

Positive Individual Proactive Support Limited

PIPS Office

Inspection report

Endeavour House, 12 Ellerbeck Way
Stokesley Business Park, Stokesley
Middlesbrough
TS9 5JZ

Tel: 03303557477
Website: www.pips.support

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12 February 2020
19 February 2020
24 February 2020
27 February 2020

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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

PIPS Office is based in Stokesley and provides supported living services to people in the Middlesbrough, Hartlepool, Durham, Stockton and East Cleveland areas. At the time of this inspection the service was providing support to 37 children and young adults, most of whom had autism and/or learning disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were safe. Risks to people were assessed and regularly reviewed and positive risk taking was promoted. Staff followed guidance from other professionals to ensure people's safety was maintained whilst allowing people to develop skills.

Staff had received appropriate support and training and any safeguarding concerns had been appropriately managed. Accidents and incidents were thoroughly recorded, although regular reviews of trends were not always recorded. The provider took action to address this.

People were encouraged to follow a healthy diet and attend health reviews. Medicines were appropriately administered, and the effectiveness recorded. Regular meetings took place with other professionals to monitor the progress people were making. Though records did not always clearly reflect this. The provider took action to address this.

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 were at the centre of the service and their views listened to and acted upon. People had been encouraged to be part of a 'driving up quality' group which focused on areas people wanted to see improved.

Support was provided to allow people to attend a range of activities. Information was presented to people in a way they could understand. Care plans contained person-centred information that focused on each individual.

Systems to monitor the quality and safety of the service were in place and were effective. These required further development to ensure the registered manager had consistent oversight of all supported living services. We have made a recommendation about this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 11 August 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

PIPS Office

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

The inspection team consisted of four inspectors.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had two managers registered with CQC. 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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 12 February 2020 and ended on 27 February 2020. We visited the office location on 12 and 27 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authorities and professionals who work with the service. 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.

During the inspection

During the inspection we visited eight people who used the service in their own homes. We also met with two relatives to ask their views on the service provided. We spoke with eight members of staff, which included care staff, deputy managers, registered managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed a range of documents and records. This included six people's care records and a number of medication records. We looked at three staff recruitment and induction files, three staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and accidents and incident recording. We visited two relatives.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse.
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns to relevant professionals.
- People told us they felt safe. Comments included, "I like living here. I am doing well with the help from staff. They help me feel safe."

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce risks. Staff completed assessments, which identified any risks and the measures needed to minimise risk.
- Risks in relation to people's specific medical conditions needed further development. For example, the risks for a person who had epilepsy were not thoroughly recorded. Action was taken during the inspection to rectify this.
- Positive risk taking was promoted to help people live fulfilled lives.

Staffing and recruitment

- Staff were recruited safely. The provider's recruitment processes helped ensure only suitable staff were employed.
- There was enough staff on duty to support people and meet their needs.
- People and relatives told us consistency of staff had been an issue. One relative said, "There has been lots of changes in the staff team which has impacted on [person's name]." The provider told us they had recognised this as an issue and had strengthened staff support which had improved retention.

Using medicines safely

- Medicines were stored, administered and recorded appropriately.
- When people were prescribed and when required medicines, the reason for administering was thoroughly recorded and monitored.
- Staff had received appropriate training and had their competencies assessed.

Learning lessons when things go wrong; Preventing and controlling infection

- Lessons were learnt when things went wrong. Discussions took place with the full staff team following every accident or incident to explore any lessons learnt or things that could be done differently in the future to prevent incidents re-occurring.
- Accidents, incidents and the use of restraint were monitored, recorded and individually reviewed. A

monthly evaluation to identify trends was not always completed. We discussed this with the provider who told us they would address this.

- Staff had access to appropriate personal protective equipment to help prevent the spread of infections.

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

- People's needs were thoroughly assessed before support was provided. Robust plans were put in place to ensure a smooth transition to the service and were specific to each person.
- Initial assessments and transition periods were used to develop care plans, which supported staff to provide care in line with people's needs, personal routines and outcomes. Other professionals were involved in this process where appropriate.

Staff support: induction, training, skills and experience

- Staff received training to ensure they had the appropriate skills and knowledge to support people.
- Staff attended supervisions and appraisals sessions and had regular support from the management team. One staff member said, "We get really good support. This can be a challenging role and the support we receive is really important."
- Induction processes were in place to ensure staff had a high level of knowledge when starting work at the service.

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

- Staff supported people to ensure they ate and drank enough.
- People were encouraged to participate in cooking meals to improve their daily living skills.
- Where people required support with healthy meal choices, this was not always thoroughly recorded. The provider told us they would address this.

