

IOTA Care Limited

IOTA CARE

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Iota Care Limited provides care and accommodation for up to four people with a learning disability and/or autism. At the time of the inspection two people were living at the service. Accommodation is provided within a large residential property with facilities, including communal lounges, bedrooms and bathrooms located over two floors. There is a large communal kitchen and access to an enclosed garden area. 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

Iota care placed people at the heart of the service. People received care and support that was exceptionally personalised, taking into account their specific needs, wishes, goals and aspirations. Management and staff were skilled at supporting people to transition from children to adult services. The manager told us, "IOTA stands for Independence, Opportunity and Transition into adulthood. Relatives told us they had been fully involved in the planning of their loved one's care as they moved into adult life and said the support had impacted positively on them and the individual concerned.

People were provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed without exception staff treating people with the upmost kindness and respect. The staff team were passionate about respecting people's privacy, dignity and independence, and there was a strong emphasis on social inclusion and equality.

The provider, management and staff were exceptional at understanding and responding to people's communication needs. Innovative methods had been used to help people communicate their wishes and to understand and make choices about their care and lifestyle.

The positive and friendly interactions we observed between people and staff told us that people felt safe and comfortable in their home. Relatives told us they felt their loved ones were safe living at Iota Care. Other agencies told us, "I have found the care that people receive to be safe and effective."

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. Risks relating to people's care and lifestyle were assessed and safely managed. People were supported to take positive risks to maximise their independence and choice.

There was a positive, open and inclusive culture within the service. The management team provided strong

leadership and led by example. There was a strong focus on continuous improvement. People, relatives, staff and other agencies were very positive about the leadership of the service. Exceptionally good governance of the service benefitted people because it ensured the quality of the care was maintained and enhanced.

Rating at last inspection

The last rating for this service was Good (published 01 June 2017). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service 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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

IOTA CARE

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. We checked 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

One Inspector carried out this inspection. The inspection took place on the 03 and 04 December 2019.

Service and service type

Iota Care is a 'care home'. 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.

At the time of the inspection the service had appointed a new manager to oversee the day- to -day running of the service. The previous registered manager had taken up a new senior management role within the organisation. The new manager was present throughout the inspection and was in the process of registering with the Care Quality Commission.

The inspection took place on the 03 and 04 December 2019 and was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission services from the provider. We used the information the provider sent us in the provider information return (PIR) This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

We met and spoke with two people who used the service. We spoke with five members of staff, which included two directors/providers, the manager and manage two care staff.

We reviewed a range of records. This included two people's care records, daily monitoring reports, medicines records and incident reports. We looked at the records of two members of staff in relation to recruitment. A variety of records relating to the management of the service, including quality audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives on the phone and sought feedback from four health and social care professionals.

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

- Staff had completed safeguarding training and spoke confidently about how they would protect people. Staff said they were confident any concerns raised about poor practice and/or people's safety would be addressed promptly by the provider and senior management.
- The positive and friendly interactions we observed between people and staff told us that people felt safe and comfortable in their home.
- Relatives told us they felt their loved ones were safe living at Iota Care. Other agencies told us, "I have found the care that people receive to be safe and effective."
- The staff supported people to understand the importance of keeping safe and helped them understand what they needed to do if they felt unsafe. For example, staff spoke with people about the risks of social media and supported them to stay safe when using the internet and other on-line services.

Assessing risk, safety monitoring and management

- Risks relating to people's care and lifestyle were assessed and safely managed.
- Risks relating to people's behaviour, communication, health and lifestyle were documented and understood by staff. Professionals, family and advocates were involved in discussions about managing risk.
- People were supported to take positive risks to maximise their independence and choice.
- People who experienced behaviours that could challenge had detailed plans in place to ensure they were supported in line with best practice. Staff undertook training relating to the safe management of people's behaviours and also accessed support from specialist agencies when required.
- Staff and management had a really good understanding of people's behaviours and how they needed to be supported. Other agencies commented, "They have a good understanding of issues relating to learning disabilities and autistic spectrum condition and practice in a way that is consistent with the principles of positive behaviour support".
- Regular checks were undertaken to ensure people's environment remained safe and fit for purpose. Fire safety checks were completed, and people had individualised evacuation plans in place in the event of a fire happening in the home.

