

# Coventry City Council

# Pils

## 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

Promoting Independent Living Services (PILS) provides care and support to people with learning disabilities living in their own home. Some people who used the service required support 24 hours a day while other people received support at pre-arranged times. At the time of our visit the agency supported 46 people. Eight people required full support with personal care, others' required prompting to remind them to complete personal care routines. The provider referred to where people lived as supported 'tenancies'.

The information in this report relates to the service provided from 7 Dover Street, Coventry and not the location, 1a Lamb Street, Coventry as stated on the front of this report. The provider had recently moved to the new premises and the registration process to add the new location had not been completed at the time of this inspection. The change of address had not affected the service provided by PILS.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service remained Good.

The office visit took place 5 September 2017 and was announced. We told the provider before the visit we were coming so they could arrange to be there and arrange for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the CQC 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. Since the last inspection the registered manager had left the service, another manager had been appointed in May 2017, and had applied to register with us.

People continued to receive care which protected them from avoidable harm and abuse. Staff understood people's needs and knew how to protect them from the risk of abuse. Risks to people's safety were identified and assessments were in place to manage identified risks. Where people required support to take prescribed medicines, staff had received training to assist people safely.

There were enough experienced staff to meet the needs of people who used the service. People were supported by staff who had the skills and training to meet their needs. The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives.

People were visited by a team of regular staff that they knew and who they said were kind and caring. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service.

The service remained responsive to people's needs and wishes. People were provided with care and support which was individual to them. Managers and staff had a positive approach to risk taking and people were able to live their lives in the way they chose. Staff respected people's privacy and dignity and promoted their independence. Relatives and people said the support they received helped people who used the service live independently in their own homes.

Support plans were detailed and personalised. Plans provided guidance for staff to follow so they were able to support each person in the way they preferred. Where required, people were supported to have sufficient to eat and drink and their health needs were regularly monitored. People's care and support needs were kept under review and staff responded when there were changes in these needs.

The service continued to be well led. Staff said they received good support from all the management team and that senior staff were always available to give advice. Management and staff told us there was good team work and that all staff worked well together. There continued to be effective and responsive processes for assessing and monitoring the quality of the service provided.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Pils

## 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 checked 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.

This comprehensive inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The office visit took place on 5 September 2017 and was announced. The provider was given notice that we were coming so they could arrange to be there.

Before our inspection visit we asked the provider to send to us a Provider's Information Return (PIR). This document allows the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information during our inspection. We found the information contained in the PIR was an accurate assessment of the service.

Prior to the office visit we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We also sent surveys to people who used the service, relatives, staff, and community professionals involved with the service. Surveys were returned from 11 staff and six professionals.

The provider sent a list of people who we could contact by phone to ask them their views of the service. Due to people's complex needs we were not able to speak directly with most people who used PILS, but we were able to speak with relatives to find out their views of the service. From the 12 names provided we spoke with eight people, (seven relatives and one person who used the service). We used this information to help make

a judgement about the service.

During the office visit we spoke with the manager, two support co-ordinators, a senior support worker and four support staff. We reviewed three people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records, records of complaints, and records associated with the provider's quality checking systems.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection, and the rating continues to be Good.

Staff knew how to keep people safe and protect them from avoidable harm and abuse. All staff had completed safeguarding training to make sure they knew how to recognise signs of abuse. Staff told us they would report any suspicions or concerns to the management team. A staff member told us, "If I had any concerns at all I would let a senior or the manager know. They would check it out and refer it to social services." Another told us, "I have no concerns but if I did I would report it straight away. If it was about a member of staff we have a whistle blowing policy but I would feel comfortable to go straight to the co-ordinators or the manager." The manager understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe.

People had an assessment of their care needs that identified any potential risks to providing their care. For example, some people had behaviours that could cause harm or distress to themselves or to others. Plans were in place to provide staff with guidance about how to reduce identified risks so people remained safe. Accident and incident records were completed and monitored by the manager and the provider to identify patterns and to manage emerging risks.

The provider's recruitment process continued to ensure risks to people's safety were minimised. Checks were carried out prior to employment to ensure staff were suitable to work with people who used the service. Records confirmed Disclosure and Barring Service (DBS) checks and references were in place before staff started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

The manager and all staff spoken with told us there was enough staff to provide the support people required. Some people lived on their own, and others shared accommodation. There was a regular team of staff identified to work in the different tenancies. Staffing was arranged dependent on people's needs. For example, in one tenancy two people lived together, who both required one to one support at home during the day. Staff told us one to one support was always provided for each person.

People who required support to take their medicines received these as prescribed. Staff had received training to administer medicines safely and had been assessed as competent to support people with their medicines. Staff signed a medicine administration record (MAR) sheet and recorded in people's records that medicines had been given to confirm this. MARs were checked in people's homes by senior staff and audited when they were returned to the office. This was to ensure they were completed accurately and any discrepancies identified in a timely way.

The provider had a contingency plan for each of the supported tenancies in case of emergencies, for example in case of fire or flood. These included plans if the premises could not be occupied following the emergency.

