

# IOTA Care Limited

# IOTA Care

## Inspection report

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## Ratings

<b>Overall rating for this service</b>	<b>Outstanding</b> ☆
Is the service safe?	<b>Good</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Outstanding</b> ☆
Is the service well-led?	<b>Outstanding</b> ☆

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection on 23 June 2018.

IOTA (Independence Opportunity and Transition into Adulthood) Care provides care and accommodation for up to three people. At the time of the inspection two people were living at the home. The service were also supporting a person in a separate flat on a respite basis. IOTA Care provides care for people with a learning disability and associated conditions such as autism.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post, who was also the joint provider. 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.

At the last inspection, on 5 March 2016, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the service had improved to outstanding in two domains and therefore had improved to an overall rating of outstanding.

Why the service is rated outstanding.

People living at IOTA Care had complex care needs and required a high level of support with daily care needs inside and outside the home. We met with both people during our visit and observed some interaction between them and the staff. People were not able to verbalise their views and staff used other methods of communication, for example sign language or visual choices.

When we arrived people were still in bed before they started their planned routines. These planned routines helped provide reassurance to people who were living with autism. People were living a full life and there was a busy and relaxed atmosphere during the day. As the day went on people were either enjoying time on their own, with staff interaction when they needed it or going out on a planned activity. One staff member said; "[Are they] safe?-Definitely. If I had a child I wouldn't hesitate to let them live there. I think they are very safe."

People were encouraged to live active lives and were supported to participate in community life where possible. Activities were developed for people who perhaps had not tried certain activities before. Other activities reflected people's interests. The environment and the outside spaces had been designed for people living with autism to allow people to safely be on their own in the garden in most weathers and to have sensory equipment to entertain them.

The provider and registered manager had taken innovative steps to develop technology to improve the quality of people's care, communication with family members but most of all for the people who used the service. They had designed a programme call 'Scrapbook Circle' which was an instant private social media network for family, friends and staff and people who used the service. This allowed all parties to see what each other were doing and mostly to keep in touch with each other which was particularly useful if family and friends lived some distance away. The provider described the 'Scrapbook Circle' as "Provides a safe, supportive place for people to communicate with the people they really care about." One staff member said; "I love it. Such a good way to enable them to communicate with family as they are not able to communicate themselves [verbally]."

People had their health needs met. People received visits from healthcare professionals, for example speech and language therapist and GPs to ensure they received appropriate care and treatment to meet their health care needs. Professionals confirmed staff followed the guidance they provided. The provider also pro-actively sought audits from external agencies to further assess how the service was performing. Staff took on champion roles in a meaningful way and ensured their subsequent specialist knowledge was used to benefit people. For example, there was an infection control champion and a Wellbeing champion to support staff.

People had complex communication needs and these were individually assessed and met. People were encouraged and supported to make as many decisions and choices whenever possible in their day to day lives, this was often through visual images. They were supported to access the community and promote their independence. For example, people who had previously been reluctant to go into the community for a long time, now had a programme developed and encouraged by staff to support them. Staff and relatives worked together to support people in their own home. Families and staff were very involved in care and risk planning and sourced different ways for people to access the community safely.

People were now able to access many areas in the community due to the support they had received from staff to further enhance their quality of life within their community.

Staff were observed supporting people with understanding about how individuals living with autism saw the world and displayed patience and kindness. Compassionate care was really important to the values of the service and was clearly reflected in how staff cared for people. Valuing people and enabling them to feel they mattered was important and staff enabled people to help in the running of the home. For example, the small step of collecting milk from the fridge was seen as a positive achievement for people and celebrated. The staff had built strong relationships with the people they cared for. Staff respected people's privacy. People or their representatives, were very involved in decisions about the care and support people received.

Relatives and staff felt the service was extremely well led. Relatives and staff described the registered manager and provider as very approachable, available and supportive. Staff talked very positively about their jobs and took pride in their work.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. The registered manager and provider were very passionate about the service. They had very robust quality assurance processes in place. Audits were conducted to ensure any issues in the quality of care and

environment were identified promptly. Accidents were investigated and, where there were areas for improvement, these were shared for learning with people, staff, other services and health professionals.

The provider had a complaints policy in place and the registered manager said any complaints received would be fully investigated and responded to in line with the company's policy. Staff knew people well and used this to gauge how people were feeling. The policy was not provided in an accessible format for people as people currently living in the service would not understand the procedure. However, the registered manager and staff demonstrated they would always act on changes in people's presentation.

