

# Coventry City Council

# Pils

## 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 

## Overall summary

Promoting Independent Living Services (PILS) provides care and support to people with learning disabilities living in their own home. Some people who used the service required support 24 hours a day while other people received support at pre-arranged times. At the time of our visit the agency supported 47 people with personal care or support.

We visited the offices of PILS on 30 July 2015. We told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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 told us they felt safe with their support workers and knew what they would do if they felt unsafe. Support workers were trained in safeguarding adults and understood how to protect people from abuse. There were processes to minimise risks to people's safety; these

# Summary of findings

included procedures to manage identified risks with people's support and for managing people's medicines safely. There were enough experienced staff to provide the support people required. Checks were carried out prior to support workers starting work to ensure their suitability to work with people who used the service.

People told us support workers were kind and respectful and had the right skills to provide the care and support they required. The registered manager and support staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. People had consistent support workers who they were able to build trust and relationships with.

Support plans and risk assessments contained relevant information to help support workers provide the personalised care people required. People were involved

in their care and were asked for their views and opinions about the service they received. People and support workers said they could raise any concerns with the registered manager, or support co-ordinators knowing they would be listened to and acted on.

The registered manager and staff working for PILS were dedicated to providing quality care to people. Support workers and people who used the service found the management team open, approachable, and responsive. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and support staff, checks on support workers to make sure they worked in line with policies and procedures and a programme of other checks and audits.

# Summary of findings

## 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.

Support workers understood their responsibility to keep people safe and there were procedures in place to protect people from risk of harm. Support workers understood the risks relating to people's care and supported people safely. There were enough suitably experienced workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Good



### Is the service effective?

The service was effective.

Support workers had the knowledge and skills to deliver effective care to people. Staff understood the principles of the Mental Capacity Act 2005 so that people were appropriately supported to make decisions. People's consent was requested before care was provided. People who required support had enough to eat and drink and had access to health professionals when required.

Good



### Is the service caring?

The service was caring.

People told us they were happy with the service they received. People were supported by workers who they considered kind and caring. Support workers ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from consistent support workers that understood their individual needs.

Good



### Is the service responsive?

The service was responsive.

The service people received was based on their personal preferences. People were involved in decisions about their care and how they wanted to be supported. Support plans were regularly reviewed and support workers were given updates about changes in people's needs. People were able to share their views and had no complaints about the service they received.

Good



### Is the service well-led?

The service was well-led.

The management team were committed to providing a service that put people at the centre of it. Support workers shared these values and enjoyed working for the service. Staff felt supported to do their work and people who used the service felt able to contact the office and management at any time. The registered manager provided good leadership and regularly reviewed the quality of service provided and how this could be improved.

Good



# Pils

## 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.

The inspection took place on 30 July 2015 and was announced. We told the provider before the visit we would be coming so they could ensure they would be in the office to speak with us and arrange for us to speak with support staff. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's

information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. They also sent a list of people who used the service so we could contact people to ask them their views of the service.

We sent surveys to people, and received responses from eight people who used the service, thirteen staff and three professionals involved with the service. We spoke by phone with thirteen people who used the service, or their relatives. During our visit we spoke with two support workers, a senior support worker, a care co-ordinator and the registered manager.

We reviewed five people's support plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People told us they felt safe because they received care from support workers they knew and trusted. People knew what to do if they did not feel safe. Comments from people included, “I would tell someone,” “I would tell the boss,” “If we had problems we would let them know,” and “I would ring the office.”

Support workers understood how to safeguard people they provided support to. Support workers had completed training in safeguarding adults and had a good understanding of what constituted abusive behaviour. They were aware of their responsibilities to report suspicions or allegations to the registered manager or senior staff in the office. One support worker told us that they would have no hesitation reporting any abuse allegation as she had “a duty of care to promote people’s safety and well-being.”

