iDirect Independent Living Limited

iDirect

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

The inspection took place on 25 April and was announced. The inspection continued on 27 April 2017 and was again announced.

iDirect delivers domiciliary personal care to people with learning disabilities, mental health conditions and autism. Personal care was provided to 12 people who lived in their own homes. There was a central office base which had an open plan reception, training area and kitchenette facility. There was a separate office with three desks where the management worked from.

The service had a registered manager in place. 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 were aware of the Mental Capacity Act and training records showed that they had received training in this. However, people's records did not always contain an assessment of their capacity. Where decisions had been made in people's best interests around their care and treatment these were not always being recorded fully. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training.

Personalised care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had a care file which also included outcomes and guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines. Medicine Administration Records reviewed showed no gaps. This told us that people were receiving their medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, autism, epilepsy, diabetes and learning disability.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this. A staff member told us, "I receive regular supervisions and find them useful".

People were supported with shopping, cooking and preparation of meals in their home. The training record

showed that staff had attended food hygiene training.

People were supported to access healthcare appointments as and when required and staff followed GP and community psychiatric nurses (CPNs) advice when supporting people with on going care needs.

People told us that staff were caring. During home visits we observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

Staff treated people in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. Information was available in various easy read and pictorial formats. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. Outcomes were set by people and outcome focused reviews took place. These evidenced that people were actively supported to work towards their outcome areas and that achievements were recorded. Additional support was highlighted and provided. We saw that these were regularly reviewed by the service with people, families and health professionals when available.

People, staff and relatives were encouraged to feedback. We reviewed the findings from quality feedback questionnaires which had been sent to people and noted that it contained mostly positive feedback. The service was reviewing this process as part of their development plan.

There was an active system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

Staff had a good understanding of their roles and responsibilities. Information was shared with staff so that they had a good understanding of what was expected from them.

People and staff felt that the service was well led. The management team and director encouraged an open working environment. People and staff alike were valued and worked within an organisation which ensured a positive culture was well established and inclusive. All the management had good relationships with people and delivered support hours to them.

The service understood its reporting responsibilities to CQC and other regulatory bodies and provided information in a timely way.

Quality monitoring visits and audits were completed by the management team and an external person. We found that smoke detector checks in one person's house had been overlooked by this external auditor. The deputy told us they would complete a service check this month. Quality monitoring completed by the service appeared to be robust and effective. The checks by the external auditor were being addressed by the director who was in the process of bringing in Quality Checkers. Quality Checkers are paid to check health and social care services. They perform a unique role in monitoring services. People who provide services can miss important information or fail to ask a crucial question as they have not experienced that service. Quality Checkers have direct experience of using services and know what to ask and where to look to find answers.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Is the service effective?

Good

The service was mostly effective.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. However, people's capacity was not always assessed nor best interest decisions recorded.

Staff received training, supervision and appraisals to give them the skills and support to carry out their roles.

Staff supported people to maintain healthy balanced diets and dietary needs were assessed where appropriate.

People were supported to access health care services and local learning disability teams.

Is the service caring?

Good

The service was caring. People were supported by staff that spent time with and knew them well.

People were supported by staff that used person centred

approaches to deliver the care and support they provide.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care file's, guidelines and risk assessments were up to date and regularly reviewed.

People were supported to set outcomes and lead outcome focused reviews to feedback on what had worked well for them and discuss what support they may wish to receive going forwards.

People were supported by staff that recognised and responded to their changing needs.

People were supported to access the community and take part in activities which were linked with their own interests and hobbies.

A complaints procedure was in place which included an accessible easy read version. People were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good

The service was well led. The management all promoted and encouraged an open working environment by including people and recognising staff achievement.

The management were flexible and delivered support hours as and when necessary which in turn gained respect from people and staff.

Regular quality audits and service checks were carried out to make sure the service was safe and delivered high quality care and support to people.

iDirect

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.