People remained safe at the service. People were protected by safe recruitment procedures to help ensure staff were suitable to work with vulnerable people. Staff confirmed there were sufficient numbers of staff to meet people's needs and support them with activities and trips out.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments had been completed to help ensure people could retain as much independence as possible. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff had completed a range of training including safeguarding training and the Care Certificate (a nationally recognised training course for staff new to care). Staff confirmed the Care Certificate training looked at and discussed the Equality and Diversity and the Human Right needs of people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were met and their health was monitored by the staff team. People had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. Care plans were person centred and held comprehensive details about how people liked their needs to be met, taking into account people's preferences and wishes. Information recorded included people's previous medical and social history and people's cultural, religious and spiritual needs.

People lived in a service which had been designed and adapted to meet their needs. The service was monitored by the provider to help ensure its ongoing quality and safety of the care people were receiving. The provider's governance framework, helped monitor the management and leadership of 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

People's care records were very personalised reflecting their individual, current needs.

The service is exceptionally responsive to people's needs, choices and preferences, working in partnership with people and their representatives/families to ensure people lived the best life they could.

The service is extremely person centred and put people at the centre of all they did.

The staff worked very hard to help people to achieve their goals and aspirations as well as finding new opportunities for people to try.

### Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

The registered manager and provider were totally committed to providing the best possible care for people.

The registered manager and provider provided strong leadership and led by example.

Staff and people were involved in all aspects of the running of the home, as much as they were able to be, and people were valued and respected.

Staff adhered to the values and vision of the service during their daily work.

The service was committed to reviewing and monitoring the service so they could take any necessary actions to improve people's lives.

The registered manager and provider had very robust and effective systems in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

# IOTA Care

## **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.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was undertaken by one inspector on 24 June 2018 and was unannounced.

Before the inspection we reviewed information we held about the service. We reviewed notifications of incidents the provider had sent to us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in March 2016 we did not identify any concerns with the care provided to people.

People living at IOTA Care had communication difficulties due to their learning disability and associated conditions, such as autism. Therefore, they were unable to tell us directly about their experiences of the services. During our inspection we spent time with people, observing daily routines and interactions between people and staff supporting them. This helped us gain a better understanding of people and the care they received at IOTA Care.

During our inspection we met both people who used the service and spoke with the registered provider and registered manager. We looked at two records which related to people's individual care needs. We viewed two staff recruitment files, training evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process.

Following the inspection we spoke with two relatives about their relatives' care. We also spoke with staff members and received feedback from two health professionals involved with people at the service. We asked them about their views and experiences of the service. Their feedback can be found throughout the inspection report.



# Is the service safe?

## Our findings

The service continued to provide safe care. People who lived at IOTA Care had very limited or no verbal communication, therefore they were not able to easily tell us directly if they felt safe. We spent some time with people observing their daily routines and when they were being supported by staff. We saw people were comfortable and relaxed with the staff supporting them. People looked to staff for reassurance when they felt anxious or unsure. People's laughter, body language and interactions told us they felt safe and comfortable with the staff supporting them.

Staff all agreed that people were safe. One relative said; "Yes definitely they are safe living there."

People continued to be protected from abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Staff were confident the registered manager would take action, but also knew where to access the contact details for the local authority safeguarding team should they have to make an alert directly.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completing the Care Certificate (a nationally recognised qualification for staff new to care) covered equality and diversity and human rights training as part of this ongoing training.

People had their needs met by suitable numbers of staff to support them, based on the activity they were undertaking. Throughout the inspection we saw staff supporting people, meet their needs in a timely way and spend time socialising with them. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults.

People had the risks associated with their care assessed, monitored and managed by staff to ensure their safety. Risk assessments had been completed to ensure people were able to receive care and support with minimum risk to themselves and others. There were clear guidelines in place for staff to help manage these risks. People had risk assessments in place regarding their behaviour, which could be seen as challenging to themselves.

People's accidents and incidents were recorded and referrals were made to the local learning disability team for additional advice and support if required. People's finances were protected by a variety of systems and were checked regularly.

People continued to receive their medicines safely from staff who had completed training. Systems were in place to audit medicines practices and records were kept to show when medicines had been administered. People with prescribed medicines to be taken 'when required' (PRN), such as paracetamol had records in place to provide information to guide staff in their administration. Information included; what the medicines were for, symptoms to look for, alternative initial actions to try, the gap needed between doses or the maximum dose.

People lived in an environment which the provider had assessed to ensure it was safe and secure. The fire system was checked with weekly fire tests carried out. People had individual personal emergency evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

# Is the service effective?

## Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had a very good knowledge of the individuals they supported, which meant they could effectively meet their needs.