## Is the service effective?

### Our findings

Staff had the same level of skill, experience and support to effectively meet people's needs as they had at the previous inspection. People continued to be supported by staff who respected their decisions and understood how to protect their rights. The rating continues to be Good.

People said staff knew what care and support they needed to meet their needs and maintain their welfare. A person who used the service told us, "They (staff) know what I need help with, they know me well."

New staff completed an induction that was based on the Care Certificate and worked alongside more experienced staff to gain the practical skills they needed to support people. Staff said the training they received was good quality. They told us it prepared them for their role and provided the skills they needed to meet people's health and welfare needs.

A training programme was in place that included courses that were relevant to the needs of people using the service. The provider considered some training as mandatory for staff working in care; this included safeguarding adults from abuse, and medication awareness. Staff also completed training in other areas related to people's individual needs, like autism awareness. One staff member told us they had asked for dementia training when a person they supported had been diagnosed with early onset dementia, and this had been arranged. Once staff had completed the Care Certificate the provider supported staff to complete a qualification in health and social care to increase their knowledge and improve their practice.

Staff told us their knowledge and learning was monitored through supervision meetings with their line manager and observations of their practice. The manager told us observations of practice was carried out to make sure staff worked to the provider's policies and procedures and put their training into practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

The management team and care staff understood the principles of the MCA. They understood their responsibilities to protect people's rights and what to do when someone might not have the capacity to make their own decisions, so these were made in people's best interests. Where people had restrictions on their liberty, for example, where people were supported 24 hours a day, authorisations had been approved to do this. Where possible, people's consent to care continued to be sought and people's rights with regards to consent and making decisions were respected by staff.

Some people required staff to monitor and manage their health and well-being. Support plans contained information about people's health care and there was a record of health appointments they had attended. Where people had specific health conditions such as epilepsy, information was provided for staff about the condition. There were individual guidelines for staff to follow to ensure the person remained safe and well.



Staff told us they contacted doctors, psychiatrists and other health professionals on behalf of people to arrange appointments or seek advice when needed.

Where people required support with menu planning and meal preparation, staff supported people to eat a balanced diet and made sure people had sufficient to eat and drink. Arrangements were in place to assess and monitor people's dietary needs if this was required.

## Is the service caring?

### Our findings

We asked the person who used the service and relatives we spoke with if staff were kind and respectful. They said they were. A relative told us, "The carers are all very nice, the ones I've met are very good with [name]."

Staff treated people with dignity and respect and ensured people's privacy was maintained. One staff member told us, "I always make sure I am polite and respectful to clients. When providing personal care I make sure they are not left exposed for longer than needed and that doors are closed before providing care." Another said, "The people I support are treated with dignity and respect at all times, they are able to live independently and have a good standard of living."

Some people required support 24 hours a day; staff understood the importance of people having privacy when required. A senior support worker told us, "It is important to remember we [staff] are in people's homes. Some people need their own space and time on their own. If people want to spend time in their bedrooms, the support workers respect this." This made sure people's privacy and dignity was maintained.

People received care from familiar, consistent staff. Each supported tenancy had a dedicated team of care staff who visited regularly. Staff we spoke with had developed positive, respectful and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member told us, "We are such a passionate team and want the best for people."

People were supported and encouraged to make choices about their day to day lives. Relatives told us, "My [family member] likes gardening and the staff were very good and got what was needed to do some gardening and helped them with that." Another said, "They treat [name] as an individual, they encourage her to pick out her own clothes and help her buy clothes, she is always really well dressed."

People told us staff were caring and considerate. A relative told us how staff at PILS had helped get their relative a mobility car. They said, "Between us we got [name] a car, it was good team work". They went on to say staff knew their relative very well and knew they became anxious in a new environment. They said staff had taken their relative for trips out in the car to the venue where they were having their wedding next year. They said this would support their relative to be less anxious on the day of the wedding as the environment would be familiar to them.

Relatives told us how staff supported people to keep in contact with those who were important to them. One relative told us they visited their family member every Tuesday, another told us staff often bought their family member to visit them.

People were supported to maintain their independence and to live their lives as they wished. People confirmed they were supported to do things for themselves where possible. Comments from people included, "Yes I do what I can for myself." Staff said they had enough time to support people to do things for themselves. Staff we spoke with explained how they encouraged people's independence. For example during personal care routines such as showering, people washed and dried areas they could reach and

people were encouraged to participate in daily living tasks such as cleaning and cooking meals. Information about what people were able to do for themselves was clearly recorded in their support plans.

Staff were able to encourage people to experience new things to increase their independence and enjoyment. For example, travelling on public transport and pursuing interests such as horse riding and swimming.

People's support plans were written in a personalised way, and included information about people's life history, their likes, dislikes and preferences, and how they wanted to be supported. Staff told us they used this information to build relationships and shared interests with people.

## Is the service responsive?

### Our findings

We found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Staff had a good understanding of people's care and support needs. They told us, "We provide some tenants with 24 hour support; others have a set amount of hours. We work with the same people so we get to know the person really well, what they need and what they like." A relative told us about their family member's care, "It seems pretty good (care) they do about 15 hours a weeks, I know they (staff) take them shopping or for a haircut."

