

Independence Matters C.I.C.

Floating Support City

Inspection report

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Ratings

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

Summary of findings

Overall summary

Floating City Support is registered to provide personal care to people living in their own homes. There were 13 people receiving personal care from the service when we visited. The inspection took place on 15 December 2016. We gave the provider 48hours' notice before we visited to ensure that the registered manager was available to facilitate the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff were knowledgeable about reporting any suspicions of harm to people. There were a sufficient number of staff and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks.

There were effective procedures in place to ensure that people were safely assisted with their medicines.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. Staff we met were able to demonstrate a good understanding of MCA. This meant that any decisions made on people's behalf by staff would be in their best interest and as least restrictive as possible.

Staff were supported and trained to do their job and additional training was provided for specific care needs to be fully met. The team managers and support staff were in contact with a range of health care professionals to ensure that people's care and support was well coordinated. Risk assessments were in place to help ensure that care and support could be safely provided.

People's privacy and dignity was respected and their support was provided in a caring and a patient way.

People were supported, where required, to ensure they ate and drank sufficient quantities. People had the choice to eat the food they preferred and healthy eating was promoted by care staff.

Care and support was provided based on people's individual personal and social care needs. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People were able to make changes to the support and care provided to them by the service.

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.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's care needs.

People were appropriately supported with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff were aware of the key requirements of the MCA. Decisions made on people's behalf by staff were in their best interest and as least restrictive as possible.

People were assisted with their healthcare and nutritional needs.

Is the service caring?

Good ●

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

Is the service responsive?

Good ●

The service was responsive.

Staff were supported by the provider to carry out the expected care and support for people.

Staff knew people well and responded to their individual needs.

People were aware of the complaints procedure and knew who to speak to about their concerns.

Is the service well-led?

Good ●

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to discuss their issues with the registered manager.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Floating Support City

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 was an announced inspection and took place on 15 December 2016 and was undertaken by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office and we needed to be sure that they would be in.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also looked at the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we visited the service's office and looked at three people's care records and we spoke with one relative and five people supported by the service. We also spoke with the registered manager, two team managers and six care staff. We saw records in relation to people's support, the management of the service, the management of staff, and recruitment and training records. We also spoke with a care manager, an occupational therapist and a care practitioner from the local authority.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The care staff are very helpful and support me with all the things I need." Another person said, "The staff help me with my medication and finances." A relative we spoke with said, "The carers [staff] are really good and I know my [family member] is always safely cared for." No one we spoke with raised any concerns about their safety when being assisted by members of staff.

Staff were aware of their responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and told us that they would not hesitate in raising any incidents or concerns with their team manager and registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were available in the service's office. The staff we spoke with displayed a good knowledge of the safeguarding reporting procedures. One member of staff said, "I would never hesitate in reporting any incident or allegation of harm to my manager and I am aware of the contact details for the safeguarding team at social services and I would use them whenever I needed to." The registered manager was aware of the notifications they needed to send to the CQC in the event of people being placed at the risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Samples of risk assessments included people's; mental health support needs, supporting people with their medicines, mobility needs and environmental risks. Staff we spoke with confirmed that they had read and received updates regarding people's support plans and were aware of the actions to take and the guidelines in place regarding people's assessed risks. We noted that in one person's care plan the risk assessment regarding their mobility needed to be updated. We spoke with a team manager who told us that this was being reviewed and updated

We saw that there was a document in people's support plans which detailed the level of support people required with their medicine. One person said, "They [staff] always make sure that I have my tablets during the day." Staff told us that they had attended training in administering medicines which included a competency test to check their understanding and ensure safe practice was monitored. We saw a sample of training records which confirmed this to be the case. The team managers told us that additional training would be given to staff if their competency needed to be improved before they continued to administer medication.

People told us that they knew staff well and which staff would be assisting them with their personal care and support needs. They said that the staff assisted them with their personal care and spent time in discussing their issues or concerns. We saw that there were sufficient numbers of staff available to meet people's support needs. This was confirmed by staff we spoke with. One staff member said, "The shifts are always covered and I know which person I will be supporting." This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

We saw that effective recruitment procedures were in place to ensure that only staff who were suitable to work with people who used the service were employed. We saw that satisfactory recruitment checks had

been carried out and included evidence of completed application forms, satisfactory references, proof of identity, and a satisfactory disclosure and barring service check (DBS).