Staffing and recruitment

- Staffing levels had been planned and organised in a way that met people's needs and kept them safe.
- People living at the service at the time of the inspection had been assessed as needing a high staffing ratio to meet their needs inside and outside the home. Records and discussion with staff confirmed these staffing levels were in place.
- The management team worked hard to provide people with a consistent staff team. The core staff team had known people throughout the time they had lived at the home and had also been involved in the

transition from where they had previously lived.

- Staffing levels and the organisation of staff was kept under regular review to ensure it remained appropriate and safe. The staffing rota was flexible to meet people's changing needs.
- Information was provided to people so that they knew who would be supporting them each day.
- Robust recruitment practices helped ensure the right staff were available to support people to stay safe and have their needs met. Checks such as disclosure and barring service checks (police checks) had been carried out before staff were employed. This made sure they were suitable to work with people the service supported.
- People where possible were involved in the recruitment process. New staff were invited to visit and people's responses to these visits were noted as part of the recruitment process.

Using medicines safely

- Medicines were stored and administered safely. Medicines Administration Records (MARS) were completed in line with best practice.
- Storage temperatures were monitored to ensure medicines remains safe and effective.
- People's care records detailed people's prescribed medicines and how they needed and preferred them to be given. Staff asked for people's consent before administering medicines. We saw people were familiar and comfortable with staff when medicines were being given.
- There were PRN protocols (as required medicines) in place. This information provided staff with instructions about how, why and when these medicines needed to be administered. Staff were familiar with this guidance.
- Medicines prescribed to manage people's behaviours were only used as a last resort and support plans detailed when and why these medicines would need to be used. The use of PRN medicines to manage mood and/or behaviour was first discussed with senior management before being administered. This helped ensure the correct and most appropriate action was taken.
- People had regular reviews of their medicines and advice was sought from GPs and other healthcare professionals when needed. Staff were trained in the safe management of medicines and systems were reviewed regularly to ensure they met best practice guidance.

Preventing and controlling infection

- The home was clean and hygienic throughout.
- Personal protective equipment such as gloves and hand sanitizer were available when supporting people with personal care tasks.
- Hand-washing facilities and information about infection control was available around the home for people, staff and visitors.
- Audits were in place to ensure appropriate standards of hygiene were maintained.

Learning lessons when things go wrong

- The provider and staff understood their responsibility to record and report concerns relating to people's safety.
- Accidents and incidents were documented and escalated promptly to the senior management team and other relevant external agencies. When the provider had undertaken their own internal investigations, these had been documented with clear action plans and information about lessons learned.
- Robust systems were in place to analyse incidents and changes in people's mood and behaviour. This helped ensure any trends and patterns could be identified and changes made to care arrangements if needed. For example, analysis of incidents for one person had seen an increase in distressed behaviour during mealtimes, and when a particular food type was served to them. This robust oversight and analysis had ensured changes could be made promptly, which had resulted in an immediate reduction in incidents.

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 were assessed before they started using the service. This helped ensure their expectations and needs could be met. A transition plan was agreed, which included staff meeting people in their current placement as well as visits to their new home if possible.
- Assessments and support plans included detail about people's full range of health and social care needs. Information about people's past was gathered, documented and used to help inform their care plan arrangements. Staff understood about how people's past experiences could impact on their current health and well-being and used this knowledge in the planning and delivery of care.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when needs changed.
- Technology was used to improve people's experience and support independence. For example, people were supported to use computers to communicate with family and friends.

