IOTA Care Limited

IOTA CARE

Inspection report

21 Mount Gould Road
Plymouth
Devon
PL4 7PT

Tel: 01752221334

Date of inspection visit:
27 April 2017

Date of publication:
31 May 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 27 April 2017 and was unannounced. The service provides care and accommodation for up to four people with learning disabilities. On the day of the inspection two people were using the service.

Iota Care occupies a large house and offers residential care without nursing. There were shared bathrooms, a communal kitchen and a communal lounge. There was an outside garden area.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff and relatives all described the management in exceptional terms. Staff talked positively about their jobs and their shared commitment to people achieving their best. Care was based on best practice and the staff team highly motivated to achieve excellent care. The provider and registered manager were proactive and determined, they ensured effective and close monitoring of all aspects of the service to ensure ongoing improvement across all areas.

On the day of the inspection staff within the service were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People had limited verbal communication but we observed they felt comfortable with staff, were warm, tactile and engaged in their interactions with staff. Care records were exceptionally personalised and gave people as much control over aspects of their lives as possible. Staff responded quickly to people's change in needs and were sensitive to their moods. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified, known by staff and respected. People's cultural needs were met.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted to live full and active lives. Staff were highly motivated and creative in finding ways to overcome obstacles that restricted people's independence.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through

regular access to health and social care professionals, such as GPs, social workers and the local learning disability team.

People we observed were as safe as possible. The environment was uncluttered and clear for people to move freely around the home, equipment was well maintained and outings to external venues risk assessed. Staff discreetly monitored people's behaviour and interactions to ensure the safety of all the people and staff at the service. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005), to make sure people were involved in decisions about their care and their human and legal rights were respected. Families were involved in decision making and advocacy services were used when required. The service followed the laws and processes in place which protect people's human rights and liberty.

People were supported by staff teams that had received a comprehensive induction programme, tailored training and ongoing support that reflected individual's needs.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. The provider was committed to employing people with the right skills, values and attitude to work with vulnerable people.

The service had a policy and procedure in place for dealing with any concerns or complaints.
No written complaints had been made to the service in the past twelve months.

There were robust quality assurance systems in place. Feedback from relatives and professionals was noted, listened to and action taken. Detailed recording of incidents were undertaken and monitoring of people's behaviour. These were analysed from trends. Learning from incidents and concerns raised was used to help drive improvements to people and the service and ensure positive progress was made in the delivery of care and support provided by 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 was very safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff that had an excellent understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People were supported and kept safe by thorough risk management processes.

People were supported by staff who managed medicines consistently and safely.

A culture of transparency and robust systems and processes helped to maintain people's safety.

Is the service effective?

Good

The service was extremely effective. People received care and support that met their unique needs and reflected their individual choices and preferences.

The service was evidence based with current research driving change within the service to improve people's outcomes.

People were supported by skilled staff who had received training in the Mental Capacity Act (2005). Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet. Creative ways were thought to encourage people to eat a healthy, balanced diet.

Is the service caring?

Good

The service was exceptionally caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff. People were valued and knew they mattered.

People and relatives were informed and actively involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

The service had a policy and procedure in place for dealing with any concerns or complaints.

Is the service well-led?

Good

The service was exceptionally well-led. There was a strong emphasis placed on improvement. There was an open culture and person centred ethos which was shared by the staff team.

The management team were described in extremely positive terms, were highly approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care under the leadership of the registered manager.

Quality assurance systems were effective, robust and drove improvements which raised standards of care.

Care was proactive, based on best practice and the service actively looked for ways to improve and enhance people's lives.

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.

The inspection was undertaken by one inspector, took place on 27 April 2017, and was unannounced.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of the inspection.

During the inspection we spoke with the registered manager, the provider, the team leader and two members of staff. We met the people who lived at Iota Care and observed their interactions with staff throughout the day.

We looked at two records related to people's individual care needs and discussed their care and support needs with the staff. These included support plans, risk assessments and daily monitoring records. We also looked at records related to the administration of medicine, discussed staff recruitment and looked at the records associated with the management of the service, including quality audits.

