

Independence Matters C.I.C.

Floating Support City

Inspection report

Vauxhall Community Hub
Johnson Place
Norwich
Norfolk
NR2 2SA

Tel: 01603222866

Website: www.independencematters.org.uk

Date of inspection visit:

03 October 2019

04 October 2019

Date of publication:

11 December 2019

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Floating Support City is a domiciliary care agency providing personal care and support to people living in their own homes in the Norwich area. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care; this is help with tasks related to personal hygiene and eating. Where people do we also consider any wider social care provided. Therefore, whilst the service currently supports over 80 people, only 11 of these were receiving personal care. This inspection therefore only focused on the service provided to these 11 people.

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

Feedback from people using the service was positive and all the people we spoke with recommended the service.

People were protected from abuse, neglect and discrimination. Staff ensured people's safety and acted when necessary to prevent any harm. We found care plans and risks assessments were mostly thorough. People received their medicines according to prescriber's instructions. Recruitment practice was thorough and ensured there were enough staff of appropriate character to provide consistent support.

Staff received sufficient training and people said staff were skilled in providing their care. Staff monitored people's health and helped them access health and social care services whenever needed.

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

People described the staff as kind and reliable. The staff actively encouraged people's independence and dignity. People were encouraged to actively participate in their care planning and were given opportunities to feedback on the service provided. There was a strong emphasis on personalising the support provided, encouraging social activities and enabling people to access their local community.

Whilst we received positive feedback about end of life care being provided, we have made a recommendation about being better prepared for providing end of life care. Reviews were completed when required due to a change in need or circumstances. However regular reviews to check people's preferred outcomes were still appropriate and being achieved were not completed. We have made a recommendation regarding completing regular reviews of care plans.

People told us the provider was usually accessible and dealt with any concerns or complaints effectively. Staff reported after a period of re-structure, the service had a clearer focus and was well managed.

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

Rating at last inspection

The last rating for this service was 'Good' (published 12 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Floating Support City

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

The service has a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to gather consent to speak to people using the service. Inspection activity started on 2 October and ended on 7 October 2019. We visited the office location on 3 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, three team managers and four support workers. We also spoke with an NHS health care professional regarding the care provided.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision and reviewed the provider's training records. A variety of records relating to the management of the service were reviewed; including audits, quality assurance records, complaints and incident records, policies and procedures.

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the feedback from people using the service and their relatives was that they felt safe using the service. One person told us, "I trust them." A relative commented, "They always make sure [the person] wears their alarm and they use the keysafe to lock up. [The person]'s as safe as they can be."
- Policies in relation to safeguarding and whistleblowing were in place and staff continued to receive training based upon these.
- Staff demonstrated a good awareness of the types of abuse possible, safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them.

Staffing and recruitment

- Following a period of re-structure, the staff team was now stable and adequate to meet the needs of people using the service.
- The provider operated a robust and thorough recruitment process to ensure that staff were of appropriate good character to provide care in people's homes.
- The provider had introduced an electronic call attendance system to enable live monitoring of care visits. People told us they had no missed visits and the care staff arrived on time.
- There was mixed feedback regarding the consistency of care staff attending which some people found confusing. People told us they did not always get a rota of staff in advance, which some felt could be helpful.

Using medicines safely

- Medicines management systems were well organised, and people were receiving their medicines when they should. One relative told us, "They are very rigorous about the pills...I feel very happy with medication – it is very safe."
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
- The provider audited the medicines administration recording monthly to monitor and respond to any errors found. On the rare occasions where medicine administration errors had occurred, the staff involved were retrained by the provider's nurse and had their competency to administer medicines reassessed.
- The service had clear protocols available for the administration of 'as required' (PRN) medicines and covert administration of medicines. Body maps were used to support administration of topical medicines.

Preventing and controlling infection

- Staff were provided with suitable personal protective equipment such as gloves and aprons.
- Staff were able to explain safe practice in relation to maximising infection prevention and control, such as

changing gloves between individual tasks.

Learning lessons when things go wrong

- The registered manager demonstrated a proactive approach to reviewing accidents or incidents with all the individuals concerned. Incident recording included analysis and discussions with the team manager. The outcomes were communicated as required directly to all care staff involved and/or discussed at regular team meetings.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and appropriately supported.
- The provider did not always use appropriate recording tools to promote robust management of risks. For example, a person at risk of pressure ulcers did not have a dedicated recording tool to systematically monitor their skin. However, health professionals involved told us carers were recording and keeping them appropriately informed of concerns and were providing the recommended care. Whilst no significant impact was found to have occurred the provider acknowledged more systematic and specific recording for identified risks could potentially improve monitoring and management of risks.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was person centred and assessed people's needs and individual preferences to enable them to achieve their desired outcomes.
- Staff told us they were given verbal briefings alongside written assessments and care plans prior to visiting new people to ensure they were familiar with people's assessed needs and risks.
- People told us the care plans were effective in communicating people's needs and objectives. One relative commented, "The care plans tell the staff what to be doing. I met a new staff member and they already knew what needed to be done."

