

Promoting Independence South West Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Promoting Independence South West is a domiciliary care service that provides support to people living in their own homes. Support was provided to people living with mental health conditions and learning disabilities and autism. At the time of the inspection 22 people were being supported.

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

People were supported to be as independent as possible and have control over their lives. People's dignity was respected, and staff encouraged and supported people to make decisions and choices about how they spent their time. 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 received support with their food and drink, medicines and any healthcare needs. Staff completed records at each visit which detailed the support provided.

People were prompted with their personal care. Staff supported people towards a stable and independent lifestyle.

Visiting schedules were arranged each week in advance, according to people's needs and wishes, then people were advised who would be coming and when.

A training record was held for all staff. Necessary training subjects had been completed along with training designed to meet the specific needs of the people using the service. COVID-19 training had been provided and the infection control policy had been reviewed to include COVID-19 guidance for staff. Staff were tested weekly for the Covid-19 infection. All staff had been vaccinated against COVID-19.

Records showed people's needs were assessed and recorded. Risks were identified and assessed. Staff were provided with guidance and information that helped them to meet each person's specific needs.

The service was growing rapidly and actively recruiting at the time of this inspection. Staff were recruited safely. However, the registered manager had not always ensured that previous employment dates were confirmed with each reference received. We have made a recommendation about this in the safe section of this report.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care maximised choice, control and independence. People were supported to use community activities when they chose. Staff provided personalised opportunities to take part in community activities. One person had been supported to become more involved in a local club, which they enjoyed.

Right care:

- People were complimentary of the support provided. They told us staff understood their needs and they were confident that staff had the knowledge and skills to provide personalised support.

Right culture:

- There was good oversight of the service from the provider. Staff told us they were able to access management support when they needed to. This meant there were opportunities to ensure support was provided in line with the service's ethos and values.

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

This service was registered with us in July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a first rating of the service since their registration.

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 responsive
Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well led
Details are in our well led findings below

Good ●

Promoting Independence South West

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides support to people living in their own homes.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider and are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We announced the inspection a few days in advance to ensure appropriate management would be available to participate in the inspection process and to make arrangements for information to be shared with the commission before the site visit.

Inspection activity started on the 27 September and ended on 29 September 2021. We visited the office

location on 27 September 2021.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We visited the office to review records and met with the provider. We reviewed a range of records. This included three people's support records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three staff members, two people who used the service and a relative. We continued to seek clarification from the provider to validate evidence found. We reviewed the additional documentation we had requested from the provider prior to and during the site visit.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff prompted people to take their prescribed medicines.
- People were supported to obtain their medicines in blister packs which helped ensure compliance and enabled staff to check the person had taken the required medicines appropriately.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place which helped to ensure people who used the service were protected from the risk of abuse. People and relatives felt they were safe using the service.
- Records confirmed staff had received training around keeping people safe and protecting them from abuse.
- Staff supported some people with their finances. There were records kept and receipts held by staff when staff supported people with their shopping.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been identified and assessed and strategies implemented to reduce the level of potential harm. Electronic risk assessments were regularly reviewed and updated as needed.
- There had been no incidents or accidents reported at the time of this inspection.
- The provider collected a variety of information about the service that enabled them to identify any lessons that could be learned to improve the service.
- Audits were completed, and any lessons learned were regularly shared with staff in order to improve the service wherever possible. There was a regular exchange of information between staff and the provider so that any necessary changes needed could be made in a timely and effective manner.
- The provider had an emergency plan in place which indicated which people were dependent on the service for their visits and who had family or friends who could step in. This was used in times of severe weather.

Staffing and recruitment

- People who used the service were supported by a consistent staff team, who were able to work with vulnerable individuals. Recruitment procedures ensured people were supported by staff with appropriate experience and character. All checks had been carried out prior to staff working at the service. However, the provider had not always ensured that previous employment dates had been confirmed by the references received.

We recommend that the provider take advice and guidance from a reputable source regarding the checking

of previous employment dates of potential new staff.

- The provider told us the business was growing rapidly due to demand and was actively recruiting at the time of this inspection.
- The provider worked hard to pair staff with people they were likely to get on well with. Staff told us, "(Provider's name) is passionate about wanting to do things differently and get the best outcomes for people."
- The provider told us there were enough staff. They told us, "I have had no problems recruiting and very low sickness levels which has been great for the people we support."

Preventing and controlling infection

- Staff had completed infection control training and had access to Personal Protective Equipment (PPE). They completed weekly Covid-19 tests and shared the results with the service to enable management to respond quickly in the event of an outbreak. All staff were double vaccinated.
- People and their relatives were confident of the way staff carried out their infection control practices. One told us, "We have no concerns at all they are very good."

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people with meal planning, shopping and meal preparation. The provider told us, "We help them to make good choices and one person is now making bread and cakes."
- Staff helped people make good dietary decisions. One person had been supported to improve their diet which had also positively impacted on their family members well-being.
- Some people needed support with meal preparation and people told us staff were competent in preparing food.
- Staff completed food hygiene safety training.
- Care plans detailed where the person may need support to monitor health needs and where they required support to attend any healthcare appointments.
- The service worked well with other health and social care agencies to ensure people received a good standard of care and support.

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

- The provider had systems in place to ensure good outcomes were achieved for those who used the service.
- People had their needs assessed by the local authority before the service supported them. Information gathered during the process helped to form the care plan with involvement from family if necessary.
- Care plans were regularly reviewed and updated monthly or where people's needs had changed.