This inspection took place on 25 April and was announced. The inspection continued on 27 April 2017. The provider was given 24 hours' notice. This is so that we could be sure the manager or senior person in charge was available when we visited and that home visits could be arranged. The inspection was carried out by a single inspector.

Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We spoke with the local authority quality improvement team to get information on their experience of the service.

We had not submitted a Provider Information Return (PIR) to the service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We collected this information as part of the inspection.

We visited four people in their own homes. We spoke with two people who used the service and observed care being delivered to two other people who were non verbal.

We spoke with the deputy manager and nominated individual. We met with the transitions lead and six staff. We reviewed five people's care files, policies, risk assessments, quality audits and the 2016 quality survey results. We observed staff interactions with people. We looked at four staff files, the recruitment process, staff meeting notes, training, supervision and appraisal records.

Good

Is the service safe?

Our findings

People and staff told us that they felt the service was safe. A person said, "Staff help me feel safe, they help me find my own solutions and develop my skills. Staff know me so well they can identify signs and triggers before I may go downhill". Another person told us, "Staff know what they are doing and help me feel safe".

A staff member told us, "iDirect is safe. We have an excellent on-call support. Management know people. Paperwork is very good. Safety measures are in place including risk assessments and care plans". Another staff member said, "We keep people safe by providing appropriate support hours. Door alarms are in place were necessary. We monitor people's behaviour. Check fire alarms and follow risk assessments and behaviour plans".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. A staff member said, "Changes in behaviour, disturbed sleep, reluctance to engage with staff or a reliance on particular staff and wanting to please certain staff would be signs. I would report concerns to management, safeguarding teams, CQC and police if necessary. I have no concerns though". We reviewed the local safeguarding policy which was up to date, comprehensive and included a pictorial easy read version for people who required information in this format. We also reviewed the local whistleblowing policy. This reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this.

We reviewed five people's care files which identified people's individual risks and detailed steps staff needed to follow to ensure risks were managed and people were kept safe. We found that one person was at risk of being isolated. Steps in place included ensuring the person had routines, encouraging engagement and daily outings. We saw that risk assessments were put together with people to enable their understanding and identify safety steps which people agreed with. This demonstrated that the service ensured safety systems were in place to minimise and manage risks to people.

One person had swallowing difficulties and were at risk of choking. A speech and language therapist had carried out swallowing assessments and provided plans detailing the consistency of people's food and drink and the position the person needed to be in when supported with their meal.

People had Personal Emergency Evacuation Plans which were up to date. These plans detailed how people should be supported in the event of a fire. Each location had an emergency contingency plan in place which were reviewed annually and up to date. These plans were used in situations such as fire, gas leaks, floods, failure of utilities and break ins. They reflected contact numbers and clear guidelines for staff to follow in order to keep people safe and ensure appropriate actions were taken and recorded. One person told us, "I've attended fire training. This gave me more knowledge about keeping safe. I used to use the tumble dryer at night. Since the training I have learnt not to".

A person told us, "There are always enough staff, I've never been without. If there is sickness other staff step

in". Another person said, "I have enough staff there is always someone here 24/7. I'm involved in choosing my staff too". A staff member told us, "There are enough staff to support people. People have core staff teams and bank staff. We rarely use agency". iDirect used professional assessments, discussed needs with people, observed different aspects of care for example home and community support which enabled them to determine staffing numbers and hours of support. These levels were then discussed and agreed with commissioners. The deputy manager said, "We also discuss staffing with family and use a holistic approach". The deputy manager told us, "Agency staff are rarely used. When they are they are matched with people. We seek profiles of workers and use these to match before booking them. We were told that some agency staff had taken up permanent employment with iDirect. This provided an opportunity for agency staff to learn how to work for the service and develop relationships with people before being offered employment opportunities and / or contracts.

Recruitment was carried out safely and files were well organised. We reviewed four staff records, all of which had identification photos in them. Details about recruitment which included application forms, employment history, job offers and contracts were on file. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). We were told by management and people that they were involved in recruiting their staff however this was not evidenced clearly. We discussed this with the deputy manager who said that they would look at ways to start doing this.