People were supported by staff who had received training to meet their needs effectively. The registered manager had ensured staff undertook training the provider had deemed as 'mandatory'. This included understanding autistic spectrum, epilepsy and fire safety. New staff completed the Care Certificate that covered Equality and Diversity and Human Rights training. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff were supported and received regular supervision and team meetings were held. This kept them up to date with current good practice models and guidance for caring for people with a learning disability.

People's care files held communication guidelines. Each documented how people were able to communicate and how staff could effectively support individuals. People had a 'Hospital Passport' in place which would be taken to hospital in an emergency and provided details on how each person communicated. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. Pictorial images were displayed around the service to help ensure it was in a suitable format for everyone. This demonstrated the provider had taken account of the Accessible Information Standard (AIS). The AIS is a requirement to help make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People continued to be supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People identified at risk due to food intolerance had been referred to appropriate health care professionals. For example, speech and language therapists. The advice was clearly recorded and staff supported people with suitable food choices. People were supported to be involved in choosing, purchasing and preparing food.

People were encouraged to remain healthy, for example fun activities were undertaken, and included supporting people going for walks to support them to remain healthy. Support plans covered all aspects of care including health and well-being. For example fitness, sleeping and men's personal health issues. Referrals were made to other health and well-being professionals such as psychologists and specialist consultants, as necessary.

Staff confirmed they had completed training about the Mental Capacity Act 2005 (MCA) and understood how to support people who lacked the capacity to make as many decisions for themselves as possible. Staff encouraged and supported people to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records showed families, independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support people in this area. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People continued to be supported to make decisions and choices of their own, as far as possible. Though people were not always able to give their verbal consent to care, staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to the bathroom. People lived in a service which had been designed and adapted to meet their needs.

## Is the service caring?

### Our findings

People continued to be provided with sensitive and compassionate support by a kind, committed and caring staff team. People appeared very relaxed and comfortable with the staff working with them. There was a busy, but happy atmosphere in the service. People were supported by staff who had worked with them for a number of years and had built strong relationships with the staff. Relatives agreed the care provided was "very good."

People continued to be supported by staff who were both kind and caring and we observed staff treated people with patience and kindness. We heard and saw plenty of laughter and smiles. Staff were attentive to people's needs and understood when people needed reassurance, praise or guidance.

People were given emotional support when needed, for example if people needed reassurance when their daily routines had changed. For example, if people had to visit a dentist or GP surgery, the additional support needed to support people was documented.

People had decisions about their care made with the involvement of their relatives or representatives. People's needs were reviewed regularly and staff who knew people well attended these reviews. People had access to independent advocacy services, and were supported to access these when required. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People had a detailed communication 'passports' which clearly described how people communicated their needs and wishes. Staff knew people well and understood people's verbal or nonverbal communication. Staff were able to explain each person's communication needs. For example, by the expressions they made to communicate if they were happy or sad. Staff knew that people made facial expressions and certain noises indicating they may be upset or anxious or in pain.

Staff continued to support people to maintain and develop their independence. For example, staff encouraged people to participate in household tasks if they were able to. Staff did not rush people and support was given at the person's own pace. Staff were seen to be patient and gave people time while supporting their independence. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

People's privacy and dignity was promoted. The staff team remained passionate about respecting people's privacy and dignity. Staff knocked on people's doors prior to entering their rooms. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. Staff continued to meet people's diverse physical, emotional and spiritual needs. The service had a culture which recognising equality and diversity amongst the people who live in the service and the staff team.

People were not discriminated against in respect of their sexuality. People's care plans were descriptive on

people's needs and followed by the staff.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People, where possible, received their care from the same group of staff. This consistency helped meet people's emotional and behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR).

## Is the service responsive?

### Our findings

The service provided outstanding support that was responsive to people's needs. Staff completely understood what was important to individuals and ensured these needs were met. The service really felt like it was a person's home and people could choose what they wanted to do, at the time that they wanted to do it. For example, when we arrived for our inspection people were still in bed. We observed people getting up when they wanted and at their own pace. The registered manager said that there were routines in place due to people's need for structure due to their autism. However, staff started the routines when people made the choice to get up.

The staff team worked together to ensure that people were treated as individuals and that they provided the best care and support to people that they could. People living in the service were given plenty of opportunities to take part in a wide range of activities which contributed positively to their wellbeing.

Due to people living with autism, we only spent a short amount of time with people but were able to hear the communications and interactions between them and the staff team. The provider told us of the tremendous improvements people had made since moving into the service only two years ago. There were many examples where their emotional and psychological wellbeing had improved in addition to developing their life skills.

