

Interactive Development Support Limited

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Inspection report

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28 October 2019

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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

About the service:

Interactive Development Support is a supported living service. At the time of the inspection, staff provided support over a 24-hour period to 31 people living in their own homes. This included adults and children. People who used the service had a range of conditions affecting their physical and mental health including learning disabilities and autism.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People felt very safe with support from attentive staff who knew them well. People's care needs were thoroughly assessed, and measures were in place to reduce the risks they faced.

People were well cared for by trained and competent staff, who were supported by the registered manager to provide a reliable, high-quality and person-centred service. Staff were respectful towards people and their families and people's privacy and dignity were upheld. Independence was encouraged, and people were involved in decision making.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a good working relationship between staff and external professionals to ensure people received any additional support they needed, to experience positive outcomes. The service was flexible to meet people's changing needs and their wishes.

There had been a small number of complaints made about the service, which had been responded to promptly, to resolve matters. People and relatives were very pleased with the service.

The registered manager had implemented best practice into the service. There was good governance of the service with a strong quality assurance process in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about Interactive Development Support until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Interactive Development Support Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by two inspectors.

Service and service type

Interactive Development Support provides care and support to people living in 17 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 October 2019 and ended on 28 October 2019. We visited the office location on 24 October 2019.

What we did before the inspection

We reviewed the information we had received about Interactive Development Support since the last

inspection. We contacted the local authority and other professionals, who work with the service for information. We used this to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

With prior permission, we visited four people who used the service to speak with them about their experience of the care provided. We spoke with two relatives. We also spoke with staff, including support workers, service managers and the registered manager.

We reviewed three people's care records. We looked at information regarding the management of the service which included six staff files and records related to the quality and safety of the service.

After the inspection

We emailed staff for their individual feedback and to ask questions about their skills and knowledge. We received 15 responses. We also received feedback from three local authority commissioners and a social worker.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt very safe living in their own homes with support from staff. One person said, "I feel very safe here, the staff are like my family."
- There were solid systems in place to reduce the risk of abuse to people. The registered manager ensured all safeguarding concerns were investigated and reported to relevant external agencies.
- Staff were trained and understood how to raise safeguarding concerns. A staff member said, "I feel confident raising safeguarding and whistleblowing concerns. I have had to do this on occasions as part of my role."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified and properly assessed. Measures were in place to minimise the risk of occurrence. Positive risk taking was encouraged to increase people's independence and quality of life. For example, one person was being supported to increase periods of time spent on their own in the community.
- Accidents and incidents were robustly recorded and reported to the registered manager who investigated matters and took appropriate action.
- Lessons learned were shared with staff to continually improve the service they provided to people.

Using medicines safely

- Medicines continued to be well managed. Staff followed a clear system to ensure the safe ordering, storage, administration, recording and disposal of medicines.
- Medicine administration records were well maintained and up to date.
- Regular audits were carried out by senior staff to ensure people had received their medicines correctly. This was overseen by the registered manager.

Preventing and controlling infection

- Staff used personal protective equipment such as disposable aprons, gloves and hand gel to reduce the risk of cross infection when delivering personal care.