There was a procedure to identify and manage risks associated with people’s care, such as risks in the home or risks to the person. Support workers knew the risks associated with people’s care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take this into account and minimise risk. For example, people who had behaviours that could be seen as challenging had plans in place so staff knew how to identify cues or triggers and how to interact with the person to calm behaviours. The service used a traffic light system for identifying and managing identified risks with people’s care. This made it easy for support workers to know the level of risk associated with the particular activity or behaviour. The service was proactive with risk management and used risk assessments positively to support people maintain independence and have new experiences, for example to cook for themselves or go horse-riding.

There were sufficient experienced support workers to provide the support people who used the service required. At the time of our visit the service supported 47 clients and employed 110 support staff. One staff survey told us, “All staff work very well together and we all help out in other

supported tenancies as the need arises, we have relief staff to ensure consistency for our tenants in case of annual leave and sickness.” Support workers told us that a senior member of staff was always available if they needed support. One support worker told us, “There is always someone on call for advice or support so you never feel like you are on your own.”

Recruitment procedures ensured staff were safe to work with people who used the service. Staff told us they had to wait until their DBS and reference checks had been completed before they started working in the service. The Disclosure and Barring Service (DBS) assists employers by checking people’s backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had a DBS check, references and health declarations completed before they started work.

The provider had a contingency plan for each of the supported living tenancies in case of emergencies, for example in case of fire. These also included plans if the tenancy could not be used following the emergency.

Some people needed support to take their medicines. Support workers told us they were confident assisting people with this as they had received training that explained how to give medicines safely. Support workers said they had their competency checked regularly to make sure they continued to give medicines safely.

There was a procedure to check medicine records to make sure there were no mistakes. Support workers told us they checked the medication administration records (MAR) on each shift to make sure there were no gaps or errors. If they identified any errors they reported this to their senior or staff in the office. Additional checks were made on MARs during spot checks by senior staff to ensure support workers had administered medicines correctly. Completed MARs were returned to the office for auditing and filing. Records confirmed staff had completed training in safe handling of medicines and competency assessments were completed regularly. Medicines were managed safely, support workers were trained to administer medicines and people received their medicines as prescribed.

# Is the service effective?

## Our findings

People who used the service and their relatives, who completed our survey, told us support workers had the skills and knowledge to meet their needs. Responses from community professionals involved with the service included, “The care staff are competent to provide the care and support required by people who use this service.”

Support workers told us they completed an induction which fully prepared them for their role before working unsupervised. They also told us they received the training needed to support people's individual needs, choices and preferences. One staff survey told us, “All staff have a comprehensive induction. The induction covers the new care certificate as well as medication competencies, tenancy inductions, observations, and shadowing experienced members of staff until they are competent to work alone. Although new members of staff go through a comprehensive induction, the service ensures that existing staff members have regular updates and the expected values and ethos. The service captures this by working through a large standards document in supervision.”

Records confirmed support workers received training considered essential to meet people's health and safety needs. They also completed training to support individuals that used the service, for example, epilepsy management and management of behaviours that challenge, which the service called ‘Team Teach’. Support workers were encouraged to complete a qualification to work with people with a learning disability. One support worker who had transferred from another service told us, “They were fantastic with my transition; I had a great induction and caught up with all the training I needed to work with this client group.”

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. The registered manager told us there was no one using the service at the time of our inspection that was unable to make decisions about how they lived their daily lives. Although some people did lack capacity to make certain decisions, for example where they wanted to live or how they managed their finances. All the people who used the service had somebody who could support them to

make these decisions. Support workers had been trained in the MCA and understood the relevant requirements of the Act. For example, they could only provide care and support to people who had given their consent. Support workers told us the MCA meant, “Assuming people have capacity and working in people's best interests. Trying to give people as much choice and allow them to make their own decisions.” Another said, “It's about protecting people so they can continue making decisions about their lives, so they can live how they choose.”