The registered manager and the team managers told us that any gaps in employment were pursued during the person's interview. The team managers also confirmed that all recruitment checks were completed, in conjunction with the organisation's personnel department, before care staff commenced working on their own with people and providing them with care and support. Staff we spoke with confirmed this to be the case.

One member of staff told us that their recruitment had been efficiently dealt with and that they had received an induction. They also told us that they had been supported by their team manager and by their staff colleagues. New staff completed a number of 'shadow shifts' with more experienced staff so that they could feel confident in working on their own and be able to safely provide care and support to people.

Is the service effective?

Our findings

People spoke positively about the staff that supported them and they were satisfied with the care and support they received. One person told us, "The staff help me with some personal care and they wash my hair. They also help me with sorting out my bills and money with me as I can get in a bit of a muddle with this at times." Another person said that, "Staff support me with having a shower or a wash and they make sure I get my tablets – we also go shopping during the week."

The registered manager confirmed there was an induction process and programme in place to ensure that staff had the knowledge and skills they required. Training records showed, and staff confirmed that they received regular training throughout the year. Examples of subjects covered included; safeguarding, MCA, infection control, dementia, de-escalation of challenging behaviours, equality and diversity, moving and handling, health and safety, first aid and administration of medicines. Training was monitored by team managers to ensure staff were up to date. Staff also confirmed that they were completing training modules regarding the Care Certificate (a nationally recognised qualification in care). A team manager told us about a new training initiative being delivered by the organisation entitled 'The Little Things That Matter'. This training encompassed issues such as; communication, dignity and respect, customer care and complaints.

Training was monitored by the registered manager and team managers in conjunction with the organisation's training department. Staff received regular updates throughout the year to ensure their training remained up to date. This was confirmed by staff and in the training records we were shown. Staff told us they had received regular ongoing supervision from their team managers and that they had also received an annual appraisal. Records we saw showed this to be the case.

Staff told us that they could contact their managers during the day and through an 'on call' system during evenings and weekends. Staff told us they felt supported if they needed advice or to report any events/changes regarding people's care needs. One member of staff said, "The support is 100 per cent and I can always talk to a manager about any concerns or issues." Another staff member said, "The team works really well together and I feel supported and listened to by my manager [registered manager]." This demonstrated that there was an effective system of training and support for staff.

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. 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.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about the MCA and Court of Protection and how this may affect people using the service when their mental capacity to make certain decisions changed. Staff we spoke with confirmed that they had received MCA training and demonstrated a good knowledge of the MCA principles. One

member of staff said "We assume everyone has capacity to make their own decisions but if this changed a best interest meeting would be held – some people's capacity can change depending on the situation and the person's ability but this does not mean they lack capacity at all times."

The team managers and staff were knowledgeable about the situation where an assessment of people's mental capacity could be required. At the time of our inspection the registered manager told us that all of the people receiving personal care from the service had the capacity to make informed decisions for themselves either with, or without, support from staff. The registered manager was also aware of the relevant contact details and reporting procedures regarding this area and would contact the relevant authorities if people's needs changed.

We found that assessments of people's nutrition and any dietary needs and food preferences had been completed as part of their support needs. People told us that the staff assisted them with their meals, daily routines and shopping. The staff also encouraged people with healthy eating choices as much as possible. During our inspection people told us that staff assisted people to choose their meals during the day. One person told us that they were going to a café later in the day with a member of staff.

People were supported by staff, where necessary, to access healthcare appointments including their local surgery and hospital out-patient departments. The healthcare professionals we spoke with who had contact with the service told us that they found the registered manager and staff to be responsive to any advice given and that communication had been consistent and professional.

Is the service caring?

