

Pioneering Independence Limited

# Pioneering Independence

## Inspection report

Unit 7, Darklake View  
Estover  
Plymouth  
Devon  
PL6 7TL

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Tel: 01752696274

Website: [www.emtillprojects.co.uk](http://www.emtillprojects.co.uk)

## 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

The inspection took place on 27 April 2016 and was announced. The provider was given 48 hours notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Pioneering Independence provides a support service to people living in their own home. On the day of the inspection one person was supported by Pioneering Independence with their personal care needs. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff put people at the heart of their work; they spoke with affection about people and described their dedication to providing high quality care and support to the people they supported. Strong relationships had been developed and staff spoke with pride about the things they had supported people to achieve. Staff were highly motivated, creative in finding ways to overcome obstacles that restricted people's independence and had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity.

Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People and where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

People's risks were managed well and monitored. People were promoted to live full and active lives and were supported to be as independent as possible. Activities were meaningful and reflected people's interests and individual hobbies.

People had their medicines managed safely. People received their medicines as prescribed and received them on time.

People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers and speech and language therapists.

All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults before they started their employment.

People were supported to maintain relationships with those who mattered to them. People and those who mattered to them knew how to raise concerns and make complaints although no written complaints had been made to the service.

Staff described the management as supportive and approachable. Staff talked positively about their jobs. Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively.

Staff understood their role with regards the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Applications were made and advice was sought to help safeguard people and protect their human rights.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

## 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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

### Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the Act, applied in practice

People were supported to maintain a healthy, balanced diet.

### Is the service caring?

Good ●

The service was very caring.

People were supported by staff who sought external advice in order to develop personalised ways of providing information and explanations.

Positive, caring relationships had been formed between people and staff. Staff valued their relationships with people and showed pride in the care and support they provided and the impact it had on people's lives.

Staff showed a deep concern for people's wellbeing and independence and were creative in suggesting ideas to help people maintain them.

### Is the service responsive?

Good ●

The service was responsive. Care records were personalised and so met people's individual needs.

Staff knew how people liked to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

Staff understood the importance of companionship and social contact.

### Is the service well-led?

Good ●

The service was well-led. The registered manager had instilled clear values that were understood and put into practice.

Staff were motivated and inspired to develop and provide quality care.

Communication was encouraged. People and staff were involved in a meaningful way and enabled to make suggestions about what mattered to them.

Quality assurance systems drove improvements and raised standards of care.

# Pioneering Independence

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector, took place on 27 April 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure someone would be present in the office.

Before the inspection we reviewed information we held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law.

People had limited verbal communication and were unable to tell us about their views of the service. We visited people briefly at their home to observe the care being provided by the staff team but did not stay long to reduce the risk of causing undue anxiety to people.

During the inspection we spoke with the nominated individual, the registered manager and three members of staff. After the inspection we contacted two further members of staff, two relatives, a speech and language therapist and an occupational therapist, who had knowledge of people who received support from Pioneering Independence.

We looked at one record related to people's individual care needs. This record included support plans, risk assessments and daily monitoring records. We also looked at all records related to the administration of medicines, three staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

People's relatives told us they felt people were safe. One staff member confirmed, "That's what we're here for. To make sure they're safe." Health care professionals told us they had no concerns and felt people were safe.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were up to date with their safeguarding training and felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One member of staff commented, "I've worked with [...] a lot so know them well. If they're down you'd recognise it. I'd phone social services, the police, speak with the manager or go higher, if I suspected abuse."

People were supported by suitable staff. Robust recruitment practices were in place and records showed thorough checks were undertaken to help ensure the right staff were employed to keep people safe. Records showed these checks had been applied for and obtained prior to staff commencing their employment with the service. The registered manager told us, "Staff can start their induction into the company before the checks are complete; but it's only when they're complete that we give them training and information about the individuals they'll be supporting."