Staff support: induction, training, skills and experience

- Staff were competent in their roles, undertook regular and relevant training and had a very good understanding of people they supported.
- All new staff undertook a thorough induction programme, which included completion of mandatory training and shadowing of experienced staff before working on their own.
- Following completion of their induction all staff undertook regular training relevant to their role and the people they supported. One staff member said, "We are given the skills, training we need to do our job. We had some autism training recently, it was amazing."
- The senior management team reviewed the quality and appropriateness of training provision and made changes when required. Other agencies were positive about the skills of the staff team.
- Staff said they felt very well supported by their colleagues and management team. Staff meetings, supervision and de-briefs took place for staff to receive support, discuss their role and reflect on practice.

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

- People were supported to eat a well-balanced diet. Information was available about healthy eating in a way each person could understand.
- People were able to use the communal kitchen with staff support and were encouraged to have as much involvement as possible in planning and choosing their meals.
- People's specific dietary needs were understood and followed by staff. For example, one person due to their autism needed their food prepared and presented in a particular way and at a certain time. The person found transitioning from one activity to another difficult and staff knew the importance of leaving their plate

on the table for a set amount of time after they had finished. We saw these guidelines were understood and followed consistently.

- Staff were very aware of people's cultural preferences in relation to their diet and made every effort to ensure these needs and preferences were met. Staff sought food from particular suppliers to ensure they were culturally correct and also went with people, so they could select food of their choice.
- People's nutritional risk and weight was monitored. Referrals were made promptly to healthcare professionals if concerns were identified.

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

- Much thought had been given to promoting people's health and well-being. People were supported with daily personal care routines and to attend regular healthcare checks. For example, each person had an oral healthcare plan. The plan was in a format people could understand and was placed in their bathroom, so staff could remind them of their routine and the importance of good dental care.
- Management and staff worked closely with a range of health and social care professionals to ensure people received effective care.
- When people moved between services the staff team worked hard to ensure their support needs continued to be consistently and effectively met. Hospital passports were completed, which detailed important information about the person should they require an admission to hospital or other healthcare facility.

Adapting service, design, decoration to meet people's needs

- The provider and staff had worked really hard to ensure the environment was comfortable, safe and met people's needs. Due to needs associated with their learning disability and/or autism people needed sufficient space to be active or spend time on their own. The size and layout of the home meant people had a good amount of space to move around freely and to spend time alone or in the company of others.
- People's bedrooms and communal areas had been decorated to reflect their age, gender and culture.
- Consideration had been given to the use of signage around the home to help people orientate themselves, make choices and understand daily routines. For example, notice boards, menu's and activity planners were situated around the home for each person in a way they could use and understand.
- The layout and use of rooms had taken into account people's needs, safety and well-being. For example, a quiet room was available for one person who liked to spend time on their own watching their favourite films. Sensory equipment including light therapy lamps were in place to support people whose behaviour could be affected by lighting during different seasons and times of the day.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- All staff undertook training in MCA and were very knowledgeable about issues relating to people's rights and the requirements of the legislation. The service was pro-active in supporting people to make decisions and had used some innovative methods to help people make choices about their care and lifestyle.
- We saw staff asking for people's consent before providing care. One person refused to attend a planned healthcare appointment. Staff provided the person with information about the importance of the visit but respected their wish not to attend. Staff were clear about how they would try again, and use different approaches when people declined care and support.
- Best interest discussions and meetings were held when people had been assessed as not having the capacity to make decisions for themselves. People had input from independent advocates and family members to support this decision-making process.
- When people had restrictions in place to keep them safe correct procedures had been followed. For example, some restrictions were in place in relation to people being able to leave the building or use the kitchen area without staff support. People's rights and independence had been taken into account as part of this process and any restrictions had been regularly reviewed to ensure they remained appropriate and in line with legislation.