The providers completed a comprehensive assessment before a care package was agreed. These focused on what was important to each individual, their personal goals and wishes as well as obtaining information about their preferred lifestyles, their health needs, beliefs, hobbies and interests. The initial assessment formed the basis for the development of people's care plans.

The providers website states; "From initial contact, our priority will be to ensure all your needs and desires are listened to and an individual, carefully planned strategy is implemented" and goes on to say "Whatever the plan, IOTA will recognise the individual uniqueness of individuals and fully support them along the way."

People's care plans were followed by staff. Staff helped as much as practicable to respect people's independence to make sure people had what they needed. For instance, by engaging with people to be active and ensuring people always had the resources and any equipment they needed. People always had one to one staffing levels. This enabled staff to support people inside or outside of the service. Staff were able to encourage and support people in everyday tasks due to having this level of staffing. For example staff were able to plan an activity, one that a person had not tried or needed extra support with to become more independent, like shopping for their own food items. Staff were then able to support them at their own pace, yet always be available to return back to the service if this person became upset or anxious.

The registered manager, provider and staff followed the values on why the service was developed for people. For example IOTA Care which stands for, Independence Opportunity and Transition into Adulthood. They adhered to these values to help develop individuals in the service. Since the service was set up two

years ago each person has become more independent in everyday tasks which two years ago they could not do, for example shopping. They have been given the opportunity to expand their social network and transition from children's services to adult services. This has meant they now have systems and services in place that everyday people take for granted, for example being able to communicate with family and friends who do not live locally.

The service was extremely person-centred and staff had an excellent understanding of people's needs. People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs. Care plans clearly illustrated people's needs and wishes. They included information about the person's background and what staff should take into account when delivering their care. Care plans we reviewed included comprehensive information about people's health condition. These care plans gave a detailed account of how people were to be supported and any risks posed by their health condition. For example, one person has achieved being toilet trained after a lifetime of wearing continence products 24 hours a day. This process of gentle encouragement to familiarising themselves with the toilet and receiving positive reinforcement at every level, took 9 months to achieve but with outstanding results.

One person's health has improved due to the responsive way the providers had contacted and involved a variety of health care professionals and specialists to help. This included arranging additional tests to find the cause of their health issue and help improve this person's health. The results for this person had been tremendous. For example, they now had found a wide selection of foods that this person was able to eat on their special diet and the results had been that this person was in less discomfort and pain, happier and had put on much needed weight. This person now had their own food cupboard with a wide selection of 'free from' food choices. The staff also responded to this person's special diet by cooking, with this person's support, treats made from sourced special ingredients.

Another person, who over the years had had a very limited diet and food choices had now started to enjoy not only eating a variety of food but making a wider choice of items when going shopping to eat and enjoy. This was by the responsive way the staff had slowly introduced new food choices to this person. Previously this person would always choose the same three or four food items to eat and three or four items to buy at the supermarket. When staff now took this person shopping they would choose a wide selection of items and staff were also able to take a picture and show friends and family how this person was now making those choices. One family commented, on a survey returned to the providers, about the pictures of this person completing these tasks; "It is like we are there with him but not interfering in his independence."

This same person, due to poor food choices, was considered to be in poor health. Doctors at first feared that this person had more serious underlying medical issues because of their test results and general health. However it was found that being highly autistic and exceptionally ritualistic, they had an extremely limited diet of little nutritional value, refused to participate in many activities and a poor and erratic sleep pattern. Therefore IOTA Care staff worked closely alongside medical professionals to gain as much information and advice as possible to help the individual gain better health and lifestyle. They now eat a varied diet, were a healthy weight, participated in a wider range of activities. They had been given the all clear from medical professionals. The GP was so impressed that he personally called the registered manager to compliment them on the excellent progress they had achieved with this young person. This healthcare professional commented that a recent blood test, which previously was considered 'poor results' had shown this person to be 'very healthy'. A relative said, "Their eating now is phenomenal. Now eating roast dinners, vegetables and looking so healthy!"

One person had also needed to have a sedative medicine to attend any medical appointments due to their anxiety. The service had devised a de-sensitising programme to support them. Two years after living in the



service, they now no longer needed sedative medicines. This was achieved by the staff working vigilantly to support this person who had extremely complex needs. For example, this person was unable to clean their teeth for many years due to their sensory needs and living with autism. Staff used desensitisation techniques to help overcome this. They initially placed a toothbrush in their bathroom for several weeks. Staff then held the toothbrush before gently touching this person arm with it, working up to the shoulder, cheek and eventually the lips. This process took months to accomplish. Now this person allowed staff to clean their teeth, with hand over hand staff support, twice a day. This individual had also needed to be sedated for teeth examinations but on the last visit to the dentist, they sat in the dentist chair and allowed the dentist to look into their mouth. This the provider said, had been the result of staff working in minute steps around familiarisation of the dentist process, from the journey there, the people they will see, the layout of the room and the sitting on the dentist chair. This person now has all dentist treatment completed without any medication or showing any anxiety.