Following the inspection we contacted three relatives for feedback on the service and five professionals involved with people's care. We received feedback from the local commissioners who fund people's placement.

Good

Is the service safe?

Our findings

People were kept safe by staff who understood what keeping safe meant and how to support people to remain safe within Iota Care and in the community. Relatives confirmed the service was safe and gave them "peace of mind"; "can't fault them – a relief not to worry." A professional commented, ""It feels very organised, good staffing levels, a homely atmosphere. Great communication records. The logs, care plans, risk assessments are very detailed. They have behaviour logs/graphs in place to recognise any patterns of behaviour."

People were supported by staff that had received thorough training in safeguarding, and could recognise signs of potential abuse. Safeguarding policies were visible and staff were confident in discussing signs they might look for. The service received safeguarding guidance updates from the local authority which enabled them to consider any areas they could further improve to keep people safe from harm. One staff member told us they would look for behaviour changes, for example people being withdrawn or agitated. Staff confirmed reported signs of suspected abuse were taken seriously, investigated thoroughly, and appropriate alerts had been made to protect people. Safeguarding knowledge quizzes were undertaken with staff to ensure their knowledge remained in date and the service was constantly considering other ways to support people to share any worries or concerns due to their communication needs. Pictures of happy and sad people were located around the home as one way of helping people identify their mood that day and communicate this to staff.

The service was proactive and considered potential threats to people. For example, due to people's learning needs they were vulnerable particularly on the internet. The service had been involved with assessing the risk of radicalisation to service users by following the Prevent Strategy.

Safety at the service was at the forefront of staff minds due to people's vulnerability. Visitors to the service were met at the door, asked to sign in and had their identity checked. Iota care had locked doors at the front and rear exit to protect unwanted people from entering. This helped keep people safe. The doorbell at the entrance to the service alerted people to visitors being in the building.

We spoke with the staff about how people's money was managed to ensure it was kept safely and spending agreed. People had their own bank accounts and families supported people to manage their money and were involved in decisions regarding spending. Small amounts were held securely at the service and receipts kept and checked. Audits were regularly completed.

People were supported by suitable staff with the right values, skills and attitude. Robust recruitment practices were in place and people contributed to the staff selection process. New staff visited on an informal basis initially prior to the formal interview process. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The PIR submitted by the provider advised two employment references and a character reference were obtained before employment commenced to ensure new staff were of a good character to work with vulnerable people.

People were supported by sufficient numbers of staff to keep them safe because safety was a priority. People were supported by staff they knew, agency was not used. Some people had additional staffing requirements during the day to support their activities (one to one staffing and two to one staffing). This meant people were able to enjoy going out safely. The provider had another service and if required, in the event of sickness or an emergency staff worked across both services to meet people's complex needs. A duty on call manager was also always available to support people or staff. Flexible staffing was assured by the service's monitoring of people's behaviour on an hourly basis provided the evidence required for additional staff time if required.

Staff sought to understand the cause of behaviour. Detailed, clear recording of incidents was used to identify patterns. The results were analysed and used to change practice and reduce the triggers to behaviour that put people at risk. For example, computer usage was causing the person to exhibit behaviours which were challenging staff for example, by foot stamping, shouting, repetitive behaviours and grabbing others. The person's care was reviewed, different times of day for computer use trialled, reviewed and changes made. The person's behaviour improved dramatically. Family explained, "They are so thorough, they record everything and show me."

Staff had an in-depth knowledge about people who had complex needs and behaviour that may challenge others. Detailed monitoring and recording of people's mood, sleep, medicine use, interactions with people and the public enabled the service to understand the people they worked with. It also aided their ability to pre-empt possible situations which might occur and reduce risk. The graphs we were shown supported staff to spot trends and patterns across the month for example outings which increased people's anxiety and affected their sleep pattern. Other behavioural analysis the service had undertaken had significantly reduced negative reactions one person experienced when out of the service.