DoLS referrals are made for people who lack capacity when decisions about depriving them of their liberty are required. The registered manager was aware that DoLS legislation had been extended to include people who lived in supported tenancies. They told us there were several people who required restriction on their freedom, to maintain their safety. The registered manager had consulted with the DoLS team about these people and one application had been submitted and others were in the process of being completed.

People told us they were supported by staff to make their meals and that they were offered choices according to their specific preferences. Support workers told us most people were supported to prepare their main meal, but several people were able to make snacks and drinks themselves with prompting or supervision. Some people were dependent on staff to provide all their food and drink and support workers used pictures to help people decide on meal choices. Support workers told us they accompanied most people shopping so they could buy food according to people's likes and preferences.

All the people we spoke with required some support or prompting to manage their healthcare. People told us, “My keyworker arranges appointments and comes with me as I may not understand,” and, “The consultant comes to see me every three months. I go to the optician and see the dentist every three months.”

Support plans contained ‘health passports’ for people where health needs and appointments were recorded and monitored. Staff had completed training to support people's health conditions including epilepsy and diabetes and guidelines were in place to inform staff how individual's health conditions were to be managed. Support workers knew the people they supported very well and were able to monitor and respond quickly to people's health conditions. For example, one person suffered from

## Is the service effective?

severe hay fever, their support worker knew the signs and symptoms of their condition so were able to offer antihistamines to control this before the person felt unwell. People were supported to manage their health conditions and had access to health professionals when required.

# Is the service caring?

## Our findings

All the people and relatives we spoke with or who completed our survey, told us they were happy with the support provided by PILS. Comments from relatives included, “More than happy. [Name]] is so settled and happy and if she is happy, we are happy. They are like an extension of the family; they have her best interests at the heart.” Another said, “The staff are lovely, the place is brilliant, [person] asks, what time am I going back,” following visits to family.

The service made sure people received care from familiar, consistent support workers. People told us they were always introduced to their support workers before they provided support. One staff member told us, “Where new staff will be working on a one to one with people. The induction includes double up shifts; for some tenants with complex support needs it can be up to three weeks before we lone work.” Everyone we spoke with told us it was important to have staff that knew people well. One staff survey told us, “The service is well run to make sure every service user has a consistent staff team, which ensures continuity. This is extremely important because an unfamiliar staff team would have a detrimental effect on the service users we support and their behaviours would escalate.” People who used the service told us they were happy with the workers who supported them.

Support workers we spoke with were proud of the service they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. One support worker told us, “I work with the same people and have built up good relationships with them.” Another support worker told us, “The people I work with have limited verbal communication; I know them really well and can pick up signs and cues when they are unhappy with anything.”

People we spoke with and all the completed surveys we received, told us support workers were kind and caring and treated people with dignity and respect. One support worker told us, “I am happy in my working role. We ensure the tenants we support are given the best possible care and that their dignity is maintained at all times.” Another said, “Dignity is discussed in our supervisions, we give an example of how we have promoted a tenant’s dignity since the last meeting. I feel that we ensure dignity and respect is maintained at all times.” The registered manager told us,

“Each staff member has regular supervision and an agenda item in supervision covers dignity and reflective practice. Staff are asked to give an example, and one I particularly liked was about a tenant who has complex needs where staff were encouraging him to use keys to open his front door. With continuous prompts he now has the ability to control of his own keys which has promoted his independence and self-esteem.” One staff survey told us, “At PILS we always ensure we promote the tenant’s independence and dignity at all times and we have all signed up to become dignity champions within PILS. I feel it is very positive for the people to be able to have their own tenancies and be able to live within their local communities rather than being isolated and labelled.” People who used the service were treated with dignity and respect.

People we spoke with and all the people who took part in our survey agreed they were involved with decision making about their care and support needs. They said their views about their support had been taken into consideration and included in their support plans. The registered manager told us in the provider information return (PIR) that, “The ethos of PILS is person centred and promotes peoples independence. It puts each individual service user at the heart of everything the service strives to achieve. Everything that we do ensures people have autonomy and choice over the way they want to live their lives and receive their support.” One staff survey said, “Our service promotes the independence of all service users within our care, giving tenants with learning disabilities the choice to live their life how they choose without judgement and discrimination but with minimal risk. Our aim is to offer high quality consistent care in a person centred way.” People who used the service were supported to maintain their independence and to live their lives as they wished.