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

- People's healthcare needs were met in a timely way. The provider and staff teams worked closely with other agencies to promote person-centred support.
- Details of other professionals involved in people's care and support was recorded in people's care plans.
- People had been supported to attend regular health reviews with other professionals such as GPs, dentists and mental health teams.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been deprived of their liberty lawfully and Court of Protection orders were followed.
- Staff sought people's consent where relevant and included people in making decisions. One person told us, "Sometimes I need help to decide what I want to do, and staff help me. I have a life living here."

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

- Staff were kind and caring in their approach.
- Staff knew people well and were creative in the way they introduced activities taking into consideration people's support needs and abilities.
- Staff worked hard to achieve people's goals. We were provided with numerous examples of how people had progressed since receiving support from PIPS Office, such as being able to use public transport alone or developing cooking skills. This progress was not always evident in care records. We discussed this with the provider who agreed systems needed further developing in this area.
- Staff took the time to build positive relationships with people. One person said, "I don't know where I would be today without the staff."

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

- People were supported to express their views. People lived according to their wishes and values; they had access to advocacy support if needed and were supported to make decisions.
- Staff used a variety of tools to communicate with people according to their needs. This included verbal and non-verbal ways of communicating to help people make decisions.
- Staff did not rush people to complete tasks or make decisions. People were provided with appropriate support to meet their individual needs.
- Staff understood and respected that people's set routines were of great importance. One staff member said, "Changes or unplanned changes can have a huge effect on the people we support. We try to keep disruption to a minimum and always make sure we communicate changes as soon as possible."

Respecting and promoting people's privacy, dignity and independence

- The provider and staff showed genuine concern for people; they were keen to ensure people's rights were upheld and they were not discriminated against.
- Staff told us the importance of encouraging people's independence and gave examples of how they did this with tasks such as personal care. One person said, "I can get myself washed and dressed on a morning, I just need reminding sometimes."

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff were responsive to people's needs. People were supported in line with their wishes and preferences, and staff were knowledgeable about people's personal routines.
- Care plans contained detailed information about people's interests and personal preferences. These had been regularly reviewed with relevant professionals and updated promptly when changes occurred to achieve the best possible outcomes for people.
- Person-centred outcomes and goals were not always thoroughly monitored, and progress recorded. The provider agreed to take action to address this.

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.

- The provider and registered managers were aware of AIS. Information was provided to people in an accessible format such as easy read documents, photographs of activities and picture cards.
- People's communication needs were assessed, and information provided in care plans. These referred to how people communicated their needs and any support required.
- People had access to electronic devices which enabled them to use technology to communicate with others.

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

- People were supported to follow their interests and take part in activities that were socially and culturally relevant to them.
- People regularly accessed the local community to participate in activities they enjoyed. As people progressed, further activity provisions were explored and monitored to ensure they were suitable.
- Staff understood the importance of people being encouraged to maintain relationships to avoid social isolation. Arrangements were in place for people to regularly visit their relatives and enjoy outings in line with their agreed support plans.
- Staff encouraged people to further their learning by enrolling on training courses or registering for volunteer work. People were supported in this area where needed.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place and followed by the provider. Any complaints received had been appropriately addressed and responded to.
- People told us they knew how to raise any concerns and felt the management and staff team would listen to them. One person said, "I just come down to the office if I have any problems and [registered manager's name] sorts it for me."

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems and processes were in place to monitor the quality and safety of the service being provided. Audits were completed on a regular basis and were effective.
- The nominated individual visited each service on a monthly basis to monitor performance and discuss any areas of concern.
- Due to the expansion of the service and geographical areas now covered, it was not always clear that the registered managers had effective oversight of all services. Governance systems had not been developed in line with the growth of the service. For example, accidents and incident forms had not always been signed off by the registered managers. Although these were discussed in monthly governance meetings, there were no systems in place to ensure important information was communicated to relevant management in a timely way. The provider and registered managers agreed with our findings.

We recommend the provider seeks further support and guidance from a reputable source, about effective systems to monitor the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open and inclusive.
- People were regularly asked to provide feedback on the service provided. A piece of work called 'Driving up quality' was led by people and focused on what they wanted to improve about PIPS Office. Action plans had been developed and regular meeting had taken place to monitor progress.
- People's views were listened to and acted upon. Monthly newsletters were developed by people and staff and used to share good news stories and ensure people's voices were heard.

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

- The provider was responsive to issues and concerns; they understood their responsibility to be open, honest, and apologise to people if things went wrong.

Working in partnership with others

- The service had strong links with the local community and accessed a range of provisions such as sensory

sessions, local advocacy groups and skills for people which all helped improve people's quality of life.

- Staff shared good relationships with professionals and worked with them collaboratively to implement good practice guidance and achieve the best possible outcomes for people.
- Regular multi-disciplinary meetings took place to ensure all professionals were fully involved and updated with regards to people's current care and support needs.