

# 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](http://www.pips.support)

Date of inspection visit:  
02 March 2023  
09 March 2023  
14 March 2023

Date of publication:  
11 May 2023

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●



# Summary of findings

## Overall summary

### About the service

PIPS Office is a supported living and outreach service providing personal care to adults with learning disabilities, mental health needs and autistic people. People lived in their own accommodation in multiple locations across Teesside, County Durham and North Yorkshire.

Not everyone who used the service received personal care. The Care Quality Commission (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.

At the time of our inspection, the service supported 25 people with personal care.

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

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.

#### Right Support:

People's medicines were not always safely managed. Medicine records were not always accurate and clear guidance was not always in place to help staff support people to take their medicines safely.

Staff supported people to have the maximum possible independence, choice and control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. People were supported by staff who were recruited safely and who had appropriate inductions.

#### Right Care:

Systems to safeguard people from the risk of abuse were in place. However, areas of oversight needed to be more robust, to ensure the provider was doing all they could to identify and deal with concerns at the earliest stage possible. We have made a recommendation about this.

People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People told us they were happy and liked the staff teams supporting them. People we visited appeared settled, relaxed and comfortable.



## Right Culture:

Governance processes were not always effective in identifying issues and driving improvement. Quality assurance audits were not always comprehensive enough or had not always been completed accurately.

The management team was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Positive improvements had been observed in people's quality of life and staff were passionate and enthusiastic about person-centred support.

The provider sought and encouraged feedback from staff, people supported and relatives. The provider and staff worked well with other professionals. The provider was responsive to the inspection feedback and put actions in place immediately.

For more details, please see the full report which is on the Care Quality Commission (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 good (published 27 March 2020).

At the last inspection we recommended that the provider seeks further support and guidance from a reputable source, about effective systems to monitor the service. At this inspection we found effective systems were still not in place to ensure robust and consistent oversight of the service.

## Why we inspected

The inspection was prompted in part due to concerns received about the quality of the support provided. 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 from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken immediate action to mitigate the risks identified.

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

## Enforcement and Recommendations

We have identified breaches in relation to the safe management of medicines and oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about reviewing safeguarding procedures and processes to ensure they are robust.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards



of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●



# 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 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.

#### 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 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 a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced. We then gave a short period of notice before visiting 2 of the supported living settings. This was so people who used the service could be told about the inspection and consent obtained for us to visit and speak with them.

Inspection activity started on 2 March 2023 and ended on 24 March 2023. We visited the provider's head office on 2 March 2023. We visited 2 of the supported living settings on 9 and 14 March 2023.



### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with 2 people who used the service and 2 relatives about their experience of the care provided. We spoke with 9 members of staff including the nominated individual, the head of governance, the registered manager, 1 team manager, 2 deputy team managers, 1 senior support worker and 2 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We received written feedback from a further 12 support workers. We received additional feedback from 2 professionals who work closely with the service.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 6 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. We looked at training data and quality assurance records.





# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. People's medicine records were not always accurate and did not always contain clear instructions. Records did not assure us that people always received their medicines as prescribed.
- Some people were prescribed medicines on a 'when required' basis. There was not always guidance in place for staff as to when to offer or administer these medicines. This included for medicines that were prescribed to support people who may experience distress. Staff did not always record whether these medicines had been effective.
- Some people were prescribed creams and lotions. The provider's medicines policy confirmed that body maps should be in place for all creams and lotions, indicating where they were to be applied. There were no body maps in place and application directions were not always clear.
- Risks posed by some medicines had not been fully considered or recorded. One person's medicine allergies were not recorded on their medicine records. Records did not always detail the time needed to be left between doses for time-critical medicines. Records did not highlight where medicines were flammable and posed a fire risk.

Medicines were not always safely managed. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they had carried out an extensive medicines audit across all supported living settings. The provider told us actions were implemented for any issues identified.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong

- Systems to safeguard people from the risk of abuse were in place. However, we were not assured that areas of oversight were as robust as they could be, to ensure the provider was doing all they could to identify concerns at the earliest stage possible.
- Staff had received training in safeguarding. However, we were not assured that oversight was as robust as it could be around ensuring staff knowledge and competence in recognising abuse and closed cultures, and ensuring any concerns were identified and reported immediately.