Staff told us continuity of care staff was important to the people they supported so they could build up trust and a relationship with people. One staff member told us, "People I work with have complex needs, such as autism, and staff know their routines and rituals. These are very important for staff to know and follow, as it could upset their whole day if they are unable to follow their morning routine or if a planned outing doesn't happen."

Managers and staff told us there were staff vacancies and that shifts were covered by regular relief staff who knew people well. All staff we spoke with said there was a low turnover of staff using comments such as, "There is good staff retention here," and, "We have had some changes to the staff team which is unusual as we haven't had any changes for a long time. There is not a high turnover of staff at all."

Each person had a support plan for staff to follow. A new member of staff told us, "I have read some support plans, and although I haven't met the person I feel the support plans give so much information I know a lot about them and what they need support with." Staff said they always had time to read the person's support plan. They said this told them how people liked to receive their care as well as providing guidance on how to manage any specific health conditions or behaviours.

We viewed three people's support plans. Plans were person centred and described the support people required and included their choices and preferences. Plans had been reviewed regularly by PILS staff to make sure they were up to date and provided accurate information for staff to follow. The manager told us they had been in contact with the local authority disability team to request reviews of people's care, as their annual reviews were overdue. They were waiting for a response.

To ensure the service was responsive to unforeseen situations, a senior member of staff provided an on call system during the evenings and at weekends when the office was closed. This provided staff with advice and support if needed.

People and their relatives knew how to raise concerns and knew the actions to take if they wanted to make a complaint. Staff said they would try to resolve any minor concerns people raised and would refer any complaints to their line manager or to staff in the office. They were confident concerns would be dealt with effectively. People who lived in shared tenancies had regular meetings to discuss any issues and to plan

activities.

We looked at the complaints records; this showed one formal complaint had been received since our last inspection in July 2015. The complaint had been recorded and responded to in a timely manner.

## Is the service well-led?

### Our findings

At this inspection, we found the service continued to be well led by a management team who were committed to providing a good quality service. The rating continues to be Good.

People and relatives were generally satisfied with the service they received. One relative told us, "I am really happy with everything they've done for us."

Relatives said the managers at PILS were courteous and generally available if people needed to speak to them. A relative told us, "I've got everyone's number, if there's any problems I call one of them, the service is extremely well run and I know I can always speak to (name)."

Staff also thought the service was well managed, comments included, "I think it's a great service. The staff are fantastic and the managers are really helpful. Very caring and a well ran service." Another said, "This is a very professional organisation that takes its responsibilities to the service users very seriously. They always act in the best interest of service users."

A community professional involved with the service told us about the support they received from staff during the transfer of a person to another service. They told us the support was 'excellent' and that, 'The information was sufficiently informative, it enabled me to continue the consistency, in order to provide an excellent on-going service.'

The provider had a clearly defined management structure in place. There was an experienced management team that provided regular support to staff. This included the manager, three support co-ordinators, and thirteen senior support workers. Senior staff we spoke with understood their roles and responsibilities and what was expected of them. Support staff knew who to report concerns to and said the management team were always available if they needed to speak with them. A staff member told us, "I have 100% confidence in the management team. Anything I have reported has always been followed through."

Since our last inspection in July 2015 the registered manager had left the service. The provider had appointed another manager who had applied to register with us. The manager told us they had been interviewed by us (CQC) as part of their registration process and were waiting for the outcome. The manager was also responsible for managing another of the provider's learning disability services. They told us when they were at the other service, the support co-coordinators deputised in their absence and they were always contactable by phone.

Staff we spoke with enjoyed working for the service, comments included, "It's a great service I love it. It's so rewarding." Another said, "There is a good staff team we all work well together. The manager told us, "I take great pride in being part of the PILS team."

Staff spoke positively about the manager and the changes they were implementing. One staff member told us, "There have been changes to the management team recently; [manager] is into positive risk taking that I

am an advocate of." Another said, "It can be frustrating for staff when we come up with new ideas for people and it's turned down as too risky. [Manager] seems to favour positive risk taking and encouraging people to have fulfilling lifestyles which I am all for." The manager told us they were implementing 'new experience' information in people's support plans to show how people had improved since using the service. They explained, "Because we support people for many years we often lose sight of their skills and abilities when they first came to us and the improvements they have made to where they are now. It's important to capture this, not only for the person but also for the staff."

There were regular meetings for the management team and staff. Staff told us they were well supported to carry out their roles through regular training, one to one meetings with their line manager, and regular staff meetings. Staff said they could share ideas for improvements during team meetings. They said there was a 'theme of the month' where they discussed a policy or procedure to make sure it was still up to date and effective. Staff said they had a handover meeting at the start of each shift to make sure any changes in people's care and information about the service was passed over and recorded.

The management team made regular checks of the quality of the service. For example, checks were made on people's daily records to make sure the support they received matched their care plans. Medicine administration records (MARs) were checked to ensure they had been completed accurately and medicines had been given as prescribed. The manager, support co-ordinators and the provider completed a range of other checks and audits to make sure they continued to learn and make improvements to the service. For example, the process for completing MARs had been reviewed to make it easier to record.