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 now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed without exception staff treating people with the utmost kindness and respect.
- People were supported by a small, consistent staff team who knew them really well. The core staff team had worked with people since they had moved to the home and had also been fully involved during their transition from children's to adult service's. This familiarity was evident in the way people interacted and trusted the staff supporting them.
- Staff spoke with great fondness about people and demonstrated a passion to improve people's health, well-being and experiences. For example, staff had worked closely with relatives to help them understand one person's significant childhood experiences and how this may have impacted on their longer-term behaviours and opportunities. They had sought advice from external agencies to ensure any trauma or unresolved issues were supported as part of the person's on-going care arrangements. Health and social care services said the service's consistent and skilled support had had a very positive impact on the person concerned, particularly in relation to the reduction of medicines and overall improved health and well-being.
- Relatives were very positive about the care provided to their loved ones, comments included, "We will always thank Iota Care for the progress, providing an ideal home for [person's name] to be making this miraculous improvement we did not imagine."
- The service had a culture that recognised equality and diversity amongst the people who used the service and the staff team. The gender, age and backgrounds of staff complimented the needs and preferences of people supported. This was evident in the recruitment and mix of staff employed and how they supported people.
- Staff were very sensitive to people's cultural beliefs and backgrounds. Staff supported one person to have regular access to information about their place of birth as well as ensuring activities, diet and personal appearance also reflected their culture and heritage. This had included ensuring the person was able to have their hair and skin cared for in a way that reflected their culture and personal wishes. Staff spent time really getting to know the person to ensure these routines were what the person wanted. Staff said, "It is really important we understand what they want in relation to their cultural needs and not what we assume they will want."
- Staff had recognised how one person's history and culture was important to them but could also cause them anxiety resulting in distressed behaviour, which could limit their opportunities and independence. We saw how staff had ensured the person had access to information about their place of birth, whilst also ensuring this was in a way and at a pace the person wanted and could cope with. Staff supported them to

keep updated about news relating to their place of birth and had also helped them decorate their bedroom in a way that reflected their culture and personal interests.

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

- Iota supported people with very complex needs and communication difficulties due to their learning disability and autism. Some people had difficulty expressing their views verbally and communicated what they were feeling in their mood and behaviours.
- The management and staff worked exceptionally hard and used innovative methods to really understand people and to support them to express their views and be involved in decisions about their care and lifestyle. For example, personalised communication aids were situated around the home to help people make choices and understand what was happening. This included, pictorial planners outside people's bedrooms, bathrooms and the kitchen. One person had a chart with arrows to help them think about the volume of their voice depending on whether they were inside or outside the house and the time of day. This had helped them develop their social skills and awareness of others. Any changes to people's care arrangements were communicated to them in a way they could understand. This included the use of 'social stories' (pictures) to explain to people what might be happening, why and when. We saw one person using a social story to decide whether or not they wanted to attend a dental appointment.
- People were really supported to make choices and have control in relation to their well-being, behaviours and how they were supported. For example, detailed records were kept of people's moods and behaviours. This information was analysed to highlight any trends and patterns. People were also involved in this process and were able to take ownership of their behaviour and how they were being supported. One person had recognised with staff that when they were very distressed or anxious they would tense their body and look to the ceiling. Staff had placed friendly speech bubbles on the ceiling around the house with positive messages, such as 'be happy' and 'Its ok'. The person concerned was able to show us this information and was aware of how it supported them to relax.
- People and those acting on their behalf were provided with a range of opportunities to express their views about their care and support from the initial assessment through to regular care reviews and surveys. A suggestion and comments box were available in the main hallway for people and visitors. One person had small pictorial cards available, so they could add their own suggestions and views to the box.
- People had access to advocacy services to help them understand and make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- The staff team were passionate about respecting people's privacy, dignity and independence. People were supported on a one-to-one basis, which meant staff had to be with them or close by to support with personal care and other daily tasks. Staff recognised this level of support could be intrusive and difficult for the person and worked hard to ensure their privacy and dignity was respected. For example, staff had bought one young person a modern poncho used often by surfers when they come out of the water. The person liked the poncho and used it to help ensure their dignity when they went from the bathroom to their bedroom.
- Staff knew people really well and were able to anticipate people's needs and avoid unnecessary anxiety or distress. For example, staff followed very clear routines for one person who found moving from one activity to another difficult. We saw staff left the person's plate and meal items on the table for a period of time to allow them to process that mealtime was over. We saw this person reacted positively to these interactions, remaining happy, calm and in control of their daily routines.
- Management and staff were skilled at supporting people to transition from children to adult services. The manager told us, "IOTA stands for Independence, Opportunity and Transition into adulthood. Relatives told us they had been fully involved in the planning of their loved one's care as they moved into adult life and said the support had impacted positively on them and the individual concerned.
- Other agencies were very positive about the service and how people were supported to maintain their