Staff told us they felt there were always enough competent staff on duty to meet people's needs and keep them safe. People were supported by a consistent staff team who knew them well. If extra staff were required, due to staff holiday or sickness, bank staff, who were already familiar with people's needs were used. The bank staff saw people regularly and attended staff meetings to help ensure they remained up to date with people's needs.

Staff were knowledgeable about people who had behaviour that may challenge others. Specialist advice had been sought to identify possible triggers and effective techniques for staff to use to de-escalate situations. The PIR explained, "Discussions took place around how we could support one individual to remain safe in the least restrictive way. Records were created to help identify any patterns or trends so we could work with other professionals to identify any triggers to the behaviour." Staff were also encouraged to share their knowledge of the person, for example their body language and signs they were becoming anxious. This was then used to create a 'positive behaviour support plan' which described each stage of the person's behaviour in detail and gave guidance so staff could respond in a consistent way. A staff member explained, "We recognise it early now so we can possibly intervene before it escalates. We haven't had to use physical intervention as we have found other ways they can tell us what's wrong so we can meet their needs." We observed one person became distressed whilst in their lounge. Staff reacted promptly, spoke gently to reassure the person and used personalised techniques to de-escalate the situation. A staff member explained, "You can just tell immediately from [...]s facial expression what sort of mood they're in. We talk to them and ask what's wrong and tell them we can help. They can usually tell us and then we can take the correct action to help. If they're frustrated, we leave them to calm down until they're wanting to talk again."

People had risk assessments in place to identify their risks and give guidance to staff about how to mitigate

them. Risk assessments were reviewed every three months. A healthcare professional confirmed they were shown any changes to help ensure they followed the recommended guidance. One staff member told us, "You'd struggle to know how to deal with some situations without them."

The registered manager and staff understood the importance of assessing any risks to people before trying an activity. This helped make sure the activity was safe and worked well for people. For example, staff visited new venues or activities first and used their knowledge of the person to consider what might cause the person anxiety or be unsafe for them. They then put measures in place to try to mitigate these risks. One staff member told us, "Some of it is in the pre-planning and knowing what part of an activity would cause anxiety and helping them with that."

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicines were locked away securely and Medicines Administration Records (MAR) were in place and had been correctly completed. Staff received regular training relating to the administration of medicines; however they only had their competency to administer medicines formally assessed during their induction and not annually, as required. The registered manager told us they observed staff administer medicines and checked their knowledge of procedures regularly but this was not formally planned to ensure each staff member was assessed annually. The registered manager immediately put plans in place to address this.



# Is the service effective?

## Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. New members of staff completed a thorough induction programme, which included becoming familiar with all of the home's policies and procedures as well as training to develop their knowledge and skills. The induction was tailored according to the needs of the people staff would be supporting. For example, one person had detailed guidelines to help meet their complex needs. Staff were required to become familiar with these as part of their induction before they met the person. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Shadowing was planned taking into account the needs of the person, for example one person liked to get to know people slowly, so staff would start by meeting them for a cup of tea and slowly increase the time they spent with the person. They would shadow every part of the person's day to ensure they knew the person well, before they completed their induction. The registered manager confirmed new staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their induction.

Ongoing training was planned to support staff's continued learning and was updated regularly. Bespoke training was sought from professionals who had knowledge of individuals' needs. This meant staff were able to discuss and learn how to meet people's specific needs. For example, one person needed specialist advice to ensure they were safe whilst eating, so a speech and language therapist (SALT) was asked to provide training about this for staff. The registered manager told us, "The SALT training day was very hands on. We learnt how to provide appetising food and what equipment would be useful." A health care professional who had provided training for staff told us staff had engaged positively with the training and asked lots of questions to make sure they understood how best to support the individual.

People were involved in decisions about what they would like to eat and drink. Care records identified which foods people disliked or enjoyed and listed what the service could do to help each person maintain a healthy, balanced diet. People were encouraged to say which foods they wished to have available. A staff member explained, "We ask what they want to eat. We try to keep it all healthy. [...] helps write the shopping list and goes shopping too."

