

# Promoting Independent Care Ltd

## PI Care

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Requires Improvement ●
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# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

PI Care is a domiciliary care agency providing personal care and support to young people living in their own houses, flats and specialist housing. The service provides support to children and young people aged 4-18 years who have a learning disability, autistic people or people with mental health needs. It is also registered to provide support to adults who have a learning disability, autistic people or people with mental health needs.

At the time of our inspection, 3 people were receiving 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 they do we also consider any wider social care provided.

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

#### Right Support:

Relatives told us their family members had choice and control and staff knew them as individuals, although some relative's experience was less positive.

Staff supported people to make decisions where possible. Staff communicated with people in ways that met their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff worked with families to meet people's best interests. The policies and systems in the service supported this practice.

Staff received training about how to support people when they experienced periods of distress. People's freedoms were restricted only if there was no alternative.

Staff worked with other organisations to ensure people received the care, support and treatment they required. We received a wide range of feedback from external stakeholders which is reflected in the report.

Staff supported people with their medicines to ensure their needs were met. Improvements had been made to ensure medicines were monitored and managed safely.

### Right Care:

Concerns had been raised before the inspection about staff knowledge and experience to work effectively with people with complex needs. The provider had been supported to provide additional specialist training to ensure staff were skilled and delivered good quality support.

Concerns had been raised before the inspection that people were not always protected from the risk of harm and abuse. Professionals told us this had begun to improve recently. Policies and training were in place, and staff were clear about what could constitute abuse and what they should do to help keep a person safe.

Staff protected people and respected their privacy and dignity. Most relatives told us their family member's preferences and views were respected. Some professionals felt staff needed additional training and skills to meet the complex needs of individuals using the service.

Staff told us they understood and responded to people's individual needs. They were able to explain their role in respect of individual people and clearly knew them well. Staff we spoke to had a clear understanding of the risks faced by the people they supported.

### Right Culture:

We received a very wide range of views about the organisation, standards, staff and managers. Terms used ranged from 'awful' to 'amazing'. We have endeavoured to reflect this range and balance our judgement in the report.

The managers and staff we spoke to were committed to upholding the organisation's values to support people effectively. There had been recent changes to the management structure to strengthen leadership and improve outcomes for people.

People's families were involved in planning, service provision and reviews. They were encouraged to share their views and the management team were well known by families. The provider worked closely with a wide range of other organisations to improve people's quality of life.

We received mixed feedback about the provider's communication, although most professionals who commented noted that this had improved recently.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 November 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We inspected this service due to an increase in concerns raised by professionals about the service. This included concerns about the knowledge and skills of staff, management oversight and the safety and wellbeing of the people being supported.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for PI Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made recommendations in relation to embedding robust governance and performance systems and continuing to develop quality assurance arrangements at this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# PI Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out 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, flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for around 6 weeks and planned to apply to register with CQC.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to arrange to meet with the provider or managers to support the inspection.

Inspection activity started on 1 February 2023 and ended on 13 February 2023. We met with members of the management team in an agreed office space on 1 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included feedback from professionals who work with the service. We reviewed CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

We used the information the provider sent us in the provider information return (PIR) which was completed before the last inspection. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

The people who received personal care from the service were not able to speak with us. We spoke with 4 relatives of people who received support from the service.

We spoke with 8 staff including the manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 7 professionals who were involved with people who received personal care from the service. We also received feedback from 5 professionals who had worked with people who did not receive a regulated activity from PI Care staff. We have not included their feedback about specific care because this is not in the remit of CQC, but we have considered their views about the provider more broadly because these related to the same staff and management team. Everyone's comments have been incorporated into the report.

We looked at the records of the 3 people who received personal care. We also looked at 5 staff files in relation to recruitment and staff support, as well as audits, policies and procedures and quality assurance information.

We considered all of this information to help us to make a judgement about the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had not ensured staff were able to provide appropriate care and support because a robust recruitment process was not always followed, and adequate staff checks were not consistently undertaken. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We looked at staff records and saw recruitment processes had improved since the last inspection. Documentation such as Disclosure and Barring checks (DBS), references and other checks were now in place. A DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A small number of employment references had been requested but not yet received. Risk assessments were in place to mitigate the risks this presented.
- We saw records which showed staff from overseas were legally able to work in this country.
- At the last inspection, we found some staff data had been lost. The provider had reported this to the Information Commissioners Office and informed staff.
- Recruitment audits had been introduced to ensure there was oversight of systems, processes and checks.
- Staff were employed on flexible contracts to ensure there were enough staff to safely support people.
- The service aimed to provide a core team of staff who knew people well. Relatives told us, "It's a very consistent team. They all become like family", "Unfortunately we have not had consistent staff" and "They know [Name] so well. They care and understand and want to learn about [Name]. The care is brilliant".