This process of desensitisation was also being used with another person to support medical professionals gain a blood pressure reading. Again, due to extreme sensory needs, conventional methods could not be used. The staff team were in the process of familiarisation of a blood pressure wrist monitor, using it on themselves in the presence of the individual and gently working up to encouraging the person to look at, touch and eventually wear the monitor long enough to achieve a recording.

People had the opportunity and choice to go out frequently on trips and excursions. During our inspection people went out for lunch with staff supporting them. This was a set routine for one person with them visiting the same place and getting food from the same place each week. The other person was always offered a choice if they wished to accompany the other person.

The registered manager told us how they had worked hard with one person in particular who would often choose not to leave the service. They had responded to this by providing two to one staff support and starting with 'small steps' first. This person now walked to the local sport centre, about a 30 minute walk through a public park, and watched people swimming. The staff had an agreement with the staff at the sports centre that they could stand in one area to enable this person to watch the swimming and leave when they needed to. They were able to stand on their own which is what they wished for, with staff close by. This person also now went out in the service's transport with the other person they shared the service with. Though they did not always exit the vehicle they did now go out in it and with the other person they shared accommodation with, both which they had not done before. This had changed this person's life and the staff said they were now happier and more relaxed inside and outside of the service.

Family members confirmed how happier this person was when they saw them. The registered manager explained how this represented significant progress for the person and helped prevent deterioration in their wellbeing. For example they would have no or little contact with the outside world previously.

The providers had then taken innovative steps to meet people's information and communication needs. This helped to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given.

There was a wide choice of communication plans and tools that were tailored to meet each person's communication needs. People had pictorial schedules, handmade by the staff, to support people with basic understanding of everyday choices and these were individual to each person's need. These personalised

pictures helped people to avoid becoming anxious or upset and to understand their world.

People's individual support plans described examples of exceptionally responsive practice. This often took the form of working extremely hard to meet people's aspirations. In one example the service had enabled a person and their family members to have shared contact with each other via a system they had developed called, "Scrapbook Circle." This was an instant private social media network for people, family, friends and staff only. The providers state that the 'Scrapbook Circle' function is; "Staying in touch with family and friends, sharing news and photos. These are some of the simplest yet most important things in all our lives, it makes us feel connected, less isolated and more loved."

Pictures uploaded onto this site were described as 'Capture a Moment.' The provider described this as, "Sharing a key moment in the lives of those we support." This could be a task or activity which they may not have done before or may not repeat. One relative said of this communication system; "This is a great way for family and friends to see what is going on." They went on to say; "It keeps him very much part of the family even though he lives away."

Family members had been regularly informed about the great achievements and task their relatives were now completing. How each person had grown and developed and made significant choices in their everyday lives. However, family were unable to witness these improvements first hand and some family members had not seen each other for a number of years. Therefore the providers had developed this communication system to be able to take instant pictures to share with family and friends showing the tasks/choice/activity their relative was taking part in. This system greatly improved people's ability to communicate with family and friends as photos and messages were a 'two way thing'. Relatives and friends were able to take pictures of themselves, friends and family pets, who people had not been able to see for a long period of time, and add a message to their relative. Another example was that if one person went home to visit their family and the family had made any changes within the home, for example painted and decorated, they were able to take pictures and show this person. Due to people's complex needs some people found change very difficult to manage. This communication tool supported adapting to those changes.

The communication system worked because each person who signed up to join had access to each other and were able to upload pictures and messages. However, for extra security the providers had designed the system so that after the picture was posted onto the system it was automatically deleted from the source, i.e. the staff/families phone. This system was developed with family, friends and staff involvement particularly for people living in the service. Each person had their own computer tablet which was used to show them these photos as well as pictures of places of interest, activity choices and pictures of food/menu choices.

For example, one person had not been able to see their family pet since moving into the service. Pictures were now sent by relatives to enable them to see their pet. Also some relatives lived a long distance away and were not able to visit this person regularly. Photos were sent to them showing how their relative had grown and developed as a young adult, much to this families delight.