Staff support: induction, training, skills and experience

- Staff told us that the induction and training programmes in place were very helpful and relevant. New staff were provided with comprehensive on-line and classroom-based training before shadowing an experienced staff member for several weeks.
- New staff were supported to complete the Care Certificate, an industry recognised national training programme for staff working in health and social care.
- Staff had regular checks and refresher training on their key skills and competency.
- One relative told us, "I'm impressed [by staff] ...The care and attention they give appears to be first rate."

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

- People told us the care provided was effective and staff usually arrived on time. The provider had implemented a call monitoring system which enabled live checks on call times and daily observations and messages to be shared quickly and effectively.
- One relative explained that the carer staff were good at noticing health issues and liaising with appropriate health professionals. They told us, "[staff] advised me to get help regarding [the person's skin] after a wash. They also noticed when [the person] was getting an infection."
 - A health professional told us staff were good at communicating concerns and complying with healthcare instructions.
 - The provider liaised with appropriate healthcare and social care professionals when appropriate. Staff supported people to attend healthcare appointments where needed.
 - When a change of care provision was considered necessary to support a person's objectives, the provider liaised with social care professionals, and advocated on behalf of the person where appropriate.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had embedded mental capacity checks within care plans which ensured people's ability to make decisions for themselves was always considered.
- The provider showed a strong commitment to support people experiencing difficulties with their capacity, such as people living with dementia, learning difficulties or mental health support needs, to be at the centre of decision making.
- People's consent had been sought in line with the relevant legislation. People and relatives told us staff were polite and always asked for consent before performing a task. One relative said, "They always ask and explain what they are doing."
- Staff had received training and showed a good understanding of the MCA.
- The provider had not always recorded when a person had appointed a Lasting Power of Attorney to make decisions on their behalf. The provider agreed to ensure this was in place quickly.

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

- Staff understood people's needs and preferences in relation to food and hydration.
- For people at risk of weight loss or malnutrition, there were not always separate dedicated records of how much they were eating and drinking. One member of staff commented they were supporting a person with a possible eating disorder however there was no care plan or monitoring in place to assess and support this risk.
- People told us they were supported to maintain a healthy diet and were offered choice.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider's core values statement was "Caring, compassionate and committed". The feedback from people and their relatives was positive with staff commonly described as 'kind' or 'caring'. One person told us, "They are kind - they help me - I have [personal care difficulties] sometimes and they sort it out." Another person said, "Sometime I get upset and they sit down and talk to me."
- Training called "Little things matter" enabled staff to consider what it is like to be in receipt of services and to consider the implications of disabilities or diversity for people. This helped staff to empathise well with people's circumstances and provide more personalised care.
- Staff were enthusiastic and dedicated to their work. One staff member described, "Our approach is to maintain their dignity and listen to any concerns they have."

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

- People told us staff always asked consent before providing care. One relative described the support to a person living with dementia, saying, "They try to gain consent and help them choose for example what type of sandwich - they often show them the options to help them understand."
- A staff member described being flexible to ensure people's wishes are accommodated; they commented, "We try to avoid working in a very fixed way."
- The views and preferences of people using the service were clearly expressed in their care plans. The provider used a care plan entitled 'Making choices' to guide staff on people's ability to make choices and reflect their preferences. One person told us, "They do what I want them to do. It's my choice."
- Staff endeavoured to include people even if their communication or understanding was limited. A relative described staff working with a person as, "Very patient – I admire them. Conversation isn't easy – but they keep trying."

Respecting and promoting people's privacy, dignity and independence

- Staff were described as respectful and supportive. One relative told us, "They are definitely kind and caring. They look after [the person's] dignity during personal care - they use towels."
- One person described how the staff enabled them to wash as independently as possible.
- The provider is proactive in supporting people to increase their independence, referring to other professionals such as occupational therapist or mental health services where appropriate and promoting engagement in the local community. One member of staff told us, "We help them gain confidence to do tasks. [A person] I support now has gone from living with their parents to living alone. It's amazing to see [the person] doing things they didn't think they could do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant people's needs were not always met through good organisation and delivery.

End of life care and support

- At the time of this inspection two people were receiving palliative care. The provider was working with various healthcare professionals to ensure their healthcare needs were being met. Both these people or their relatives have given positive feedback regarding the quality of care and support provided.
- Whilst these two people told us the current care provided was good, the care records relating to forward planning for end of life care required improvement. The provider needed to clearly identify and plan for potential end of life needs and associated risks, and personalise end of life care planning. For example, the provider had only recorded some end of life information in relation to one of these people within their generic support plan. There was not a comprehensive record such as an 'advanced care plan' of the person's end of life care wishes. They were unaware of whether the other person had a 'do not attempt resuscitation order' in place, nor attempted to ascertain their end of life care wishes.
- One person's care plans were not fully reflective of recent changes in their condition and support needs. The registered manager acknowledged the importance of being responsive to potentially rapid changes to ensure care remained appropriate and agreed to review the care plans quickly.
- The provider advised their end of life care training had recently been updated into an e-learning format however staff spoken had limited awareness of end of life issues. The provider did not have specific end of life care policies or proforma such as 'advanced care plans'.