Staff support: induction, training, skills and experience

- Staff training had been disrupted during the COVID-19 pandemic. However, the provider told us it had moved to on-line electronic programmes of learning where possible. Specific training, to meet people's individual needs, was being commissioned from a training company.
- The training records showed staff had completed necessary training. The provider monitored when updates were due. Two staff were being supported on a government initiative apprenticeship programme. This meant staff were being encouraged to extend their knowledge and the service benefitted from incentivised payments which were used for further training for staff.
- Staff told us they felt supported by the provider and received one to one supervision sessions. New staff had received an induction and shadowing programme which had supported them during their probationary period.

- The provider had booked a room away from the office where staff were supported to use reflective practice to provide peer support to each other. This was recorded and shared with the provider. This supported staff to share guidance and ideas on how to provide the best support to people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in understanding the MCA legislation and its implications for people living in their own homes. Training records confirmed this.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated with respect and kindness by competent staff and the provider. Relatives told us, "They (staff) have had a very positive impact on (Relative's name) I cannot fault them."
- Staff told us, "It is really lovely having the time to work with people on a one to one basis. I feel very lucky, this is my dream job" and "We are not task orientated. I spend most of my time smiling. It's a great job. We are matched to the people we support and everyone benefits."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's diverse needs.
- The provider shared with us that the staff supported people to do as much as they could for themselves. They told us, "We are all about improving people's independence. We often find after a few weeks of support we are able to reduce our input as they no longer need us."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We received positive feedback about the staff and the management of the service in relation to respecting people and promoting their independence. Comments included, "The communication is amazing. I cannot thank them enough."
- People's privacy and dignity was fully considered, and staff were aware of the importance of respecting people as individuals. Comments included, "We just try to get people to a place they want to be, we work with them and if one thing makes them happy we do it more."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 and staff team encouraged people to develop and maintain relationships, particularly during the COVID 19 pandemic lockdowns.
- The provider told us, "It was, and in some cases still is, a very difficult time for people. Part of what we do is try to improve people's confidence. We work alongside them."
- One person who had previously called emergency services daily due to anxiety, was now no longer doing this due to the daily support provided by the service. The provider told us, "They are counting the days up now since they last phoned the emergency services. They no longer feel the need, its great. So we can step back our support now."
- Another person had been supported to join a gardening group and is being supported towards obtaining employment there.

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

- Staff provided person-centred care and support. Care records were very person centred.
- There were systems in place to ensure the planning of people's care and support was person centred and tailored to individual needs and choices. Care plans and risk assessments had been developed for each person receiving a service. They provided detailed information for staff and helped them to deliver support which met people's specific needs.
- Electronic records had been completed detailing the care and support people had received.

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 could be provided with information and reading materials in a format that suited their communication needs. Care plans included information about people's preferred methods of communication.
- We were told about one person who was partially sighted and lip read. This mean they could not communicate with staff when they wore a mask. This had led to staff being advised to briefly remove their mask when speaking with the person while maintaining social distancing.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and process. A complaint received, in the form of an allegation from a person, had been investigated and appropriate action taken in response.
- People told us the provider was extremely approachable and spoke with them often to seek their views. Everyone was positive that any concerns would be addressed immediately.
- The provider assured us any concerns would be taken seriously in accordance with their policy.

End of life care and support

- The service did not provide this support but would engage with other health and social care professionals to support people coming to the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 provider was motivated to provide the best support possible for people. People and relatives were positive about the quality of the service provided.
- Staff said their views and suggestions were listened to and they felt valued by provider. They told us, "(Provider's name) is great, they communicate well. We work together well, often sitting down together to work out how best to support a person and what to try, in our efforts to be effective."
- The provider sought the views of people and staff regularly, to measure the quality of support people received. Staff told us they were encouraged to share their views.
- Staff were committed to providing the best possible support for people. They demonstrated a good understanding of people's individual needs and preferences.

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

- The provider had systems which effectively monitored the service. Regular checks were completed.
- The service had only been fully operational since June 2021 and was still setting up processes to robustly audit all aspects of the service provided. The provider had a plan to delegate audits to an existing experienced member of staff.
- There was a business continuity plan that had been developed to ensure staff were aware of actions they needed to take in the event of an emergency situation arising.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had a range of information at the office as well as making it available to staff through the electronic monitoring system.
- The service had developed strong links with health and social care professionals. The provider told us, "Having previously worked at the council I have a lot of contacts, and am able to work effectively with professionals across all areas of adult social care."
- Staff told us, "We have the time, to 'join the dots' to get the person to where they want to be" and "We provide very individualised support and provide a 'one off' service."

Continuous learning and improving care

- The service was growing rapidly. The provider was using an office in their home at the time of this inspection. There was a plan to move to a purpose built office nearby in November 2021. The provider told us, "We need to grow, it will be much more efficient when we are in an office."
- The provider had systems to ensure the staff team were continuously learning to improve their skills and deliver professional support for people using the service.
- The staff team were provided with guidance to enable them to carry out their role safely and effectively. Guidance was frequently updated and shared.
- People and staff were encouraged to make suggestions about possible improvements or to comment on current good practices. Team meetings took place and necessary actions were followed up by the provider.

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

- Duty of candour was understood, and it was clear in the way, if any concerns were raised, they would be listened to and people's concerns would be investigated.
- The provider had systems in place, which supported the staff team to be open and honest when things went wrong. All staff felt the provider was very supportive and accessible.