independence and well-being. Feedback received from a healthcare professional stated, "The service facilitates an optimum level of freedom for [person's name] which maximises their well-being. Much of this has been based on extensive staff and management familiarity with [person's name] carefully worked out placement planning in conjunction with health and social care services, over a period of time, which has enabled them to maintain a positive lifestyle which includes regular contact with family".

Is the service responsive?

Our findings

Responsive – this means 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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Relatives said the staff were very responsive to people's needs and commented about the positive impact this had on people. One relative had provided feedback to the service, which included, "Thank you for your graph and the detailed explanation showing [person's name] positive response to medication overtime and its reduction. This is because of the tremendous support they are getting, and we can't thank Iota enough."
- The service followed the principles of 'Registering the Right Support' to ensure people could live as ordinary life as any citizen. Registering the Right Support covers new legislation relating to services for people with a learning disability and underpinning the principles of choice, promotion of independence, and inclusion. This started by ensuring the assessment process not only got to know the person's needs but also included the person's long-term goals and aspirations. The provider and manager were very clear that personalised care was of upmost importance, and although the house could accommodate more people this would only happen if it was appropriate for the people currently being supported.
- From the point of referral through to transition stage staff really got to know people and their families to ensure they understood what people wanted and needed. This included exploring information about people's past and how this could influence and impact on their current needs. Staff worked with people to put together a plan of care that was person-centred and achieved their desired outcomes.
- We saw and heard many examples of the service being responsive to people's individual needs. For example, analysis of behaviour had highlighted one person's change of mood and behaviour at certain times of year. Sensory lighting had been purchased to help the person feel more relaxed during the winter months. Another person had been supported to register as a citizen in the country they were now living. The provider had paid privately for the person to attend the ceremony in a private room at the local registry office where they would get the support they needed without feeling anxious. The staff said the person was fully involved and enjoyed the process.
- Other agencies without exception said the service was very responsive to people's individual needs, comments included, "They have a person-centred ethos, and provide care that is consistent with people's assessed needs."

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.

- The provider, management and staff were exceptional at understanding and responding to people's

communication needs. Innovative methods had been used to help people communicate their wishes and to understand and make choices about their care and lifestyle.

- From the moment you walked into the home it was evident people's communication needs were considered and understood. All signage and information about the home had been displayed in a format and language people could understand. For example, a welcome notice had been written in the different first language of people supported, and fire and safety information was available in pictures and social stories.
- Staff knew people really well and were able to respond to their non-verbal cues about how they were feeling, such as body language, behaviours and general mood. The manager was able to tell us when one person was making happy or worried sounds even when they were not in the same room. This meant staff were able to respond quickly to reassure the person or leave them to have time on their own when they were contented.
- Staff were skilled at adapting their communication style according to people's individual needs. For example, one person communicated by referring to words from familiar, songs, stories and films. They liked staff to repeat particular words in a specific tone and volume. Staff fully understood how to communicate with this person in the way they wanted and in the way that ensured they remained happy, safe and contented.
- The provider and staff had gone to much effort to make information accessible to people. For example, fire procedures were available in a pictorial format and one person was able to show us their social story about what they would do in the event of a fire. A staff picture board on display in the hallway helped ensure people knew who would be supporting them and when. One person had been provided with a blackboard to write on and used it to inform staff when they wanted support with their personal care needs. Staff said this had helped them make choices in relation to personal care, as they had identified particular patterns of anxiety in this area of care.