Staffing and recruitment

- Staff recruitment remained safe.
- There were enough staff employed to provide a consistent service to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed, including their physical, mental and social needs. People continued to set and achieve positive outcomes with support from proactive staff. One person told us, "(Staff member) helped me get a free bus pass so I go all over. I've got my own keys too and I just tell them when I'll be back".
- Care plans comprehensively described people's needs, wishes and choices, which enabled them to have a good quality of life.
- People's support was reviewed regularly to ensure it continued to reflect their current needs.
- Staff supported people in line with best practice guidance and relevant legislation.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Staff fully understood and followed the principles of the MCA. This included supporting people to make their own decisions, and in ways which ensured their legal rights were upheld. Where concerns were raised, staff sought advice and guidance from relevant external professionals.
- Most people consented to the care they received. They were fully involved in decisions about their care. Where people lacked capacity, best interest decisions had been made in accordance with legislation and people's wishes.
- Where Court of Protection orders were in place, staff ensured these were complied with. For example, staff used a door sensor to monitor any activity through the night in the home of a person who had legal restrictions on their liberty.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff monitored people's nutritional and hydration needs, and action was taken if required.
- Staff followed guidance from external professionals where people were at risk of malnutrition or dehydration. This included monitoring and recording food and drinks consumed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There was a proactive joint approach to people's care arrangements. Staff had good links with health and social care professionals to improve people's health and well-being. They understood the importance of timely intervention from external services when people's needs changed.
- People had achieved positive outcomes through support from staff, which enabled them to lead healthier lives. For example, one person has been supported by staff to visit a nurse at their GP surgery to discuss healthy eating and following a better diet to lose weight.
- A social worker shared multiple examples of staff supporting people to achieve good outcomes. They told us staff worked well with them to progress plans. For example, one person was supported to sustain relationships with others, had support to enrol in education and support to run a small business from their home. They said, (Person) is achieving significant progress in terms of the regulation of their emotions and challenging behaviour, which can be for the most part attributed to the care and support they receive from their staff team and the service leaders."

Staff support: induction, training, skills and experience

- Staff were well trained, which helped them to support people effectively. They had the essential skills and knowledge to deliver good high-quality care.
- A nationally recognised induction for care staff was fully embedded into the staff probationary process. This covered the fundamental standards needed for staff working in health and social care. New staff also undertook shadowing shifts. This assured the registered manager of staff suitability and competence.
- Staff continued to receive ongoing support through routine spot checks and formal supervision sessions. This enabled the registered manager to be certain of continued staff competence and highlighted any development areas. Annual appraisals were carried out. A staff member said, "I have my supervision once a month and appraisals yearly. These are meaningful, so you can have a private discussion."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated very caring values. They treated people extremely well; with kindness and patience. Everyone we spoke with gave good feedback about the staff and their experience of the service. A relative told us, "Staff are very caring, they are great. It's like having an extended family."
- Staff knew people very well and had developed excellent communication skills to help them understand people's wishes and choices. Staff displayed a positive attitude, and supported people in a way which met their individual needs.
- Staff ensured people were not discriminated against in any way and promoted their rights. An equality and diversity policy was in place and staff were trained to ensure people were treated with respect regardless of their age, gender, disability or beliefs. Diverse needs were individually described in people's care plans. A staff member told us, "I have three clients who all have partners and I have helped to arrange nights out and couples' holidays. Another client wanted to participate in the Newcastle Pride event so this was facilitated for them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People received consistent support from staff who were familiar with them.
- People's privacy and confidentiality rights were respected. Staff were highly skilled to recognise when people were in discomfort or distress and they acted discreetly to provide necessary support. A staff member told us, "I knock before entering rooms, and ensure doors are closed. I am respectful of personal space and aware if I'm doing personal care that I do all I can to maintain dignity, such as leaving the bathroom/turning my back if appropriate, using towels to cover people or ensuring dressing gowns are available."
- Staff encouraged people to regain or maintain their independence. A relative said, (Family member) is amazing. The chance to be independent with this service is great. He is really thriving."

Supporting people to express their views and be involved in making decisions about their care

- Staff took the time to fully engage with people and provide meaningful emotional support.
- Staff listened to people's views and ensured they were involved in making decisions about their care. Staff recognised when people needed help from others, such as obtaining advice, guidance and independent support.

Is the service responsive?