We looked at five peoples’ support plans to see how people’s needs were assessed and managed. Support plans were individualised and included details of how support workers could encourage people to maintain their independence. Wherever possible people were supported to undertake their own personal care and daily tasks. All the people who used the service and their relatives felt things were done ‘with them’ rather than ‘for them’. Plans included pictures to assist people with limited verbal communication to understand and participate in their support. People told us the information they received from

## Is the service caring?

the agency was clear and easy to understand. Information about people's support needs was available to staff and plans were written in a format people who used the service could understand.

Support workers understood the importance of maintaining people's confidentiality. One support worker

said, "I never talk about tenants to other people. We are trusted to maintain people's privacy and that includes any written or verbal information. I wouldn't like it if someone shared information about me without my consent."

# Is the service responsive?

## Our findings

People and their relatives told us their support needs had been discussed and agreed with them, and the service they received met their needs and choices. People told us support workers understood the support they required and this was recorded in their support plan. One relative told us, “No concerns whatsoever, they have a good understanding of needs.”

The registered manager told us they involved relatives and invited them to reviews if the person they supported wanted this. One family member told us, “I’m invited to every meeting,” another said, “There are meetings specifically for families.”

Support workers we spoke with had good understanding of people’s care and support needs. They told us, “We provide most tenants with 24 hour support so we have time to read care plans, sit and talk with people and accompany them on activities so we get to know the person, what they need and what they like.”

The registered manager told us in the PIR that, “Service Users are fully involved in all aspects of the service they receive. This is documented in their support plans which they are fully involved in writing and preparing. Support plans are ‘service user friendly’ and are full of personal pictures.” The support plans we looked at, confirmed the information the provider gave us. Plans provided support workers with information about how people wanted to receive their support and how they liked to live their lives. One support worker told us, “The tenants support plans are written in service user friendly format and where ever possible include photographs of them, certain activities and of their house or flat.” People had ‘new experience’ records in their support plans. These included hobbies and interests’ people were supported to follow, and included photographs of people’s holidays, day trips, visits to family, horse riding and cake baking.

Plans were reviewed and updated regularly and people were involved in reviews of their care. A professional involved with the agency told us, “The agency co-operates with other services and shares relevant information when needed, for example when people’s needs change.”

People told us the service was responsive to their needs. A family member told us how the agency had arranged for the downstairs shower room to be converted for their

relative who had a visual impairment. They also said their relative was always dressed immaculately in clothes support workers had helped them to choose. Another family member whose relative had a hearing impairment said they had installed a safety light in the ceiling and provided a buzzer to keep under their pillow to alert them if there was a fire.

A social care professional told us, “I see a variety of people supported in different ways. Staff supporting clients are able to provide good information and have acted quickly to implement recommendations for their clients. There appears to be a consistent staff team and a very supportive management team. Most people I see have more severe degrees of learning disability so often have significant communication difficulties. I have seen the dedication of staff and the support and care for clients is excellent.”

The registered manager told us, “To ensure that the service delivered is responsive to all situations there is an on call system in operation when the office is shut. There is also an emergency duty team in operation and the service will liaise with social work teams if there are situations which may need out of hours support.”

People and their relatives knew they could raise concerns with their support workers and knew the actions to take if they wanted to make a complaint or raise a concern. The registered manager told us in the PIR that, “PILS always encourage people to raise concerns about any aspect of the service. This can be through their planned calls, meeting request forms, speak up we are listening procedure, pre-planned meetings and we operate an open door policy where people can drop in at any time. Concerns will be investigated and where possible inform any future service developments.” One person who used the service said they had made a complaint which had been dealt with to their satisfaction. A professional commented on a survey that the managers and staff were “accessible, approachable and dealt effectively with any concerns raised.”