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

- Staff worked really hard to make sure people were able to develop their interests and take part in activities, which met their needs and preferences. For example, one person had a particular passion for music and liked to recall hits from the charts over many years. Staff had helped them make lists of all their favourite things, which they enjoyed looking at on their own and with staff. Another person liked to use the computer to read local and national news as well as keep up to date with football results. The person had their own computer and were supported by staff to use safely.
- People's support plans were reviewed regularly to ensure people were given the care and support they needed in terms of their age, gender, gender identity, race, religion or sexual orientation.
- People were supported to maintain links with their local community and people who mattered to them. For example, one person had been supported to be aware of their interactions with people in the community and how these could at times make them unsafe. Staff carried discreet cards to help explain to members of the public the needs of the person they were supporting. This support and awareness had helped improve the person's interactions, and as a result increased their opportunities and experiences. Staff said, "Only a year ago it would have been difficult for this person to walk safely through the city centre, now with support and better understanding from us all they have been into town regularly."
- Staff recognised the importance of people's family and friends. One senior staff member had recognised a need for people to be able to communicate with family and for family to be involved in people's care. They had developed a social media system, called 'Scrapbook circles', which allowed people to safely share photos and information with a chosen circle of important people. The social media system ensured people's privacy and security was respected at all times. For example, once uploaded and seen by people in the circle the information was deleted and not stored on any person's personal phone system. This also ensured people had ownership of information they shared. Relatives told us how positive this had been in keeping

them updated on how their loved ones were doing.

- Staff supported people and relatives to maintain important links. One person since leaving children's services had not returned to their family home. A staff member had recognised through discussions and pictures that the person still had fond memories of their family home. Staff used the person's personal computer system to share pictures and stories between them and home to start planning visits. The staff member said the person now visits their home every week, which has been positive for all concerned.

Improving care quality in response to complaints or concerns

- The provider really listened to people and worked hard to ensure that any concerns or complaints were listened to and acted on.
- A complaints procedure was available describing how people could raise a complaint or concern and how the provider would respond and by when. This information was available in a format people could understand. For example, one person showed us their picture cards they could use to say how they were feeling and if they had any concerns.
- A range of forums were also available for people and relatives to raise any concerns about the service or people's care. This included, face to face meetings, personal social media sites and surveys. A 'capture the moment' questionnaire was available at the entrance to the home. This allowed people to comment on a snapshot of the environment including noise level, staff and people engagement, smell and cleanliness. The PIR stated that feedback for 2018/19 was overwhelmingly positive in all areas.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.
- The provider recognised the need to consider people's end of life wishes, particularly in relation to any particular religious and cultural wishes.
- The provider and staff spoke regularly with family members and documented any important information about people's longer- term care needs.