A healthcare professional reported that staff had attended their 'total communication' training, after this they had referred one of the people living in the service. They then said; "This in itself shows effective engagement." They went on to say how the staff had already tried lots of visual strategies with this person and said; "It's also refreshing, as many other services we go into do not make their own visuals even when asked."

The staff were totally committed to assisting people to pursue their interests. Staff continued to offer people a wide variety of flexible and interesting activities that were meaningful to them as individuals. Individual activity plans were developed according to people's choices and needs. They were designed to increase people's experiences and enhance their choices of how they wished to spend their time. Photographs were kept of people participating in specific activities so they could choose from the pictures what they most enjoyed doing.

People were offered and supported to make many choices in their lives. One person was currently being supported to attend a family wedding. The providers and staff had a planned programme with timescales to assist this person to attend. For example, they were planning to visit the place where the wedding service would be held. This would be with staff support. The staff also had the clothes this person was due to wear at the wedding to help them become accustomed to them as they were not this person's usual choice of clothes.

The service made remarkable efforts to involve families with aspects of caring for people. This enabled them to see the work that went on with other professionals and give their input. This had proved invaluable and helped the staff team to develop close relationships with everyone concerned. For example, one family commented to staff how difficult they had found it with their close relative going into residential care. The providers responded to this by asking this relative to attend a staff meeting to explain to all staff how they really felt about this. The registered manager said how moving this talk was and how it made staff see the other side of care. Families were invited to multi-disciplinary meetings where specific issues around people's specialised care were discussed. This created an environment where everyone involved could work out the best way to support the person consistently.

The providers did not tolerate any form of discrimination. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity. Staff training covered these principles. A recent staff meeting showed this was a topic for discussion.

The service had a robust complaints procedure which was produced in a user friendly format. The service had received one recent complaint. The registered manager told us how this was resolved and information on this was clearly documented and included the action taken. People living in the service would not be able to directly make any complaints or raise concerns. However, staff explained how they would respond to people's communication methods and body language to understand if they were unhappy or dissatisfied with any elements of the service. Staff told us they would raise any changes in behaviour or any concerns that a person may not be happy to the management team. One relative said they had never needed to complain.

Compliments had been received from a variety of sources. One relative wrote; "You are care workers that actually care. It would not matter if we won the lottery. We would want IOTA Care to carry on supporting [person's name] as they are obviously happy and has a good quality of life." A checkout worker, when one person was out shopping with staff commented; "It was lovely to see how fab the staff were with people allowing them their own choices and being very patient and understanding [of people's needs]." Another compliment said; "Staff are brilliant with [person's name]. I feel this care home would be a very happy and good place to live, the staff are fantastic. One relative who worked in the care profession said they used IOTA Care as their role model for the work they did.

The service was currently supporting one person on a respite basis in a separate house. A relative of this person wrote to the providers and said; "I have never seen dad looking so happy and relaxed about [person's name]'s care." He couldn't believe [person's name]'s health had improved, it's almost like

[person's name] isn't a diabetic anymore." A staff member from a day service this person attended with IOTA Care staff supporting them wrote; "It's fantastic to see [person's name] so settled and appearing so happy on a regular bases. It is great that [person's name] has the same positive and consistent staff support from all at IOTA Care. Also from a staff point of view it is great to work with such a positive team who are keen to engage at all levels with this unit."

## Is the service well-led?

### Our findings

People continued to receive care and support from a distinct, well-led service that had improved to outstanding. The registered provider and registered manager, who was also the joint provider, had developed a culture that was enthusiastic, highly motivated and inclusive. The culture was enhanced by the provider and registered manager having positive visions and values. These were developed involving staff, people and relatives. They put people at the heart of everything they did. The vision and values were that people were enabled to live a happy fulfilled life, to feel safe and cared for to the highest standards, to enable people to try new opportunities and achieve goals they had not achieved for many years and to reach their full potential. Staff also received training in these values and were totally committed to them. For example, through training, the registered manager had also started to ask team leaders within the service to conduct "Experience Tours". This involved visiting other providers to enhance IOTA development and knowledge of wider practices. For example, one team leader had already found this particularly useful in the area of behaviour management data and staff auditing. Due to this, they went on to develop a checklist that supported the completion of daily tasks, therefore maintaining high standards of care and support, providing clear evidence of this.

These visions and values were observed throughout the inspection and have been reflected within this report. We observed staffs' attitudes and behaviours reflected this commitment in all the work they did on a daily basis. People's daily experiences were positive and based around what they wanted to do and or achieve with excellent examples of success and improved lives throughout this report. IOTA is an acronym which stands for: Independence, Opportunity, and Transition into Adulthood, and this underpinned all that the registered manager and provider's work.