Medicines were stored and managed safely. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from there pharmacy packaging which indicated they had been given as prescribed. We reviewed the last three weeks of MAR sheets in one location which were completed correctly and showed no gaps. A person told us, "Staff help me with medicines. I need their support. I do some myself. Staff administer and witness me taking them". Staff were required to complete medication training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff was aware of and told us they had read.

Good

Is the service effective?

Our findings

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 who were able told us they were involved in their care, attended regular reviews and had access to their records.

Some of the people receiving support from iDirect were living with a learning disability, autism or had needs relating to their mental health, which affected their ability to make some decisions about their care and support. Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in maintaining people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. Staff told us how they supported people to make decisions about their care and support. For instance, by supporting people to maintain a balanced healthy diet.

However, some people did not have mental capacity to make complex decisions about their health and welfare. Where this was the case, people's records did not always contain an assessment of their capacity. Where decisions had been made in people's best interests around their care and treatment these were not always being recorded fully. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people such as relatives or were being reviewed. For instance, where the service held or managed people's monies and medicines. There were no records to show the rational for these decisions, no mental capacity assessments to show that people did not have capacity to manage their own finances or medicines and that this was being carried out in their best interests.

We raised this with the deputy manager and nominated individual who agreed that some people's records did not contain sufficient information to demonstrate the service was working within the principals of the MCA. The deputy manager assured us they would take immediate action to address this and discuss this in one person's upcoming review on 3 May 2017. We did not find that people had been disadvantaged or that decisions taken were not in people's best interest.

People can only be deprived of their liberty to receive care and treatment, which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. The deputy manager confirmed and showed us emails that evidenced the appropriate applications had been made to the Court of Protection were it had been identified that people had continuous care and support.

People were supported by staff that were knowledgeable about their needs and had the skills to support them. Newly appointed staff undertook a comprehensive induction, which followed the Skills for Care, Care

Certificate framework. The Care Certificate is an identified set of standards used by the care industry to help ensure care workers provide compassionate, safe and high quality care and support. Following the induction staff shadowed more experienced staff and did not work alone until the management were confident they had the right skills to carry out their role. A staff member who was new to care told us, "My induction included a week of training and then a week of shadowing. I was able to gain information from staff and build relationships with the person. I was always assured that support was available". Other staff said that inductions gave them confidence in their ability to meet people's needs because they too felt supported. There was a strong emphasis within the organisation on training. All staff undertook a comprehensive training programme. Records showed staff received regular training in core topics which included safeguarding, medicine awareness, first aid, infection control, moving and handling, food hygiene, Non Abusive Psychological and Physical Intervention (NAPPI UK). In addition to core training, staff received specific training in relation to the needs of the people they were working with. This included learning disability, autism, mental health and epilepsy. A person said, "Staff get the right training. Training is specific to my needs. Staff know how to support me if I go downhill".

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by management. Staff said that they found supervisions very useful and confirmed that they took place regularly. A team leader told us, "We complete 6-8 weekly supervisions. In addition to this team leaders have weekly contact with team members and managers. I had a staff member who suffered a loss. I supported them more frequently for a short time". Another staff member said, "Management show a real interest in staff as well as people we support. We are always supported and encouraged to develop skills further and achieve the best for people and ourselves". This showed a positive and supporting management approach towards staff to ensure they had the skills required to carry out their roles.

People receiving personal care were supported with shopping, cooking and preparation of meals in their homes. The training record showed that all staff had completed food hygiene training. One person told us, "I enjoy cooking. Most of the time I do it myself. If I go downhill staff will encourage me. Staff sometimes do my vegetable preparation. I choose what I want. Staff support me to shop". We reviewed one locations menu plan and saw that it was balanced with a variety of nutritious options. We also noted that there were options to eat out on some of the days. A person told us, "Staff support me to menu plan, write shopping lists and choose what I want to eat". During a visit to one person's home we found that they were due to go out for a meal that evening.