Care records highlighted where risks with eating and drinking had been identified. For example, one person's records evidenced an assessment had identified a swallowing risk. Staff sought advice and liaised with a speech and language therapist. Recommendations had been made to minimise the risk to the person, which staff and a health care professional confirmed had been followed in practice. Staff gave examples of how they worked to make food appetising and interesting whilst still following the guidelines. "We get advice from SALT about what's safe. Whatever [...] eats we eat too, to keep it as normal as possible." A healthcare professional confirmed staff were proactive in suggesting new foods the person could try and how they could prepare them in a way that was safe for the person to eat.

People had their healthcare needs met. People were supported to see their GP, specialist nurses, opticians and dentists as necessary and specialists were contacted for advice as required. . Any advice from

professionals was clearly documented and linked to care plans to ensure continuity of care and treatment. A health care professional told us the registered manager and staff were very quick to implement new guidelines or source recommended equipment. They also told us staff would quickly communicate if recommended guidelines weren't working and request or suggest an alternative. One person had complex health and social care needs, so a monthly meeting was held with professionals involved in their care, the registered manager and family members, to discuss any change in their needs and use their combined expertise to identify possible solutions. A health care professional told us the staff team and registered manager were passionately dedicated to getting the right things in place for people.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the MCA. The 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. Records demonstrated MCA assessments were taking place as required. The registered manager ensured people's care was discussed with a range of professionals and the family where appropriate to ensure the decisions were made in the person's best interest. Staff were given clear guidance in the care plans about how to act in people's best interest. A health care professional told us they felt all staff worked in the person's best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people and requested relevant professionals checked updates to care plans or risk assessments to help ensure they were not unnecessarily restrictive.

Staff received regular one to one supervision and an annual appraisal with the registered manager. Discussions were converted into an action plan for the staff member which also identified any support they needed. One staff member told us, "They're brilliant. We discuss the team, whether you feel valued, people's care and anything that would benefit people more."

## Is the service caring?

### Our findings

People were supported by a staff team who cared greatly for the people they were supporting. Staff comments included, "Seeing people so happy, makes you so proud," "It's a great team. We all care deeply. I hope I'm working with people for years to come," and "The whole team are 100% behind giving people the best life possible." A relative told us, "Yes, I do think the staff team are caring."

Staff spoke about people with affection and valued their relationships with people. One staff member told us, "We treat people as human beings. They are a part of the team. We sing with them, talk with them. We include them."

People were given information and explanations about things that were happening, in a way they could understand. For example, before one person moved house, staff used the expertise of a health professional to help develop a pictorial plan of the move for the person. The plan also included pictures of the staff team and the person's belongings to reassure them that these would all be at their new house too. The person was supported to visit the new area and become familiar with local shops before they moved, to give them time to understand what was happening and get used to their new neighbourhood.

People were supported by staff who showed concern for their wellbeing in a meaningful way. For example, staff planned the day of one person's house move in great detail to help ensure it caused as little anxiety as possible for them. For example, they took great care where they placed things in the person's new house, so it would feel like their home immediately. The registered manager told us, "We put everything where [...] would want it so they could clearly find everything that was important and could watch TV." This was successful and helped reduce any anxiety the person had about the move. A relative confirmed, "They were brilliant at the move, they moved [...]s things into a place where they would like to see them." A health care professional also praised the detailed planning that helped the move go smoothly for the person. Staff showed their commitment to the person's wellbeing by attending to help with the move, even if they were not due to be working that day. One staff member confirmed, "We were all involved in the move. It went amazingly well."

