with to enable them to carry out their duties. We saw in the personnel files that staff had also completed training in areas such as safeguarding, Step On (de-escalation techniques), relationships and sexual identity. We also saw that the most recently recruited staff had been booked onto the courses the provider considered mandatory and had been issued with an induction file which they were required to complete before they provided care for people. Staff told us that there was, "Lots of training". They felt that the training enabled them to carry out their role. One member of staff told us, "You can't knock the training."

The registered manager told us all new staff were required to complete the care certificate. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff received supervision from the team managers every three months and an annual appraisal. Staff told us that they found this a good two way process and that they felt supported by the provider. They told us that they could also request a meeting or debrief with a manager whenever they needed.

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

We saw that staff sought the consent of people before commencing tasks with them. For instance, some people were being supported by their IM staff at their day service so we observed lunch where the staff were supporting people to eat their meals. We noted that the staff asked people if they were ready for their next mouthful before offering it. We were told that the people could not communicate verbally but that staff knew their non-verbal communication very well. The registered manager told us that they had carried out a quality monitoring visit to observe the practice of support staff. They told us that they noted that staff did not communicate well enough with the person they were providing care for. They told us that this has prompted refresher training for the staff on the issue of consent with the people who use the service. We saw forms signed by people's relatives giving consent to share information about the person where the person

was unable give consent themselves.

The provider's PIR stated, "Best Interests-IM has a robust policy and procedure in place applying to all customers where 'best interests' are exercised on their behalf. Best interest meeting are held and all relevant information is shared with a multi disciplinary team in the best interest of the customer."

We spoke with staff who told us that they had received training on the MCA and that they ask for people's consent before starting care tasks. Staff were able to tell us how they supported people to make their own decisions and when they needed to involve people's relatives to ensure that decisions made were the least restrictive option in the person's best interests.

One relative described how staff supported the person with their diet. They told us, "When helping [name] to eat they [staff] always take their time and sit with [name]. They will steady the spoon so [name] can take hold and put the food in [their] mouth. They are very good at supporting [name]'s independence".

People were supported with eating and drinking. Some people had complex nutritional needs and that staff had received training for this. We saw in people's care plans that, where appropriate, referrals had been made to Speech and Language therapists (known as SALT who provide advice on swallowing and choking issues) and care plans had been produced to ensure that people's nutritional needs were met. We were told that a member of staff worked with people, their families and health professionals to find the best way to support a person's nutrition. The member of staff then trained other staff on how to best support the person.

People were generally supported to access healthcare by their relatives or housing providers but we were told by the registered manager that the IM staff were prepared to support people to attend appointments if necessary. Staff monitored people's health while they were supporting them.

The registered manager told us of an incident where one person who used the service appeared unwell during the day. Staff who knew this person well monitored them throughout the day and sought medical advice when they became more concerned about their health.

Is the service caring?

Our findings

People who used the service were unable to tell us their views but our observations indicated that they had good relationships with and were comfortable with staff. This was evidenced by the interactions between people and the staff and the relaxed atmosphere. People's relatives and main carers told us that the staff were caring and compassionate. One relative told us, "I trust the people who come, they are all kind hearted gentle people. [Name] has a lovely team; my instinct says they are a trustworthy and caring bunch." Another relative told us, "I can't rate them high enough. They are always caring and treat [name] well." This relative went on to say, "I feel [name] is in safe hands I am 100 % confident they would put [name]'s needs first." A main carer told us, "[Name] really looks forward to going out with them (staff). [Name] lights up when they see them".

Staff told us that they adjusted their approach depending upon the person they were supporting and their needs. One member of staff told us that they, "Approach each person as an individual." We saw information in one person's care plan about the support that was specific to them around communication. This was in the form of a tool called Object of Reference Implementation Plan which used pictures to inform the person of what activities were available. There was clear instruction to staff on how to use this tool to inform the person of the plan for their day and enable them to make choices. This tool had been developed with the support of specialist health professionals and we saw records that the support workers used it to support the person.

One person had asked that only one member of staff provided their care. The registered manager identified that this would not be practical and worked with the person to introduce other members of staff that they were happy with. A relative told us, "I have to know who is coming and if there is a change to the list they [the office staff] will let me know. I am always given the option, the staff know that I like to know. If they do introduce someone new they will shadow another carer to make sure they are suitable. It has developed as we've gone along." Staff told us that they tried to accommodate people's wishes to have a small number of regular support staff but that it wasn't always practical in terms of staff absence through sickness or holiday.