People's dietary needs were assessed and where appropriate plans put in place. For example, one person was gluten intolerant. The plan had a list of foods containing wheat a list of alternative foods and information for staff regarding gluten free foods. Staff were aware of the risks and had read this information. One person said, "Staff encourage me to think about my diabetes and help me choose appropriate food". The deputy manager told us, "One person had put together an easy read healthy eating booklet. We are looking at how we can involve them in putting more of our easy read information together".

People were supported to maintain good health and have access to healthcare services. A person said, "Staff support me to appointments". Another person said, "Staff work closely with me and my mental health team". The deputy manager told us that they had a good relationship with the local learning disability team. We found that health visits were recorded in people's care files and noted that recent appointments included; Community Psychiatric Nurse visits and GP's.

Good

Is the service caring?

Our findings

Staff spoke about people in an affectionate way with kindness and compassion. Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in staffs' presence and it was apparent that staff knew people well. During home visits we observed a lot of smiles, laughter, and affection between people and the staff supporting them. One person said, "Staff are caring. I trust them. They understand and I feel I can express myself. They don't judge me." Another person told us, "Staff are really good. The way they care is amazing and how they make sure everything is in place".

A staff member said, "It would be hard to do this job if you did not care. I feel I have empathy. That I'm a good listener, have understanding and a good sense of humour". They went onto tell us that they felt their peers were too. A person told us, "Staff are role models".

People met their potential new staff during the recruitment process either at the home, a place of their choice for example, a coffee shop or at the central office. A person said, "Staff are introduced to us slowly, I am fully involved in choosing my own staff". iDirect also used matching tools which identified the support people needed and the type of person people wanted to support them. For example, we read that one person wanted support in areas such as cooking, medicines, personal hygiene and shopping. The tool identified that the type of person would need skills and qualities in patience, motivation, cooking, be sociable and a good listener. We spoke to this person who confirmed that their staff had these skills and qualities. This demonstrated an innovative approach to developing positive caring relationships between people and staff.

We saw that there were clear personal care guidelines in place for staff to follow which ensured that care delivered was consistent and respected people's preferences. The care files included person centred care plans with pen profiles of people, recorded important people involved in their care, outcomes, how to support them, people's likes and dislikes and medical conditions.

Staff promoted and supported people to make choices and decisions about their care and support. We observed people being asked choices. A person told us, "Staff ask me how I want to be supported. I reviewed my goals the other day. My new goals are looking for work, starting college courses. I have recently started at the gym. I was there yesterday". Staff told us that they provide information to enable people to make informed decisions. A staff member said, "We offer visual choices and show (name) items like drinks, toast or sandwich, marmalade or cheese". Another staff member told us, "I advise people with decision making. I document people's decisions and give them information". Another staff member said, "I listen to people and offer advice where appropriate. I never offer opinion. This supports them to make choices and decisions". They went on to say, "I support people to look at the bigger picture. Give information on risks and raise awareness. Where necessary I seek other people's input".

People's privacy and dignity was respected by staff. Staff we observed during home visits were polite and

treated people in a dignified manner throughout the course of our visit. We asked staff how they respected people's privacy and dignity. One staff member said, "I close doors, close curtains, stay in the other room and only support (name) to wash their back. I keep (name) informed of what I am doing. I never divulge information use initials and keep things confidential".

Good

Is the service responsive?

Our findings

iDirect was responsive to people and their changing needs. Throughout the inspection we observed a very positive and inclusive culture at iDirect. Promoting independence, involving people and using creative approaches appeared to be embedded and normal practice for the service. We saw that people received outcome focused reviews. These put people in the centre of their care and empowered them to feedback on what support had been working, what hadn't and what the person would like to change.