People were supported by staff who worked together to alleviate people's anxieties. It was common practice to note and share positive actions amongst staff, that had been successful in de-escalating situations and reducing incidents. Staff knew individual people's characters and dynamics between people who lived at the home and situations which could trigger and increase people's anxiety. Staff were trained and used these skills in deescalating and diffusing these situations. Staff discussed people's behaviour, were open to colleague's suggestions, and brought their own ideas to the table for discussion. Staff knew from the sounds people made their level of anxiety and when to intervene to keep people safe. Staff described skilled interventions used in the community; for example one person often approached members of the public, had the potential to invade people's personal space, and also ask personal questions some people might take offense too. Staff observed people (as unobtrusively as possible), but, in the event of the situation escalating, were on hand quickly to intervene. Staff carried special cards to alert the public to people's needs which were used if necessary and in their best interest for their safety. People also carried autism alert cards which they could show members of the public or emergency services.

People at staff were kept safe and anxiety minimised by routines and structure. Staff were conscious changes could upset people and were mindful of certain times of day such as mealtimes which could be more challenging. Staff knew interventions to calm people and smooth these periods. Evidence produced by the service demonstrated incidents / periods of extreme anxiety within the house continued to fall. Staff offered support to relatives at home so visits home were safe also and caused the minimum amount of disruption and were enjoyed.

People were supported by staff that understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. People had pictorial plans and were involved in decisions around the risks they took. Staff confirmed they followed

risk management plans to ensure restrictions on people's freedom and choice were minimised. For example, people were supervised when using the kitchen due to the sharp utensils, hot equipment and chemicals people might not be safe around. Other people were vulnerable to accessing internet sites which had the potential to cause risk, staff closely monitored usage to protect people.

Risk assessments highlighted the importance of staff maintaining the person's environment. Staff confirmed they cleared up any spillages immediately, to reduce the risk of the person slipping and falling. Thought was given to adaptions such as sensor lighting. The use of sensor lights on the landing and hallway allowed discreet monitoring of any night time movement in a non-obtrusive way. Staff told us how the kept people safe when travelling in the car and consideration was given to where people sat and the gender of staff involved in the outing. Risk assessment was ongoing throughout the day and we observed staff monitoring and noting people's mood. Staff were skilled at adjusting the day's plans as required to keep people and visitors safe.

Medicines were administered consistently and safely. No one was on medication without their knowledge (covert) and no one was prescribed medicine which required additional storage for safety purposes. Staff were l trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MAR) and noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they were prescribed, when they might need additional medicines and the level of assistance required from staff. Additional medicines to support people with anxiety or sleep were always agreed by two staff to ensure all other strategies had been tried first. Best interests discussions had been held regarding people's medicine management. The service followed medical advice when reducing people's medicine and these changes were monitored closely by the behaviour mapping in place. Guidelines also included information about people's medical history, known allergies and how they chose and preferred to be supported with medicines. Thorough medicine checks occurred each day to check stock balances and ensure people had received their medicines.

The service was clean and well maintained to support people to be as safe as possible. For example regular checks were undertaken on the smoke alarms and weekly fire drills held. Fire evacuation plans were in place and emergency grab bags in the event of an incident. Essential contact numbers were visible and accessible to staff. Water temperature checks were undertaken on taps and showers to reduce the likelihood of burns. Staff new where to access this essential information and where policies were for further guidance.

Good

Is the service effective?

Our findings

People were supported by well trained staff who effectively met their needs. The provider had essential training staff were required to complete to ensure they had the right competencies, skills and attitude. The registered manager closely monitored staff training to ensure it remained in date. The registered manager told us they were committed to developing staff and encouraging further health and social care qualifications to ensure staff had the skills and knowledge required to care for people effectively. Staff told us this gave them confidence in their role. Knowledge quizzes devised by the registered manger supported staff to learn in different ways. Staff had specialised training to meet the needs of people they cared for including a parent delivering an awareness session on autism and complex needs in general and specific behaviour management techniques for their family member. We were told this was attended and enjoyed by staff. The PIR advised additional needs led training including mental health awareness, positive behaviour therapy, autistic spectrum conditions, sensory awareness and personality disorder was undertaken to support staff to meet people's needs.