Support workers told us that each tenancy had meeting request sheets with photographs of senior staff so people could choose who they wanted to meet with. Support workers said they would refer any concerns people raised to their line manager or the registered manager. They were confident concerns would be dealt with effectively. We looked at records of complaints; there was one recorded complaint in the last six months, this had been dealt with in

## Is the service responsive?

a timely manner. There were no identified trends from the complaints received. People had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.

# Is the service well-led?

## Our findings

People and relatives told us they were satisfied with the service they received, comments from people included, “There is nothing they could do better.”

Support workers and senior staff we spoke with told us they enjoyed working for PILS and that their work was “very rewarding”. One support worker told us the service was “Absolutely 100% tenant focused, extremely well led.” Another said, “PILS is an excellent service to work for. The training is excellent, the management are approachable and they ensure time is given if there are ever any concerns.”

A care professional told us about one of PILS supported tenancies where they had been working closely with staff, “The supported tenancy has a good management structure in place and the team leaders offer a “hands on” approach and lead by example.”

Staff told us they felt well supported by the management team to carry out their roles. One support worker told us, “I have regular supervision and attend monthly team meetings; this ensures that I am kept up to date with relevant information and to discuss any concerns, issues or compliments. We discuss dignity’ and reflective practice in my monthly supervisions; this allows me to reflect on ‘my working practice, if I feel that I have done something well or where I feel that I could of done better.” The provider had a clearly defined management structure in place. Staff understood their roles and responsibilities and what was expected of them. Staff knew who to report concerns to and who was responsible for providing supervisions. Support workers confirmed they had regular work supervision. This included observed practice supervision by senior staff who gave feedback if they noticed areas that needed improvement. There was an experienced management team that provided regular support to workers.

All the staff we spoke with and who responded to the survey were aware of the provider’s whistle blowing procedure and would feel confident about reporting concerns or poor practice to their line manager or the registered manager. They were certain any concerns they raised would be listened to and acted on.

The registered manager told us in the PIR, “PILS ensures a culture of transparency and openness by promoting,

supervision, team meetings, sharing good practices, audits, multi -agency reviews and quality assurance processes. All staff are encouraged to question practice and discuss areas for improvement.” From the surveys we received and conversations we had with staff and people who used the service, people confirmed the management team provided a culture where people and staff felt valued and respected. All the people and staff who responded to surveys stated they were asked for their views and opinions of the service and their opinions were listened to. One senior member of staff told us how they had been encouraged by the registered manager to develop their idea for a check list document for agency workers, to make sure they understood people’s support plans and risk management.

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

The registered manager told us they had been working with staff to raise awareness of our new regulations and the five key areas that we inspect against. Staff we spoke with had an understanding about this. They said this had given them a better understanding of how the care and support they provided fitted into these areas. The provider had also held workshops for managers about the five key areas and new regulations so they were able to audit their service and evidence compliance.

All people surveyed told us they knew who to contact in the agency if they needed to. One relative told us, “There is always someone at the end of the phone and will ring back if they are busy.” One staff survey told us, “It does really benefit our service that we have administration staff based at Lamb Street. We are a specialist service and they receive regular phone calls and as they know the tenants and all the tenancies they are able to help, whether it be making changes to the rotas or speaking with the tenants themselves.”

People told us they had visits from senior staff and were sent an annual surveys asking them if they were satisfied with the service provided. Returned surveys from July 2014 showed people were very satisfied with the service they received.

## Is the service well-led?

The provider used a range of quality checks to monitor the quality of service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. Accidents and incidents were recorded and monitored for patterns or trends, for example one person was prone to falling and had been referred to the falls prevention clinic and for health checks.

There were regular checks carried out by the provider and visits from the local authority contracts department to monitor the care and support provided. No actions had been recommended following the visits by the contracts officer.