We recommend the provider considers nationally recognised guidance, best practice and training in relation to preparing for, and recording end of life care wishes, and update their practice accordingly.

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

- The provider reviewed care plans whenever a change was identified but did not have a schedule of routine reviews. This meant the provider was not systematically checking that the outcomes identified were still relevant and desired by the people receiving services. It also meant people did not have a regular opportunity to raise concerns or reflect on how their support was provided. The provider acknowledged the potential benefits of regular reviews and agreed to implement a schedule of regular reviews.

We recommend the provider consider best practice in relation to completing regular reviews of people's preferred outcomes and care plans and act to update their practice accordingly.

- The provider had recently decided to only offer minimum calls of 3 hours duration for all new care visit requests which reflected their intent to focus on community engagement support in the future. However,

this was found to be restrictive by some of the current people receiving care as they were unable to increase their care packages with short calls if/when their needs changed.

- Care plans were appropriately person-centred. The provider had ensured each person's personal history, social circumstances, preferences and initial objectives were recorded and incorporated into their care plans.
- People told us the service was usually responsive to urgent changes in circumstances. For example, returning to aid a person with unexpected continence care needs in between scheduled calls or rescheduling care calls when an appointment was required. One relative said, "The carers are very good at getting [person] ready for appointments – they varied the time of call to accommodate this. [Person] was showered and dressed ready for the last appointment."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had a communication section in their support plan that detailed their communication needs and methods.
- The provider had begun to ensure their information and records were accessible for people with communication difficulties. For example, an information folder about someone's life limiting illness had been completed with simplified language and pictorial information to help them understand their condition. However, this approach had not yet been widely applied. The provider acknowledged this was an area requiring further development.
- One relative commented that staff made particular effort to communicate with a person who was unable to communicate verbally, through observation and use of non-verbal communication and demonstrating the options available.

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

- The provider had a clear focus on supporting people to engage and become more independent in their local community. One person told us, "They give me choices of what to do. I get bored indoors."
- Staff described the importance of getting to know each person and to develop a personalised plan of activities. One staff member explained, "We give them options and explain what the options are – it might take a trial, say if a social club, we go and show them. At the end of the day it's their choice."
- The provider also supports those relatives acting as the main carer for a person to have regular respite breaks, so they do not themselves become socially isolated.
- The provider had a strong ethos of supporting people with physical and/or mental health difficulties to access their local communities and lead full and active lives. For example, they have developed an app to inform people of accessible activities, changing places and defibrillators in Norfolk.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. No-one we spoke with had had cause to make formal complaints as any issues were responded to quickly and effectively.
- The provider worked in line with their complaints procedure and had a thorough approach to responding to any concerns. People told us communication with the provider was good and issues raised were effectively dealt with.
- Regular team meetings and supervisions were used to explore any complaints or concerns and disseminate improved practice or new ideas.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and team managers had created an open and positive culture within the service. We received positive feedback from people and relatives. One person told us, "[Staff] always appear to be pleased to be here, cheerful. It's not just another job."
- People told us that they could speak to care staff about concerns or issues and they were usually able to speak to the provider when needed.
- There was an effective on-call system and the new electronic system enabled daily notes and messages to be shared immediately between staff.
- Staff felt proud to work in the service and enjoyed their role. One staff member told us, "The staff are there for each other and we really care about the clients that we look after."

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

- The provider understood their responsibility to always be open and honest with people and their relatives. This was demonstrated through the registered manager's response to complaints.
- The provider reviewed and analysed incidents and shared learning both individually and within staff meetings to promote improvements to practice.
- The provider was involved in appropriate external best practice forums to ensure they remained up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a registered manager in post who demonstrated that they understood their regulatory roles and responsibilities well. Staff we spoke with told us that they felt the service was well managed.
- Staff told us the registered manager was knowledgeable and approachable and that the management team was very supportive. One staff member told us "[the registered manager] is brilliant - they are very appreciative."
- The provider had been through a period of consultation with staff following the merger of three services. Staff acknowledged this had been unsettling but useful and had resulted in a clearer management structure and service plan.
- Annual quality assurance surveys were completed and were used to drive innovation and quality improvements. For example, the training 'Little things matter' was initiated following feedback from people

that had staff needed greater understanding of what it meant to be dependent on a service.

- Staff were provided with regular supervision and appraisals. Team meetings were held frequently which reviewed any issues with people's care provision, considered learning points from complaints and incidents and discussed best practice.
- The management team had begun to set up more robust auditing systems, for example of staff and service users files. Some information such as an overview of any training outstanding was not easily accessible however the manager was able to show systems were working to ensure the quality of service.
- The registered manager acknowledged that the recent service restructure had required considerable management time to ensure staff and people using the service were supported with the changes. Now this was completed, we were assured the registered manager had the ability to focus on identified areas of practice that required improvement.

Working in partnership with others

- The provider worked in partnership with commissioners to help people achieve their objectives. This included regular feedback and adjustments to care provision as people's needs and preferences changed.
- Where appropriate people were supported to access alternative services to promote their health and well-being.