The service kept abreast of latest guidance in relation to autism and learning disabilities so people received high quality care. Staff were encouraged to sign up to the Social Care Commitment (The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services). Best practice guidance was shared as senior staff linked in to relevant groups in the local area such as the dignity and care forum, CQC updates, and the Health and Well-being initiatives. The team leader told us they had recently completed their Level Five health and social care and was applying their knowledge from their course to develop new checklists within the service and improve person-centred care. Staff were trained in breakaway techniques and ways to diffuse situations which might arise in the service and community. Family told us they felt staff were exceptionally well trained to understand the needs of people living at the service.

The research undertaken by Temple Grandin (Mary Temple Grandin is an American professor of animal science at Colorado State University, consultant to the livestock industry on animal behaviour, and autism spokesperson) was used within the service to enhance people's care. Other relevant research was put into action. For example, sensory diets (is a carefully designed, personalized activity plan that provides the sensory input a person needs to stay focused and organized throughout the day) and intensive interaction. Intensive Interaction is designed to meet the learning needs of people who are still at early stages of communication development. At one extreme, this may be a person who is very 'difficult to reach', living a socially isolated life, perhaps having a range of self-stimulatory behaviours and not showing motivation to be with other people.

Staff closely monitored the effectiveness of these research based treatment approaches which included weighted blankets, exercise balls, pressure vests, a rucksack for one service user to "ground" him when in the community, pushing and pulling techniques, bubble blowing, dancing, drumming and music. These techniques were regularly reviewed for effectiveness. The service explained how through the monitoring of people's behaviour the use of these techniques had helped people at times they were more anxious.

Staff received a thorough induction programme which included shadowing experiences when they started with the provider. Staff shared their in-depth knowledge of people with new staff, gave them time to learn and understand their behaviours, communication styles and individual mannerisms. The registered manager monitored staff progress through competency reviews to ensure they were confident in their role. Newly appointed staff where necessary, completed the new care certificate recommended following the 'Cavendish Review'. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers received in social care settings. Staff shared their views on the induction telling us, "It was really good, couldn't have asked for a better induction – got to know service users and great training from the management team including de-escalation techniques" and, "The training in autism awareness, communication skills, safeguarding, health and safety was all really good; it equipped me to feel confident taking people out; I felt I had an in depth knowledge of people which made me feel at ease."

Supervision and annual appraisals were in place for staff to support them in their roles. Staff confirmed they felt supervision was beneficial, provided a platform for them to discuss good practice alongside areas of concern, and motivated them to continually improve. These processes supported the service to maintain a skilled and competent workforce.

People, when appropriate, were assessed in line with the Mental Capacity Act 2005 (MCA). The 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. Staff displayed an understanding of the requirements of the act, which had been followed in practice. Staff told us "We assume people have capacity." Care records evidenced where the service had been involved in and supported best interest's decisions that had been made for example it was noted watching television excessively was affecting one person's sleep pattern which affected their mood, a best interests decision was made about a time the television would be turned off.

We also checked if any conditions on authorisations to deprive a person of their liberty were being met. People can only be deprived of their liberty when receiving care and treatment when this is in their best interest and legally authorised under the MCA. The application procedure for care homes is called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was up to date with changes in law regarding DoLS and had a good knowledge of their responsibility under the legislation. Records showed where DoLS applications had been made and people authorised were kept under review to help ensure they remained appropriate and as least restrictive as possible.

Formal communication methods were in place such as handovers but written communication books were also available for staff. Staff told us they always read these to ensure they were up to date with any changes in people.

Communication with people was individualised according to their needs. For example, one person responded well to written instructions and pictures and these were evident in their room and around the home. They were further personalised to their likes, for example one person like Mr Men and the characters of this book were used to help him and staff communicate. A large wall word map was being used in the lounge to track a retired member of staff's movements as they travelled the word. This allowed staff and people to communicate about the countries visited. We observed some people communicated with

repetition. Staff knew exactly how to respond to keep the person happy.