### Using medicines safely

At our last inspection the provider had not ensured care and treatment was always provided in a safe way because systems had not been established to demonstrate the person had received their prescribed medicine. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely. Medicines administration records (MAR) included information about regular and short term medicines and topical creams. All medicines recorded on the MAR showed the

dose, administration method and timings. Allergies and preferences about taking medicines were also recorded. This meant staff were able to help people receive prescribed medicines safely and in a way they preferred.

- Managers were developing a system to safely record one person's medicine administration when they spent days with their family.
- Policies and procedures were in place and staff were trained in medicine management. Staff competency was reviewed in practice during spot checks.
- Regular audits of medicines had been introduced, and the provider was able to monitor medicines management and shortfalls through the electronic recording system.

Systems and processes to safeguard people from the risk of abuse

- Concerns had been raised before the inspection that people were not always protected from the risk of harm and abuse. Some of these concerns related to people who did not receive personal care from PI Care. This means CQC does not regulate the support they receive. These concerns are being managed by other stakeholders and are not included in this report. However CQC have taken these concerns seriously and will continue to work alongside stakeholders as necessary.
- We received mixed views from relatives when we asked if they felt their family members were safe with staff. Comments included, "Yes, and that has definitely improved", "I don't feel my family member is safe, PI Care would not be my choice", and "Yes, I feel they are completely safe".
- Policies were available, and staff received training in child and adult safeguarding. An action from a recent safeguarding concern was to provide additional training in child exploitation, county lines and criminal exploitation. This was to further increase staff knowledge and skills. Two staff members we spoke with had completed the training and told us they had found this useful. Other staff were booked to attend the courses in the near future. We will continue to monitor the effectiveness of this training.
- Staff we spoke with were clear about what could constitute abuse and what they should do to help keep a person safe. Staff told us they would report and record safeguarding concerns. One staff member said, "Yes, if I had concerns I would raise them. Very much so. They asked me about this at my interview. I would always put the young person first".

Assessing risk, safety monitoring and management

- Although systems were in place to identify, manage and reduce risks to people, professionals had raised concerns that at times there was a lack of understanding for some staff. This was being monitored and additional training had been sought by the provider.
- The provider shared information with a wide range of other stakeholders to manage and reduce the risk of harm. Some professionals felt the provider had accepted packages of care which were too complex and could put some people at risk of harm. The provider was keen to learn lessons to improve and address concerns.
- There was guidance including how to manage risks relating to travelling in a vehicle, environmental safety, personal care and eating and drinking. Risk assessments were regularly reviewed and updated. This helped staff to provide support safely and in line with the person's needs.
- Staff were aware that some of the people they supported faced numerous and complex risks. One staff member said, "The young people have many challenges, but we have training and skills. We get to know people, but we are also supported and everyone has a care plan. These are clear and help me understand any concerns".
- The least restrictive option was considered wherever possible to balance people's choice and safety. Staff restricted people only when de-escalation techniques had failed and in order to keep the person or others safe. Staff received regular training to ensure their knowledge in this area remained up to date and reflected best practice.
- After staff used restrictive practice or following incidents there was a post incident review and staff

considered what could be done differently in the future to manage and reduce risk.

Learning lessons when things go wrong

- Although the provider was keen to learn and improve, some professionals felt safety concerns were not consistently identified or addressed quickly enough. The provider gave us examples of changes they had recently made to improve and reduce risks.
- The provider worked with a wide range of other agencies and stakeholders to review and manage incidents. One professional observed, "Incidents have reduced considerably".
- Incidents were reported and recorded in line with the provider's policy and procedures.
- Accidents and incidents were audited to ensure compliance, monitor themes and provide people with safe care.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff received training in the MCA. They understood the principles of consent and knew how individuals made decisions through verbal or non-verbal means.
- One staff member said, "We get to know the young person over a long period of time. We build up trust and know how they communicate. That way we understand them and what they want".
- People's relatives were involved in making decisions in people's best interests where they were unable to give consent. One relative told us, "We have daily contact. They do the right thing by [Name]".

Preventing and controlling infection

- We were assured that people were protected by the prevention and control of infection because the service had processes in place to reduce the risk of infection and cross contamination.
- Staff received training in infection prevention and control and competency was reviewed in practice during spot checks. Managers checked safe use of personal protective equipment (PPE), hand hygiene, food hygiene practices, waste disposal and safe working methods.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement.