Our findings

Responsive – this means that we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments, care plans and reviews were very person-centred. They included people's individual preferences, wishes and choices. People had total choice and control over how their support was delivered.
- Care records were updated when people's needs changed and continued to be regularly reviewed.
- The service was very flexible and was adapted to meet people's changing needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records were reflective of people's preferences, interests and hobbies which helped staff to understand people's social needs. This enabled staff to engage in meaningful conversation which inspired and motivated people to take part in new activities.
- People were supported to access the community. This reduced social isolation and prevented loneliness. Staff encouraged people to choose activities which interested them and were important to them. One person was supported by staff to start up their own business and sell products to friends and neighbours. They told us, "I'm really pleased with myself, I've sorted the stuff and the money by myself."
- People were supported to maintain contact with their family and friends. A relative told us, "We had a rough time a while ago when we thought they (sisters) might have to be split up but we have all worked together to overcome that and the girls get their separate time now to do their own things and that works really well."

Improving care quality in response to complaints or concerns

- There had been a small amount of complaints made about the service. Complaints had been promptly addressed and resolved. Lessons learned from these matters were shared with staff to improve their practice and improve the service people received.
- Everyone we spoke with knew how to complain. They were sure any issues they raised would be taken seriously and sorted out. A relative told us, "I have raised a couple of small things in the past, but they were all dealt with and sorted straight away."

End of life care and support

- Staff were not currently supporting anyone at the end of their life. Staff training was available to assist staff to deliver appropriate care to people with a terminal illness.
- Care records included people's end of life wishes and resuscitation preferences, where people had chosen to share these. This would help staff to care for people if they were not able to express those wishes themselves.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people very well and there were no issues raised about communication. Care records reflected people's individual communication needs which included, verbal, written, large print, signs and symbols. A staff member told us, "Ensuring that I follow a communication plan for clients is extremely important, so I understand the person and give information correctly, in a way that is understandable to them."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A well-established registered manager and an experienced care team operated the service. They were passionate and motivated to provide safe, person-centred care which helped people to achieve good outcomes. A relative said, "(Staff) have brought my girls out of themselves, we have come a long way."
- Staff demonstrated the provider's values, which included "going the extra mile" and "acting with integrity." Staff felt empowered to deliver a high-quality service.
- Everyone we spoke with said this service was well-led. People, relatives and staff told us they would recommend this service to others. A staff member said, "I enjoy working here very much and take pride in my job and my company. I would highly recommend it to anyone looking to work within health and social care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A robust quality assurance process was fully embedded into the service. Audits were regularly completed to monitor quality and safety. Checks were thorough, and any issues raised were addressed immediately.
- Audits were analysed by the registered manager to look for key themes and this assisted them to make further improvements to the service.
- The registered manager and staff had a clear understanding of their roles and responsibilities. The provider had policies and procedures in place which included best practice guidance.
- Record keeping throughout the service was comprehensive with accurate details.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their obligations under the duty of candour. There had been no serious incidents that required them to act on this duty.
- The registered manager demonstrated an open and honest attitude when dealing with any issues raised and had developed a good relationship with people, relatives and staff. There was confidence in the registered manager to act in a responsible manner if something did go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Senior staff regularly engaged with people and relatives via telephone calls, spot checks and routine reviews of people's care, to check their satisfaction levels. Annual surveys were used to gather formal

feedback.

- Staff meetings took place at each supported living service. This gave staff an opportunity to discuss any issues, share ideas, best practice and any lessons learned. Staff felt valued in their role and said senior staff were approachable. A staff member said, "I feel very confident approaching my manager, she has an open-door policy. I feel confident being able to drop into her office for a chat or raise any concerns that I have."

Continuous learning and improving care

- There was a good understanding of the service priorities and action had been taken to develop the service and improve care.
- An on-line satisfaction survey for people and relatives had recently been developed and issued. The registered manager felt this would attract more responses following feedback from the last postal survey.
- The service has scored highly in the recent local authority commissioners quality monitoring visits. Where areas for development were highlighted, an action plan was in place to address matters and improve the service further.

Working in partnership with others

- Staff had maintained a good working relationship with external professionals to provide a joined-up approach to people's care and support. A social worker told us, "The whole team has a positive, open and honest working relationship, where we are all able to appropriately challenge views which are in the client's best interests."
- Relatives were positive about staff working in partnership with them, to ensure their family members were well looked after. A relative said, "(Staff) are always trying to make things better."