Staff were committed to the values and visions of the organisation and it was witnessed how staff had been identifying and discussing the Human Rights FREDA principles as part of their day to day training. A whiteboard in the office evidenced how all staff had contributed to sharing how they believed they upheld the company and working ethics and principles around fairness, respect, equality, diversity and autonomy. They had been encouraged to write down specific examples of how they upheld these principles in their daily practice. This included encouraging all individuals to be as independent as possible and allowing them to make informed decisions wherever possible by ensuring information was given in formats accessible to the individual and their needs. Staff spoke to the individuals and their relatives with respect, appreciating the diversity of their conditions and circumstances. Staff were observed laughing and having fun with the people they supported and there was an atmosphere of equality and fairness amongst all.

The provider and registered manager told us the visions and values could only be achieved by working alongside the staff and people, involving them in all aspects of the running of the service and supporting staff and people to be confident to raise issues and suggestions for improvement.

All staff were involved, kept informed and up-to-date with new guidance so they were able to offer the best, most recent evidence based practice. Monthly staff meetings were held and areas that needed development, procedural changes and information regarding legislation such as the FREDA principles (This

is the human rights-based approach in which human rights can be protected in clinical and organisational practice by adherence to the underlying core values of fairness, respect, equality, dignity and autonomy) were discussed.

The registered manager and providers involvement was integral and explicit within the fulfilment of the staff rota and the delivery of high quality care for people living in the service. They and the team leaders were rostered in to work as part of the frontline team for most of their contracted time, working side by side with care staff, allowing their experience and knowledge to guide the team, being easily approachable role models. Both the provider and registered manager like to adopt, what they called a; "Guided discovery perspective for the staff team, visibly acting out the ethos, values and vision of the organisation, in football terms they would be player managers." This approach particularly enhanced the quality assurance audits of the service and the direct supervision and support of staff. Necessary time was allocated, and protected, for crucial networking, training and development in order to keep knowledge "current" and relevant.

The registered manager and provider were involved in the full operation of the home, from the direct delivery of personal care, daily routines and supporting community activities, through to monitoring and reviewing placements. The provider and registered manager had a very 'hands on', active approach and presence within the service, with people who lived at the home, relatives, the local public and staff. This hands on approach to the organisation is both, they stated; "Tangible and quantifiable and can be directly borne out in the service user data that is collected, reviewed, and acted upon. Whether this is through the analysis of behaviour data, or nutrition and hydration logs."

The registered manager, provider and team leaders were committed to adopting a person-centred culture, with a strong emphasis on constant improvement and adherence to best practice. One relative said; "[Management is] extremely approachable. They always involve us as a family and we see what [person's name] is doing each day." One staff member said; "I had worked with both people before they moved into IOTA Care. What a difference now! They have improved in all areas of their lives. Including what they eat and what they do and this is all down to the hard work of [the registered manager and provider] and the staff. Never ever in my life have I worked with more compassionate, enthusiastic, committed people. They will support us no end."

There was a strong emphasis on teamwork amongst all the staff and everyone was respectful towards each other and played a vital part within their individual roles and responsibilities of running the service. All staff were highly thought of by the provider, registered manager, relatives and professionals. Staff told us they were very happy working in the service. They felt included in decision making and improving the service. Effective mentoring, supervision and support from the management team had developed a strong staff team who were confident in working with people with very complex care, support and communicational needs.

The registered manager and provider had opened this service in 2016. They were both exceptionally well experienced and had another small service in the Plymouth area. They both worked alongside people most days therefore knew the service and the individuals who lived there extremely well. Both were 100% totally committed to providing person-centred care to individuals. Both were supported by a committed, experienced and knowledgeable staff team. Our observations showed people knew the registered manager and provider well and were confident to approach them during the inspection.

It was evident throughout the inspection that people benefited from receiving a service that was continually seeking to provide the best care and support possible and that people were at the centre of. The provider and registered manager demonstrated effective leadership skills within their roles. Their enthusiasm,

commitment and knowledge of the people in their care and the service as well as all the staff team was evident. It was paramount to ensure a high quality service was provided, that staff were well supported and managed and that the service was promoted in the best possible light.

The service continued to work extremely closely with community professionals to ensure people received the best possible care. The provider and registered manager understood the importance of working within a multidisciplinary team that focused on person-centred care. They had built strong relationships with the local authority and health service partners. A professional commented; "I find the manager and staff extremely responsive and receptive. The registered manager is a very competent manager who covers all bases. I'd therefore say the service is very well led. [Person's name] is however a complex young man who has changed significantly since I saw him in 2015 in terms of his nutrition, health and engagement." Another healthcare professional commented, via an email to the service, that one person who they had previously considered to be of poor health was now a; "A very healthy young man."