People were supported by staff who recognised the importance of people maintaining their independence and how this affected their wellbeing. After an episode of ill health, staff were concerned that one person they supported was lacking the motivation to achieve their previous level of independence. Alongside referrals to appropriate professionals, staff were creative in suggesting ideas that may encourage the person to regain previous skills. For example, they suggested using a wheelchair to enable the person to get out of their house more easily and help them remember all the things they previously enjoyed doing. They were keen that the person did not become reliant on the wheelchair but hoped it might give them the motivation they needed. This was successful and the person was now able to walk and carry out many tasks independently. They no longer used their wheelchair. Staff showed great pride in what the person had achieved telling us, "They are now pushing a trolley in the supermarket and are out and about engaging with activities," and "They're now helping with the housework again and at one point they needed support to eat."

People's privacy and dignity were respected. For example, although one person received support from two people, staff described how, whenever it was safe to do so, only one staff member gave support with personal care. They also told us there were tasks, such as getting dressed, that the person could do alone, so staff left the room to respect their privacy.

People were supported by staff who listened to them and took appropriate action to respect their wishes. One staff member told us, "[...] makes it clear what they want and what they don't want. We listen and that reduces frustration." We observed staff were respectful of wishes; for example it was important to one person that doors in their house were closed when someone left a room. Staff were careful to respect this.

People's relatives were regularly involved as advocates for how their needs were met and the registered manager had recently requested one person also have an independent advocate to support them to have their views and opinions heard.

## Is the service responsive?

### Our findings

People were supported by staff who knew them well and were responsive to their needs.

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. For example, one person was keen to maintain clear routines through their day and week. This was recorded clearly in their care plan. Relatives confirmed staff knew the routines well and respected them. Staff also understood the importance of keeping up to date with any changes to the care plan. One staff member explained, "It's important to read them, I always say you should read the folders all the time, in case there's a change. It'll effect [...] if we don't."

People were involved in planning their own care and making decisions about how their needs were met. Recently the registered manager and staff had invited everyone that was important in one person's life to be present at a meeting so they could look at the person's whole life and what they wanted for the future. They told us, "We wanted to know what else we could do for them so having these people present was invaluable to us. We heard things first hand and found out stories about [...]s life, their childhood, likes, dislikes and achievements. We wanted everyone present to look at what [...] wants for the future. [...] really enjoyed it." A relative confirmed, "We were able to tell [...]s life story and discussed our aspirations for his future." This information was used to create an action plan. The registered manager told us, "As a team, we'll look at each area and discuss how we can develop it for [...]"

People chose how they spent their day. Staff understood how to communicate choices in a way that people understood but did not create undue anxiety. They listened to people's responses and respected their decision. One person was supported to use pictures of different activities to decide what they would like to do now and next. One staff member told us, "It's important to do the right activities but don't give them too much to think about as that causes frustration. Sometimes they push the pictures away and then we try again later. You don't force it."

People told us they were able to maintain relationships with those who mattered to them. One person who's family did not all live locally, was supported to phone family members whenever they wished. The registered manager told us, "Consistent contact with their family is important so we support them with that." A staff member also told us, "We try to take [...] to see their mum as she doesn't find it so easy to visit now." A relative confirmed they helped their loved one keep in touch.

Family members were contacted by telephone during reviews of the person's needs, to help ensure their views were taken into account. Staff also explained how they kept the family up to date with what people were doing, for example sending photos of activities people had done.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted. Staff told us about one person who was very sociable but had not been well enough to go out a lot in the last year. Now they were better, staff were encouraging them to go out more. A health care professional confirmed the person was now taking part in a variety of activities in the

community. The registered manager explained that they were also supporting one person to make contact with people they used to live with so they could spend time together again, if they chose to.