Our findings

People that we spoke with confirmed that the staff were kind, helpful and caring. For example, one person said, "They [the staff] are very kind and always ask me what I want to do at home or out in town – they have helped me with healthy eating and we go shopping and with my cooking." A second person said, "They [staff] help me to get out and about and I enjoy watching sport on television with them [staff]." A third person said, "They [staff] have been really helpful in making improvements in my life and I have been treated with respect and never felt judged [by staff]." A relative told us that the staff were respectful and treated [family member] with dignity at all times. We observed that there were friendly, respectful and supportive relationships in place between staff and people we met with a lot of good natured banter in place.

We saw staff provided reassurance and dealt with people's issues and concerns in a kind, cheerful and attentive way. One person said, "They [staff] assist me with sorting out my money and help me with organising activities during the week." People we met told us that they were able to discuss forthcoming events and any issues they were concerned about. Examples included going shopping, dietary needs and attending forthcoming health and social appointments. The staff we spoke with displayed a great deal of warmth and enthusiasm about their work and the care and support they provided for people. One member of staff said, "I love my job and we work as a team to provide the best possible care." Another member of staff said "I love helping people to remain as independent as possible and I enjoy the variety of care and support that is required from people."

People told us that care staff respected their privacy and dignity when they provided their care and support. People said that they usually had the same staff providing care and support and knew in advance which staff would be visiting them. Members of staff described the aims of people's support in enabling them to live as independently as possible and have a good quality of life. One member of staff said, "It is really good to help people to remain active and fulfil the things they want to do, It is really important to meet people's needs in the way that they want."

Records showed that staff received training and guidance during their induction about how to promote and maintain respect and equality and diversity and meet people's needs in a caring and supportive manner. We saw that the registered manager had taken steps to ensure, as much as possible, to meet people's individual preferences regarding whether they wished to be supported by male or female staff. People's preferred names were recorded in people's care plans. This showed us that people's preferences were considered and acted upon. We observed conversations between staff and people using the service and there was a positive rapport and a caring and reassuring attitude shown by staff towards people they were supporting.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. Discussions with staff during the inspection showed that they had a good and detailed understanding about individual's care and support needs. It was also evident from discussions with healthcare professionals that they felt staff knew and understood people's needs. Care professionals commented that there was a close and proactive contact with the registered manager and staff to ensure that people's care and support was well coordinated.

Care and support plans reflected people's wishes and preferences and how staff should support them. People's support and care plans detailed how many care staff should support each person both in and outside of the person's home. This showed us that people's needs and preferred ways of being supported were understood, respected and acted upon.

The registered manager told us that no one currently had a formal advocate in place but that local services and their contact details were available as and when required. We saw that relatives had regular contact with the service and were involved in the planning and reviewing of their family members care and support where appropriate.

Is the service responsive?

Our findings

All of the people we spoke with confirmed they were involved in planning their care and support and were able to make changes when necessary. For example, one person said, "I can always talk to staff and I can make changes to my care and support." They went on to say, "I feel have really made progress with the support of the staff." A relative said, "I have often met with the staff to review my [family member's] care and I am very pleased with the support they [the service] provide. The care is fabulous and I have no concerns."

People said they were able to choose the care workers they preferred as much as possible, their preferred time of care and what was important to them. This included likes and dislikes such as the meals they preferred, activities and hobbies they liked to pursue, assistance with their daily routines and access to facilities in the community. One person said, "The staff are good and I see them every day to help me with the things I need."

We found that assessments of people's needs had been carried out by the team managers and senior staff before they used the service. People's preferences were recorded regarding their health care and support needs, likes and dislikes, contact with family and friends, meal choices and their life history to aid staff's understanding of each person. These were used to formulate the support plan and outline the care which was to be provided.

We looked at four support plans during our inspection. There were person centred guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person's personal preferences as to how care and support should be delivered. People told us that the staff had always asked them about their individual preferences and examples included where they wished to go during the day and meal preferences.