This is because continued improvements needed to be sustained to provide assurance that the service was consistently well managed and led and the culture supported the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider's systems were not robust enough to demonstrate there were effective systems to monitor the service by the provider. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection, systems had been established to monitor service delivery and standards. For example, audits of care records, recruitment and medicines management had been introduced. Shortfalls had been identified and action plans were in place.
- A new manager had recently been appointed, and they planned to apply for registration with CQC. They had relevant skills and experience and understood the needs and challenges of the service. New posts had been recruited to including a lead for compliance and an additional personnel management role.
- The management team had taken action to improve the recording of supervision, team meetings, informal support and monitoring. Supervision templates were in place, spot checks took place, and team meetings had been established.
- Due to the relatively short time frame since the last inspection, we were unable to evidence the improvements were truly embedded and systems of governance were consistently robust, reflective and transparent.

We recommend the provider continue to embed, monitor and review governance and performance systems.

- Staff we spoke with were able to explain their role in respect of individual people and clearly knew them well. Staff felt supported by team leaders and managers. An on-call system ensured staff had access to management support and advice at all times.

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

At our last inspection the provider had failed to notify the Care Quality Commission of events that effect the service and people that receive care. This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection, CQC had not always been notified of reportable incidents. Registered providers have a duty to submit statutory notifications to the CQC when certain incidents, such as serious injuries or allegations of abuse happen. Since then, statutory notifications had been made as required.
- The provider had taken action as recommended by CQC and reported the loss of staff data to the Information Commissioners Office.
- The management team understood their responsibility to let people and their relatives know if something went wrong under the duty of candour.

Continuous learning and improving care; Working in partnership with others

- Two professionals felt staff knowledge and training were insufficient. One said they had, 'grave concerns' about the service. Records showed a range of mandatory and additional training subjects were in place. The provider had responded to concerns by setting up enhanced training to ensure staff were able to meet the complex needs of individuals using the service.
- The provider had not always been proactive in identifying potential concerns and taking appropriate actions to improve or mitigate risk. For example, an allegation was made about physical abuse of a person by a member of staff. Other professionals asked the provider to investigate the allegation, but they were not confident in the initial investigation and had to give direction. We saw evidence that proportionate actions were taken to keep the person safe and manage staff.
- Some relatives and professionals told us they felt the service had improved recently. One professional said, "The management team have been on the receiving end of a lot of professional criticism. It appears that they take this seriously and show progress and signs that they look to make improvements when concerns are raised".
- We saw evidence of the changes which had been made to address shortfalls and bring about improvements. The provider had invested in staff, training and systems to improve care delivery. These were recent changes, and so time was needed for sustained improvements to be demonstrated and embedded. We recommend the provider continues to focus on investing in and embedding improvements swiftly and proactively.
- Staff worked with other organisations to ensure people received the care, support and treatment they required. One professional who worked with the service said, "They have been responsive, and we have worked together to try to tighten risk management".
- We received a wide range of feedback from external stakeholders. One professional described the service as 'a worry' and told us communication had been variable. However another professional said, "They have been quite good regarding communications with the local authority in terms of phone calls and attending meetings".

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

- The provider's values were to 'engage, enable and empower' and the managers and staff we spoke to were committed to keeping these values at the heart of the service.
- We asked relatives if their family members had choice and control over their lives and whether staff knew them as individuals. Comments included, "They do their best to meet [Name's] preferences", "Staff don't listen to the parents. They're not doing the best for [Name]" and "[Name] definitely has a say. [Name] makes

their views clear. Nothing I've seen makes me worry".

- Although geographically remote, the management team were known by people and families. There had been changes to the management team to strengthen leadership and improve outcomes. For example, clinical leads were in place, a manager who would register with CQC had been appointed, and a compliance lead had recently been recruited.
- Staff told us managers were approachable and they felt well supported. The staff we spoke with were proud of the service and keen to be involved in its ongoing development and recent improvements. One staff member told us, "It's a young and vibrant company. I've had a good experience with managers. They support me and listen to me".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had sought feedback from people and those important to them and used the feedback to develop the service. Surveys were used for people, relatives, staff and other stakeholders to share their views. The last surveys were carried out in May 2022, and feedback was positive overall. The provider planned to carry out another survey this year and develop an action plan to address any concerns. This would be encouraged to enable the provider to continue developing and improving the service.
- People were encouraged to express their views about things which were important to them on a day-to-day basis using their preferred communication methods.
- Staff were encouraged to share their views and make suggestions. A staff member told us, "The managers are accessible and listen to suggestions".
- Staff had regular contact with the management team through spot checks, handovers and supervision and received regular messages about changes and updates.
- We received mixed feedback from relatives about the management team. Comments included, "They have been great", "The management and their communication is really awful", "They go above and beyond" and "They are very approachable".