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 now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The PIR stated, "The Managers and Team Leaders are committed to adopting a person-centred culture, with a strong emphasis on constant improvement and adherence to best practice. IOTA is an acronym which stands for: Independence, Opportunity, and Transition into Adulthood, and this underpins all that we do and achieve." We observed throughout the inspection staff's attitudes and behaviours reflected this commitment in all the work they did on a daily basis.
- Personalised care was central to the service's philosophy and staff demonstrated they understood this by telling us how they met people's care and support needs. Agency staff were not used due to the complex needs of the service users and the need for familiarisation and predictability of staff. Instead a small bank team were employed as required. Staff knew people really well and understood and respected how they preferred and chose to be supported. This consistency and skilled care had resulted in positive outcomes for people. For example, the delivery of positive behaviour support for one person had resulted in them no longer requiring medicines to manage behaviours. They were now building relationships and accessing the community more frequently. A psychologist we spoke with in relation to this person said the care and leadership provided by the service had resulted in a very positive outcome for the person concerned.
- People were supported to be fully involved and empowered in relation to their care and lifestyle. For example, one person was supported to read their care records and understand how their behaviours could impact on their opportunities. Staff said, "[person's name] is fully involved, communication is key, they need to feel appreciated, involved in decisions, valued and empowered."
- Relatives and other agencies told us they thought the service was very person-centred and exceptionally well-led. A healthcare professional said, "I have found the leadership within the home to be very responsive and very much present" and "I found a person-centred ethos and the provider to be responsive and cooperative, providing me with information and being sensitive to the person."
- The provider demonstrated a real commitment to ensuring people and staff felt valued and proud of their achievements. For example, people showed us information about achievements they had made, which had been posted on the wall. People and staff referred to this as 'marginal gains' and celebrated progress and achievements however big or small.
- The provider worked hard to look after the staff team and to ensure they felt valued in their role. The PIR stated, "The Iota team have set up 'WhatsApp' communication method where staff can be contacted together to ask for shift swaps and share interesting relevant stories together to improve efficiency and create a 'team' feeling. It also gets used to share light hearted news! All staff have been allocated specific responsibilities within the home for inclusion and accountability." All staff without exception told us they felt

supported and valued in their role.

- The provider was part of the local authority health and well-being champion project and sat on the local well-being steering group. As part of this involvement the provider had supported the 'Thrive Plymouth Initiative, which looked at issues around four lifestyle behaviours, smoking, drinking, inactivity and diet, and how these could lead to chronic diseases. The provider told us how as a result of this awareness they had developed a new stress policy for staff and were in the process of developing a menopause policy. The information regarding nutrition and diet resulted in the development of a healthy eating display in the kitchen, which provided people with accessible information to support and encourage healthy diets and lifestyle.

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

- There was a clear management structure in place, which people, relatives, staff and other agencies were aware of and could easily contact. The service was small and had a consistent management team who had known and supported people through their transition from children to adult services. The providers/directors had a very hands on approach and worked alongside the care team to deliver support. Managers undertook the first support sessions with all new people to ensure they then had a full understanding of their needs and could then advise staff on how this support should be offered to suit the individual needs of the person. Support staff said, "The management are amazing, they will do anything, they work shifts, hoover, anything that needs doing, we are all in it together".
- Senior staff undertook visits to other care providers, which they called 'Experience Tours' with an aim to support their skills, share best practice and to give them a wider understanding and awareness of the care industry. The provider told us as a result of recent visits and discussions with other care providers they had, developed and improved checklists for staff around people's daily personal care tasks and developed a 'Capture the moment' instant feedback form for people and visitors to the home.
- The management team had a comprehensive understanding of regulatory requirements and used national guidance to develop policies, procedures and processes.
- There was a robust governance framework, which helped identify where improvements were required. Regular audits were carried out including health and safety, care documentation, staffing, training and medicines. Action plans were developed with improvement plans and timescales when needed.
- Quality monitoring reports demonstrated a very good quality assurance process with reflective engagement with people, staff families and other agencies.
- The provider had prepared themselves and staff for the purpose of inspection. This included discussions about the inspection process and regulations. The management team were present throughout the inspection and were responsive to all the discussions relating to regulation and quality of care.

Working in partnership with others

The PIR stated, "Due to the complicated support needs of the people supported, all communication with professionals is via the staff team who then mediate the information with the individuals. All appointments are escorted and fully supported. We have strong links with the specialist learning disability team in Plymouth and are at ease making referrals if we have concerns or are seeking further advice on any issues that the therapy team cover - diet, speech and language, behavioural specialists."

- Health and social care professionals were very positive about how the service worked with them to deliver effective, person-centred care. Comments included, "I have found the care that people receive to be safe and effective, have always found staff to be caring and very much person centred, I have not had any concerns about the quality of care provided by this organisation", and " They work in a person centred way, raise issues with other agencies when needed, share information and communicate well."
- Through management involvement on the local authority Leadership and Management Course an informal network of support has been developed between the service and other local care providers. This has also

included joint training ventures to sustain cost effectiveness.