We saw that people and their relatives were actively involved in making decisions about their care. People's needs and care plans were reviewed annually and there was clear evidence that they, their families and relevant professionals were involved in the reviews. People who used the service were not able to tell us their views. One main carer told us, "We are due a review for [name] and I think we may look at suggesting some different activities as [name] has expressed a desire to change things." The provider's PIR stated, "Parents, family and carers are a key focus for us, we make sure they are fully and appropriately involved in the planning around the person they care for."

People were supported to be as independent as possible. One relative told us, "All of the staff are aware of [name]'s capabilities and they help [name] to develop new skills as they can". Another relative told us, "[name] has come on in leaps and bounds since the IM staff came to help care for them. They [staff] have helped [name] so that [name] now does their own washing and can even shower themselves." Staff told us

that they encouraged people to do as much as they could for themselves. We saw in people's care plans information about what they could do themselves and what they needed support with.

The provider's PIR stated, "Value based recruitment checks the responses of potential staff, we expect to see them demonstrate an awareness and instinctive knowledge of the importance of dignity, respect and care. When staff support, we always promote independence and ensure any personal care, is supported in a private bathroom, with the door closed, ensuring staff have the consent from the customer, always explaining what they are doing and the reason why." A main carer told us that they felt staff maintained people's dignity and privacy. Staff told us how they promoted people's dignity. For instance, if a person needed support with their personal care in the community, one member of staff told us, "I would be discreet so as not to embarrass [name]." One main carer told us that people's possessions were respected and looked after by the IM staff

Is the service responsive?

Our findings

People who used the service were not able to tell us their views but relatives and main carers told us that each person had an annual review where their care was discussed and reviewed. They also said they could ring the office at any time and discuss any changes to people's needs. People were involved in the assessment and review of their care and their care plans were personalised. The plans explained in great detail how the person wanted their care to be delivered and what they expected from the staff. This included the support people felt they needed and their preferences about their personal care, finances, relationships and night time routine.

We saw details of people's needs and preferences in their care plans to enable staff to provide them with personalised care. There were details of what the person wanted from the service, and 'pen pictures' of the person which provided staff with a personalised description of the person. We also saw clear instructions for staff on the use of equipment for people, such as how to fit people's body braces and the best positions for people who had difficulties with their body posture.

The provider's PIR stated, "We undertake effective needs and risk assessment at the beginning of all services to individual customers as well as being directed towards desirable outcomes by those commissioning each service."

Staff told us that they knew people well and were able to anticipate and respond effectively to their needs. One member of staff told us that they knew what might cause distress for a person they supported. They told us, "I forward plan, I know the trigger points and look ahead to avoid problems. I don't stop [name] doing things, just make sure it's safe." One person's relative told us, "They are really good with [name] they always take their time and never rush [name]. Always explain exactly what is going on and never speak down to [name]."

The provider's PIR stated, "Many of our customers become longstanding and we get to know them very well by being alongside them and taking the time to really understand what they are telling us about their care. A high degree of customers are non verbal so understanding preferred communication methods is a key part of our work. We work hard to match customers with a core staff group in a professional working relationship that is effective and highly communicating." People's care plans had details of the best way of communicating with them to guide staff to provide a more responsive service.

People's care plans also contained details on their leisure interests and people were supported to follow these. Risk assessments had been carried out to ensure that people would be safe while they followed leisure pursuits. Staff told us that if they felt people were becoming socially isolated they would encourage them to join appropriate activities. One relative told us, "[Name] has a small team who are mainly men which I like. Also I think it nice [Name] has 'mates' they can share 'man things' together". Relatives explained that the people being cared for by IM staff were able to decide on the day what they wanted to do, even if there was a planned activity. They said if a person did not want to do this then things could be changed.

We saw evidence of how the service handled complaints. We saw three complaints forms in easy read format that had been submitted by people who used the service. The registered manager had investigated the complaints about consistency of staffing and had worked hard to improve this for the people. Staff told us that they felt people's complaints were listened to and acted on. One member of staff told us, "Complaints are fully investigated and [management] attempt to solve the problem." People's relatives and main carers told us that they knew who to speak to if they had any worries or concerns and they told us that they felt issues would be dealt with well and in a timely manner. The registered manager told us that they had identified that they needed to find new ways to encourage people, their families and main carers to provide feedback.