We recommend the provider seeks advice from a reputable source around its safeguarding systems and processes to ensure they are as robust as possible.



- When potential concerns had been identified, the provider acted appropriately and in a timely manner.
- The provider arranged training in recognising closed cultures which was cascaded to staff throughout the organisation.
- People told us they were happy and liked the staff teams supporting them. People we visited appeared settled, relaxed and comfortable.
- The provider reflected when things went wrong. The provider investigated incidents and shared lessons learnt with staff at all levels.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed. Risk assessments were in place which contained person-centred information around people's health and personal care needs.
- The provider used the Positive Behaviour Support (PBS) framework which is based around establishing why someone may be displaying a behaviour which is distressing for them, so that person-centred approaches can be implemented to better meet people's needs. Individual PBS plans were in place and were being developed further. Staff were knowledgeable about people's needs and were actively involved in developing the PBS plans.
- People's freedom was restricted only where they were a risk to themselves or others, as a last resort and for the shortest time possible. Staff considered less restrictive options before limiting people's freedom.
- Where people's needs were becoming more complex, appropriate action was taken to seek professional support and review support plans.

#### Staffing and recruitment

- Staff were recruited safely. Appropriate pre-employment checks were carried out. This included appropriate interviews, checks of the Disclosure Barring Service, and obtaining relevant references.
- New staff members took part in a robust induction process, including agency staff members.
- There were enough staff to safely support people, including for one-to-one support for people to take part in activities and visits how and when they wanted.

#### Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff had access to appropriate PPE to help prevent the spread of infections.
- Staff told us they were supported through the COVID-19 pandemic and received regular updates to ensure government guidance was followed.



# 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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

At the last inspection we recommended that the provider seeks further support and guidance from a reputable source, about effective systems to monitor the service. At this inspection we found effective systems were still not in place to ensure robust and consistent oversight of the service.

- Governance processes were not always effective in identifying issues and driving improvement.
- The provider had implemented quality assurance audits to be completed at each supported living setting, but on some occasions, these had not been completed.
- Where audits were completed, they had not identified the issues we found on inspection. Some audits were not comprehensive enough and did not consider important areas. Other audits did cover additional areas but had not always been completed accurately or meaningfully.

The provider failed to have in place effective and consistent quality assurance processes. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we identified that the system to monitor and analyse accidents and incidents was not robust. The provider acted on this feedback and introduced a new digital recording and monitoring system. This enabled the senior management team to have daily oversight of incidents and accidents, and these were analysed regularly.
- Where medicine errors had been identified, these were investigated, and lessons learnt were shared with all staff monthly.
- The provider was responsive to the inspection feedback and put actions in place immediately.

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

- The management team was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One staff member told us, "I meet with my [team] manager every day, she always makes herself free if we need anything like advice or a bit of help. My [team] manager is definitely approachable."
- Positive improvements had been observed in people's quality of life and staff were passionate and enthusiastic about person-centred support. One staff member told us, "I am proud of all the positive



changes we have implemented as a team; we have supported [person] to be exactly where they want to be and living the life they talked about when I first started my employment."

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 understood the duty of candour. The provider apologised to people, and those important to them, when things went wrong. One relative told us, "If anything happens, they make me aware straight away."
- Staff gave honest information and suitable support to people when issues had been identified.

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

- The provider sought and encouraged feedback from staff, people and relatives. The provider held an annual 'Driving up Quality' event where everyone gathered to provide feedback and actions were put in place. One relative described the event as "Absolutely brilliant, the system is really good, we are really involved."
- The provider and management team held regular meetings and staff told us these were useful. One staff member told us, "All staff are listened to, ideas and improvements are put forward and we work as a team to continue to try to improve the lives of the people we support."
- The provider and staff worked well with other professionals. Appropriate and timely referrals were made. One professional told us, "[Person's] package is very well run, I think they do a very good job and communicate with our team very well."



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to properly and safely manage medicines. This placed people at risk of harm.</p> <p>Regulation 12(1) and (2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have in place effective and consistent quality assurance processes.</p> <p>Regulation 17(1) and (2)(a)</p>