People were supported to follow their interests. Individual preferences were taken into account to provide personalised, meaningful activities. A relative confirmed, "Day to day, the staff are very responsive to [...]s needs regarding activities." Staff were keen to encourage people to try new activities and used regular contact with people, their family and professionals to influence the activities planned. For example, one person had recently been advised to try swimming by a health care professional as a way to increase their strength. The person's family had also reported that the person used to enjoy swimming. Staff found a swimming pool which suited the person's needs and the person had enjoyed the swimming a lot. Staff told us, "We're trying new things. They might not like some things but if you don't try how do we know what's best for them?" and "We're always on the lookout for new things they might want to try." Staff recorded whether people liked an activity or not, what their reaction was and what they said. This enabled them to tailor future activities to the person's preferences.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. A health care professional commented they never had any concerns or reason to complain but felt staff would act appropriately if they did. There had been no written complaints received by the service.

## Is the service well-led?

### Our findings

The registered manager took a hands role within the running of the service and had good knowledge of the staff and the people who received support from Pioneering Independence. There were clear lines of responsibility and accountability within the management structure. One staff member told us, "There have been changes to the structure in the last year and it's a whole lot better now; it definitely has an impact on people too."

People, visitors and staff all described the management of the home as approachable, open and supportive. The PIR stated the senior management had an open door policy. Staff told us, "The registered manager is amazing. I feel I can ring them up and if I've got concerns they'll be there," and "There's always someone on hand who can help you." The registered manager led by example telling us, "My job is to make sure people get what they deserve. I wouldn't ask the team to do anything I wouldn't be willing to do myself." A healthcare professional described the registered manager as enthusiastic, passionate and caring.

The provider sought feedback from people and those who mattered to them in order to enhance their service. Meetings were conducted and questionnaires distributed that encouraged people to be involved and raise ideas that could be implemented into practice. The PIR stated, "It is important to us that the people we support feel their views and opinions are valued and they can see change as a result." The directors, shareholders and Chief executive of the company also made contact with people and staff, where appropriate, to talk with them and check the quality of the service being provided. A staff member told us, "Only last week we saw one of the directors. They chatted with us and people we support." People receiving support from Pioneering Independence were able to attend regular meetings to influence the design of the service and the PIR stated that in the future a staff forum would also be developed to offer staff a further means of communicating concerns or ideas.

Staff meetings were regularly held to provide a forum for open communication. The registered manager told us, "We discuss updates on training and refreshers and discuss feedback or guidance from professionals. It's the best way to make sure things are communicated well." Staff told us, "We discuss things in team meetings and put ideas forward. It's a chance for the team to get together and discuss concerns and things that would benefit people we support," and "Team meetings are 80% about people and we always come out with a plan designed to benefit them." Team meetings were also used to discuss the domains looked at by CQC during an inspection. The registered manager told us, "We will be looking at one domain each quarter to see how we meet it."

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff confirmed they felt empowered to have a voice and share their opinions and ideas. One staff member told us, "The manager encourages us to talk about people's needs. We talk about them in team meetings supervisions and with professionals."

The home worked in partnership with key organisations to support care provision. Health care professionals who had involvement with the home confirmed to us, communication was good. They told us the service

worked in partnership with them, followed advice and provided good support.

The nominated individual and registered manager inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I feel valued. They're always praising us for what we do. They tell us it's amazing what we've done," and "The company does a fantastic job and it's a pleasure to work for them."

The registered manager was proactive in supporting staff wellbeing. They explained, "If there has been an incident, we don't only get staff involved in discussions with professionals to see if there are any changes we need to make but we do a debrief with them and offer them counselling too."

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager and nominated individual told us they were focused on delivering a high standard service. To measure their performance, they had used a paperwork toolkit produced by CQC to help them identify where improvements were needed. They then requested staff from a different part of the organisation carry out an audit on the care and support they provided so the results were as independent as possible. They told us, "We're aiming at being outstanding so we included the characteristics of an outstanding service in our audit; then we mapped it to what documents we have to evidence how we meet them." The registered manager and nominated individual told us they both received sufficient support to carry out their role effectively. This took the form of internal and external supervisions and regular meetings with the directors of the company.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern were identified and changes made so that quality of care was not compromised.

The registered manager had introduced a policy in respect of the Duty of Candour (DoC) and understood their responsibilities. The DoC places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.