Is the service well-led?

Our findings

People's relatives and main carers told us that Independence Matters worked well in partnership with them and other agencies. This was particularly relevant when handing information over. One main carer told us, "They communicate really well with us. We have a book that we will write in to make sure they are fully aware of [name]'s condition that day. When they return with [name] they will also write in the book so we are aware of what [name] has been doing and their mood etcetera. It works really well." The service worked flexibly with people's families. One relative told us, "I am having an operation next week. The organisation have dealt with all in conjunction with myself. My friend is to stay here with [name] and will have full support from IM carers. It should all work well." The team managers told us that they were in regular contact with people's relatives and housing providers to inform them of the following week's rota and to check for any problems with the service.

They told us that the team managers called people's relatives or main carers every week to let them know which staff would be supporting the person during the following week. During this call they asked for people's views on the service. The registered manager told us that one of their main challenges was providing a consistent support team for people. They told us that some of the people supported by the service wanted a small number of familiar staff to provide their care. We saw in the feedback to the service from some people that they did not always know which staff were going to support them. The registered manager told us that they were working hard to resolve this issue. One person's relative told us, "I really need to know who is coming to look after [name], I know I can be very protective and it helps me too".

A team manager told us that the organisation had an open culture, "We're really transparent with everything we do." Staff told us that they generally felt valued by the organisation and that they felt supported in their role.

The provider's PIR stated, "We are always working to ensure that the quality of life is the very best it can be for all our customers and will involve any organisations who can add value and help us achieve customers outcomes. This may be an organisation providing activities that connect customers to their communities in other ways. All joint working is recorded in the customers support plan"

One member of staff told us how they had raised an issue where they thought the service could be improved for a person they supported. They told us that they raised their idea with the management team and the idea was put into practice. Staff told us that the management team at Independence Matters were approachable and if they had any concerns they could have a meeting or debrief when they needed it. One member of staff told us, "I can talk to the team manager, they are very good and will try their best." The registered manager told us that they spoke with staff regularly when they were in the office. The organisation had recently developed its own intranet site which could be accessed by staff and would be used to inform them of developments within the organisation. A team manager told us that they had made a suggestion on how some documentation could be improved. Their suggestion had been taken on board and the changes made which they were given the opportunity to see and agree with before the new documentation was fully adopted.

Staff were aware of the whistleblowing policy within the organisation and although they had not needed to raise a concern in this way they knew who to contact should they need to. One member of staff told us, "I've got the number to ring if I need to."

The registered manager told us that they were well supported by the provider. They told us that the organisation was relatively new and was still in the process of refining its structure and systems. During our visit the registered manager was visible at the office at all times and available to support staff with advice. The team managers operated an on call system to support people who used the service and staff and to co-ordinate replacement staff during periods of absence when necessary.

Relatives of people who used the service and housing providers we spoke with told us that they thought the organisation was well organised and suited their requirements well. They also told us that they knew who the registered manager was and always found them to be approachable. No one we spoke with had any ideas of what the company could do better and everyone we asked said they would recommend the company to others.

The registered manager had recently started to monitor the quality of the service by carrying out spot checks on staff as they provided support for people. The registered manager told us that they had found this very useful and would use their findings to improve the quality of staff practice. Independence Matters had also recently introduced its own quality monitoring department to support the registered manager to drive improvement within the service.

The registered manager told us that they had sent out surveys for people who used the service but had received a limited response. They told us that they were aware that they needed to encourage the involvement of people who used the service or their relatives. They told us that they planned to start a forum for people in the near future. One person's relative did say [name] had in the past received a questionnaire that they had helped them fill in.

The registered manager had a good overview of the training needs of the staff. They showed us the training matrix which identified what training that staff had completed and which was due to be refreshed. The care plans showed that audits had been carried out to ensure the quality and completeness of the information within them. MAR charts were also regularly checked to ensure that they were being completed accurately. The team managers visited people's homes on a monthly basis to pick up the daily records and 'catch up' with people's relatives or housing providers and listen to any concerns that they might have.

The service had notified us of serious incidents as required although they were unclear about when to make some notifications. We spoke with the registered manager about this and clarified when they should notify us of serious incidents and in what circumstances. A notification is information about important events which the provider is required to send us by law.