People looked comfortable and confident in their own home and in the company of the provider, registered manager and staff. The atmosphere was relaxed but happy and fun. It was evident that everyone had committed to maintaining a caring, responsive service that met the needs of people with complex needs.

The provider and registered manager continued to keep up to date with their own professional development. This included the registered manager being part of developing the Care Certificate Consortium, before this work moved to another area. The provider and registered manager had both completed the local council's Management and Leadership certificate and were involved in the local Dignity in Care forum. In addition, they were part of the local authority Health and Well-being Champion Project, and had also been nominated to sit on the steering group for this project. The provider worked in partnership with other organisations to promote good practice and promoted and attended local provider forums.

The PIR recorded; "The registered manager attends all the 'Outstanding Manager' network meetings as well as being linked into the Facebook page where advice can be sought and good practices are shared."

Through their attendance on the local council's Management and Leadership Course both the registered manager and provider developed a number of systems and practices to support the staff teams development as well as their own skill set. The benefits included, "Essential networking opportunities with other providers, and an in depth understanding of national initiatives and standards which were then cascaded down to the staff team." The registered manager and provider went on to say how, during this training, managers were engaged in various techniques, such as "How not to be a Dinosaur", around managing 'distressed' behaviour and "Who stole my cheese?" which supports adapting to changes and progress in the workplace. This meant they were forward thinking in using up to date techniques for the benefit of people in their care.

Their attendance also enabled them both to understand the importance and benefit of completing and updating the National Minimum Dataset. The reports produced by this were transparently given to staff to make them aware of where IOTA Care was positioned locally and nationally in areas such as pay, training, staff recruitment and retention, absence, and experience levels. The provider and registered manager said this had been an excellent tool in maintaining staff satisfaction levels and keeping retention levels at a high percentage therefore maintaining consistency of staff which was especially important to meet the needs of people using the service. Staff also completed 'Staff Satisfaction' surveys which allowed for the identification of areas of weaknesses and strengths within the running of the company.



The registered manager and provider said their own professional development helped them identify how to enable people who use the service to; "Access the world of social networking, overcoming barriers, such as vulnerability, that prevented them joining the increasingly popular world of the web and online applications." They did this by developing the small private supported social network system which they call 'Scrapbook Circles'. This enabled individuals to have their own safe 'circle' and enabled them to invite a limited number of family and friends to join their 'circle' where all were able to be involved by sharing photos and texts. Therefore staff could securely facilitate the 'circles' on people's behalf if necessary. This system has proved very successful in aiding frequent communication and reducing isolation. The registered manager and provider had now spoken to other organisations about using this system too as they believed it could benefit many people. This Scrapbook Circle had improved communication between people they supported and their family and friends.

Additionally the service had looked into specific innovative communication systems to enable people and their families to know what each other are doing with their lives. Staff were very involved in providing information to both people and families so all could see updates on each other as well as showing families how much people had grown and developed since moving into the service. A variety of communication methods were used to achieve people's understanding of the discussion. They included using pictures and objects that people were able to make a choice from.

The provider and registered manager had signed up to the 'Social Care Commitment', which included the development of an action plan which they said would provide; "Tangible, realistic targets, which will then be communicated to all staff".

The service was exceptional at taking into account the views and opinions of families and staff. The service found innovative ways of increasing the involvement that family had in developing the service. For example, one family member had presented at a team meeting about how it felt to be a relative of a younger adult receiving residential care. This helped staff understand people's support networks and family situations and enabled them to support the person as a whole in their community.

Staff told us they felt they and their opinions were valued and they would not hesitate to discuss any good or poor practice issues they had identified. They said the provider and registered manager welcomed their comments and ideas and acted upon them when appropriate. The provider and registered manager told us these meetings provided an area to enable staff to find creative solutions to issues and could lead to innovative problem solving.

Exceptionally good governance of the service by both the provider and registered manager benefitted people who lived there because it ensured the quality of care was maintained and enhanced. They both strongly supported that effective governance of the service was visible and they were involved in the development of the home on a daily basis.

Regular audits were carried out including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. These were well organised and easily accessible. Action plans were developed with any improvements/changes that were required. Quality monitoring reports demonstrated a good quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and staff team.

People's records remained of excellent quality; they were totally person-centred, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their



preferences and choices.

The registered manager understood when statutory notifications had to be sent to the Care Quality Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager was very knowledgeable about new and existing relevant legislation, for example, the accessible information standard and the duty of candour.