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

- The provider and staff were innovative in their thinking about how people and relatives could be involved and kept informed about matters concerning their care. For example, a senior staff member had created and launched a private social media site to help people and families communicate. This had been shared at local forums and was now being used by other providers within the area.
- The provider recognised people's rights to be fully involved in issues relating to their care. Some people due to their autism/learning disability needed information to be provided to them in a certain way to ensure their choices and views were taken into account. One person would often respond well when information was written down by them or staff in the form of a note. The person was provided with pens and paper to ensure they could communicate to staff when needed.
- The provider created an environment where people felt safe and where diverse needs were understood and respected. People's diverse needs and protected characteristics had been embedded in policies, procedures and practice. One person had been supported to visit the local university to meet other young people of the same age, culture and background to them. They had also been supported to visit their family in another part of the country once a month. The manager said these visits were crucial for the person's well-being and cultural understanding.
- The provider had an open-door policy and all senior staff worked alongside the staff team to deliver care. Throughout the inspection we saw people interacting positively with all staff and management. It was evident the management team knew people well and fully understood how people needed to be supported.
- Relatives told us they were able to contact the management team at any time and felt their views and feelings were listened to and respected.
- Staff supported people to be part of their community. One person had been supported to go out more often by considering how they needed to keep safe. People attended a local Special Olympics group and social evening providing valuable opportunity to integrate and socialise in a safe environment.

Continuous learning and improving care

- There was a strong focus on continuous improvement. The management team and staff continuously looked at ways they could improve the quality of the service. For example, at the time of the inspection the management team were in the process of restructuring. The previous registered manager had taken on an operational lead to ensure improved quality of oversight and a new manager had been appointed to the service. At the time of the inspection the acting manager was in the process of registering with the Care Quality Commission.
- The leadership team led by example and encouraged improvement and on-going quality of care. The PIR stated, "Managers like to adopt a "guided discovery" perspective for the team, visibly acting out the ethos, values and vision of the organisation, in football terms they would be player managers. This approach particularly enhances the quality assurance audits of the home and the direct supervision and support of staff. Necessary time is allocated, and protected, for crucial networking, training and development in order to keep knowledge "current" and relevant".
- The new manager was very keen to ensure people continued to receive high quality care that met their individual needs. They showed us a range of charts, which identified patterns in relation to people's care and highlighted areas where improvement or action was needed. A health professional said this information was really valuable to them when identifying changes in people's needs, such as behaviour, mental health and responses to medicines.
- We saw clear and detailed records and audits of all accidents, incidents and near misses. Systems allowed for this information to be collated to help the provider and manager see any patterns and address any

shortfalls in the service.

- Regular meetings and discussions took place to allow staff to reflect and share good practice.
- The manager and leadership team worked hard to keep up with best practice and to improve the experiences of people using the service. This included staff visiting other services and sharing best practice, as well as regular attendance at a range of local forums, including health and well-being, dignity in care and outstanding managers forums. The manager said that following a recent dignity in care forum they had developed a personal care observation form. This was used to undertake spot checks of staff as they delivered personal care to ensure care was being delivered in line with people's needs and choices.
- Technology was used to improve people's experience of care and support independence. For example, a voice activated system was used to help one person ask questions and to understand how they needed to wait for the answer. The manager said this helped the person develop their awareness of interacting and communicating appropriately with people.

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 PIR stated, 'Openness and transparency are key to our work, and is vital in terms of our own quality assurance and standards of care. Staff are aware of the need for dignity, respect, and equality to be integral in all that we do.'
- The leadership team promoted the ethos of honesty, learning from mistakes and admitted when things went wrong. Relatives told us they listened to people and respected their views.
- The provider and manager were aware of their responsibilities to inform the commission of significant events in line with statutory duties.
- The leadership team spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice topics.