The deputy manager gave us examples of how the service had been responsive to two people's changing needs and had provided additional support hours. They said, "One person whose support hours had been reduced had a loss in their family. They contacted the office and asked for their hours to be increased for a short time. We provided this". They went on to say, "Another person requested additional hours to support them to a health visit, they find hospital's a little overwhelming. We were happy to provide this which helped the person".

iDirect used personalised paperwork to capture how people wanted their care and support to be delivered and how goals and outcomes could be captured and broken down in achievable steps. People were able to give us examples of how iDirect had provided personalised care and supported them to achieve positive outcomes. One person told us, "At first I wouldn't go outside without staff support. They (staff) made a plan of action with me, they slowly introduced me to things, gradually withdrew support during activities which built up my confidence. They never forced me into anything. I am now a lot more independent". They went on to tell us that before they had 24 hour support but now they have unsupported hours to go to bingo once a week and use the bus. They said, "This has made me feel more independent and empowered". We read that one person who was non-verbal had outcomes such as spending more time with their family without staff support. We read that steps included, regular visits to their family, staff to slowly withdraw to the spare room giving the person chance to build more confidence. We found that the service had evidenced progress towards this by recording family visits. Supporting the person for visits and maintaining regular contact. A staff member told us, "One person I support has a wish to have a garden. We are in the process of planning to make their garden accessible so they can access it independently". This demonstrated that the service was innovatively working with personalisation tools to further support people in being empowered to express their views more whilst making decisions about their care and support and achieving positive outcomes.

Some people presented behaviour which challenged staff and the service. We found that behaviour support plans were in place and up to date. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. Behaviour (ABC) charts were completed by staff, these detailed what happened before an event, during an event and what preventative actions were taken. These were then monitored by the management and analysed. We found that iDirect had good working relations with the local mental health teams and came together with them, the person and family in response to new trends occurring and/or a set review. We were told that one person had been involved in Non Abusive Psychological and Physical Intervention (NAPPI) training. We learnt that at first the person was

apprehensive however with encouragement and support from staff they had attended. This had enabled the person to gain understanding of what staff can do and how they will keep the person and themselves safe. In turn this had helped the person trust staff more and have further reassurance. The deputy manager said, "Whenever and wherever people can and want to be involved we will offer the opportunity". This told us that iDirect was a person centred organisation which continually found new ways of involving, empowering and achieving positive outcomes for people and with people.

People were supported to attend and take part in activities of their choice. We found that care files held details and information about peoples, likes, interests and hobbies and that activities were recorded by staff. We read that one person liked watching politics and discussing this with staff. During a visit this person said, "We watch parliament, I like politics my staff discuss these with me". We read that another person liked swimming. During a visit to their home they told us, "I've been swimming this morning. I do this weekly. It's important to me".

People attended their own core team meetings. We saw that these usually took place four to six weekly and were usually lead by team leaders. We were told that the management try and attend every third meeting unless there is a need for more regular management attendance. We read notes from one and found that topics discussed included; feedback from the person, changes in the team, handover communication, on call procedure, medicine and incident de-briefs. We saw that actions were listed, target dates set and people identified to complete them.

We found that weekly overview forms were completed by team leaders which captured successes, safeguarding's, incidents, concerns and evidence against achieving goals and outcomes. We were told that once these were completed they are returned to the office where team leaders would raise any concerns or seek advice from management if required. These are then left with the management to review, input onto an online system so the analysis of trends can be done and signed off.

iDirect were reviewing their quality survey approach in response to a limited return rate last year. We reviewed the results and found that feedback was generally positive. Questionnaires had been put together in an easy read format. We noted that one person had written; "Staff want what's best for me". And another had written, "Staff listen and help when needed".

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There was a comprehensive complaints policy in place for staff and a visual easy read version for people. Both versions had contact details of both internal and external agencies including the local authority, CQC and the ombudsman. People we spoke to told us that they would feel able to raise complaints with staff or the management. A person told us, "I know how to complain. I'd raise it with the manager or senior management. Never had to complain before but feel able to if needed". We read that the last complaint had involved staff car parking. We found that the service had responded to this efficiently and taken measures to address the issue. This had resulted in a positive outcome for all parties. There were no further open complaints.