Examples of care and support plans we saw evidenced that that people received the required care. Examples included; assistance and prompting with personal care, preparation of meals, assistance with medicines, assistance with finance, attending health care appointments and assistance in accessing social activities. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided. Staff we spoke with were able to give examples about the varying types of care that they provided to people. Examples included assisting people with prompting and assisting with personal care, financial budgeting, cooking, accessing community resources, and assisting with administering people's medicines. One person said "I really enjoy going for walks and we [with staff] enjoy going to lots of places which is really good."

Detailed daily notes were completed by care staff at the end of each session with people they had supported which detailed the care and support that they had provided. We saw samples of these notes and saw that they contained information regarding the support that had been provided.

We saw that staff held regular recorded reviews of the support plan with people and their relatives where necessary to ensure support was kept up to date and met the person's needs. One person said, "I meet with

staff to review how things have gone and change things when I want." We saw samples of reviews completed regarding the care and support that was being provided. However, in the care plans we saw it was noted that more detail was needed in the review section to show what changes had taken place. We raised this with the registered manager and team managers and they told us that this would be included at the next reviews.

People we spoke with felt able to raise and discuss their concerns at any time with their keyworkers and with the registered manager. One person said, "If I have any concerns I speak with the staff and we sort things out." People said that their concerns were dealt with in a timely manner. We saw staff in conversation with people they were supporting and they were attentive and provided reassurance when answering any queries that people raised.

A copy of the service's complaints procedure was made available to people. The team managers told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw the complaints log which showed that any concerns were responded to and resolved to the complainants satisfaction in line with the organisation's policy. People we met told us that they knew who to speak with if they had any concerns about the care and services being provided. No one we spoke with raised any concerns about the service.

Is the service well-led?

Our findings

People told us that they had regular contact with members of staff, the registered manager and knew who to contact if they wished to discuss any issues about the care and support being provided. One person commented, "I can always speak to the staff about any issues or questions that I may have." People were encouraged to make suggestions and comments during their individual meetings with staff. Actions were taken in response to these, which included being flexible in changes to weekly routines or exploring new activities or interests.

We saw that there was regular contact with people to gauge their satisfaction with the services being provided. Quality assurance satisfaction surveys were sent to people who used the service to gain their opinions regarding the care provided. However, the registered manager told us that the response to surveys had been poor. The registered manager said that they and the organisation's operational managers were reviewing this process with representatives of people using the service and relatives. This was to improve how the surveys were presented and hopefully encourage more participation from people using the service. We spoke with one person who attended the organisation's 'Stakeholders Committee' to be able to give their opinion of the services being provided. They said this was a useful forum and that it was good to meet and speak with the organisation's management team and look at ways that people's views could be gathered rather than just the surveys that were sent out to people.

The registered manager demonstrated that they understood their roles and responsibilities well and the staff we spoke with told us that they felt the service was well managed. They said they felt supported and that they were able to raise issues and concerns at any time. They said they felt supported by managers at all times, including during out of business hours. One member of staff told us, "The staff work well together as a team and I feel that I am supported." Another staff member told us that, "My colleagues are helpful and very supportive and ensure important information is passed on." We saw a sample of minutes from recent staff meetings where a range of care and support issues and service developments had been discussed.

Staff we spoke with told us that there was an open culture within the service. Staff told us they enjoyed their work and working for the service. One member of staff said, "I really love my job and the difference we make in people's lives." Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice if this arose. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. One member of staff said, "I feel that I would be confident in reporting any concerns to my manager and that I would be taken seriously and protected if I did so."

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. We saw that unannounced checks of staff's competence were undertaken by management staff to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with. Team managers told us that they also received training in management issues such as time management and disciplinary procedures which they had found to be useful.

We saw that there were meetings held with the team managers and the registered manager to monitor and ensure audits of key areas of the service were made. These audits included observations of support being provided, updates to care and support records, reviews of care, monitoring of medicine administration, discussions with people who used the service and their relatives, complaints and concerns, staff recruitment, training and health and safety arrangements.

The registered manager was aware of their responsibilities in notifying the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC as required.

The registered manager and care staff worked in partnership with other organisations and this was confirmed by comments from health care professionals we spoke with. Comments we received were positive and they felt that any concerns and issues were promptly dealt with and that any queries were responded to promptly and professionally by the registered manager and staff.