We noted a few compliments from professionals. We read that a learning disability nurse had written, "(name) looked incredibly well and very happy. Staff have such a good understanding of (name's) likes and dislikes". A social worker had written, "It's been an absolute pleasure working with iDirect re: (name)". And an area practice manager had written, "Your team provided quality support and real dedication which in many ways exceeded expectations of a support agency".

Good

Is the service well-led?

Our findings

The service has a registered manager in place. 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.

The registered manager was not available during the inspection and we were informed that they would not be returning. The nominated individual was present and the deputy manager led the inspection. A Nominated Individual has the responsibility for supervising the way that regulated activities are managed within an organisation. The nominated individual (director) told us that the deputy would be applying for registration once the registered manager had left the service and applied to cancel their registration. This reassured us that plans were in place to maintain strong management and good leadership.

People and staff told us that there was an empowering culture embedded within iDirect and that the service was well led. 100% of the people and staff we spoke to rated the service 10/10. One person said, "Really good management. The way they involve you. They care about how I feel and what I have to say. They involve me in everything". They went onto say, "They are 10/10 for the way they run the company. Care is personalised, it's all about what's good for me". Another person said, "Management are really nice. They take time to see me. They respond to my requests. I've asked if staff can have a bike so we can go cycling". A staff member said, "10/10, nothings too much trouble. I'm respected. They are interested in my opinion. If (name) needs something they will arrange it. We are also always kept up to date". Another staff member said, "The deputy is brilliant. Always supportive and are interested in people and staff. I couldn't ask for better. It's helped my confidence". Another staff member said, "Management set realistic targets. Always able to offer support and guidance to achieve and further develop. I would definitely recommend iDirect".

We found that staff who worked above and beyond their role and responsibilities were recognised through small bonuses and that all staff received token gifts at Christmas. For example this year people were given a gift card to enjoy a meal at a restaurant chain. The deputy manager also said that as well as sending all the people we support birthday cards we also send all our staff one. The nominated individual told us they were lucky to have such a committed team and said, "I'm very proud of each and every one of them". The deputy said that it's a good team spirit here. We are always upbeat and support each other. This told us that people and staff alike were valued and worked within an organisation which ensured a positive culture was well established and inclusive.

We found that the management team and director all had very good knowledge and were open to learning and further developing the service. They were all responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

The management were flexible and delivered support hours when these could not be covered because of sickness, annual leave or vacancies. The deputy manager said, "Delivering support hours is important to me. I can see more when I am supporting people and working with other staff. It's important if I am offering

advice and guidance that I have experience of delivering the support. Staff and people get to see me and I earn their respect". The management team encouraged an open working environment, for example we observed on several occasions throughout the inspection people and staff coming up to them or calling to discuss matters with them.

The registered manager had notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. The management team and director were aware of their responsibilities under the Health and Social Care Act 2008, Duty of Candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

We saw that iDirect carried out quality monitoring across all of the services regularly. These audits covered areas such as medicines, environment, documents and finance. In addition to these service monitoring checks took place as well. The service checks included, paperwork, first aid, fire, infection control, health appointment check and seeking feedback from people and staff. We saw that iDirect also used an external checker to come out and complete service checks. The rationale behind this was so that there could be an impartial view to the quality checking and monitoring of the service. However, we noted during one visit to a person's home that smoke alarm tests had not been completed since December. We found that a service check by the registered manager had identified this as an action in January but when the external checker had followed this up in April they had confirmed it was now up to date. We discussed this with the nominated individual and deputy who assured us that they would address this with the external checker. The deputy said that they will complete a service visit this month (May 2017).

The nominated individual discussed with us how they were arranging to use Quality Checkers later in the year as part of their development plan. Quality Checkers perform a unique role in monitoring services. People who provide services can miss important information or fail to ask a crucial question as they have not experienced that service. Quality Checkers have direct experience of using services and know what to ask and where to look to find answers. The management team told us, "Leadership is important but people being involved is the key to continuous improvement and quality service delivery".