People where appropriate, were supported to have sufficient amounts to eat and drink. Although people had limited ability to be involved with cooking and preparation of meals, people were supported to understand the options available and staff used every means to aid communication. In this way, people's right to choose what to eat and drink were maximised. A large, colourful information board in the kitchen supported people to understand food groups and what constituted a healthy balanced diet. Staff knew what foods each person liked and disliked. People's cultural food needs were considered and staff supported people to get the meat they liked to eat for example crocodile. Staff commented how they monitored people's food and fluid intake and communicated with each other to help ensure people maintained a healthy balanced diet. People's weight was monitored closely and GP advice sought if staff were concerned by weight loss or gain. Staff told us this was an area they hoped to develop further with people having more involvement in shopping for food.

Where people had particular health needs or behaviours which placed them at risk of choking or over eating, there was clear guidance in place for staff and people were observed closely. Supporting people to improve their social eating skills was important.Staff told us they role modelled good social eating by sitting with people to eat, carrying out mealtime conversation and encouraged people to help clear up after meals.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Care records evidenced where health and social care professionals had been contacted. People saw their doctors if they were unwell and for annual health checks. The behaviour monitoring the service undertook and working alongside the local learning disability team was improving people's quality of life, people's anxiety had reduced remarkably and staff were able to predict seasonal triggers and events in advance to support people through these. We were told health professionals found this information invaluable.

Iota Care was a large, well maintained, spacious home for people. The service had been adapted to enable people to be themselves and minimise noise disturbance to the public. For example, two bedrooms and the landing area were fitted with acoustic underlay and connecting walls sound proofed. The provider told us, "These physical adaptions were made specifically so that people could be themselves without the need to review structure / behaviour management." The outside space had been utilised to stimulate senses with a small trampoline, swing seat, raised flower boxes with different smells and textures (twiddle sticks, chives, mint, and lavender). This environment has been made safe with a partition fence separating the parking area and garden.

Good

Is the service caring?

Our findings

People were well cared for by staff that had a caring attitude and treated them with kindness and compassion. Staff knew people's histories and backgrounds, the kindness exhibited by all staff and management enabled trusting relationships to be built with people. Relative feedback included, "Fantastic job supporting X"; "Sensitively supported X throughout a difficult transition"; "I appreciate the effort, initiative, understanding, work and dedication staff put in, it's amazing."

Equality and diversity was understood and people's strengths and abilities valued. The provider's website reflected the philosophy of care they strove for and we observed this shared by staff during the inspection, "To enhance Independence, create Opportunities and Support the Transition into and throughout Adulthood in a safe and stimulating environment focused on Achievement, Positivity and Progress." Staff share said, "It's all about promoting independence so people have fulfilled, meaningful lives – their home, their choices" and, "It's a small service, we are very intimate, we have mutual respect for each other; a lovely feel to the place."
Staff had genuine concern for people's well-being; they were committed to working together to ensure people received good outcomes and had the best quality of life possible. Staff commented they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter. Staff told us people at the service were like their extended family and shared people's achievements with pride. One staff member told us "I listen, do my best to support people, I'm approachable and here for them."

Staff took time to get to know people by reading their care records, talking to their family and discussing people with the team and their colleagues. Relationships with people were fostered because staff invested time in people. They nurtured and paid attention to people so they were cared for. Staff knew people's particular mannerisms which might mean they were anxious or distressed because they knew them well for example someone biting their finger. They took prompt action to address what might be causing someone's anxiety for example, by providing one to one time with people or taking them out to help calm and distract them.
Some people were under close supervision and some had one to one care due to their health needs. Despite the need to closely supervise people, staff demonstrated how effectively they balanced protecting people with promoting and encouraging independence and freedom of movement to enrich people's lives. Staff preserved people's dignity in the community by escorting people discreetly, not wearing uniform or visible identification.

People's independence was valued and encouraged. Staff encouraged people to develop and maintain skills such as helping with the laundry and dishes. Simple instructions supported being to help with the housework to help them develop these skills. This helped people's confidence and self-esteem. People were encouraged to keep areas of the house tidy and their own belongings in their room.

People's privacy and dignity were respected; people were encouraged to be as independent as possible. One person living at the home had simple instructions in the bathroom shower so they could have time

alone showering without staff assistance. Staff ensured they knocked on people's doors and asked if it was okay to go into their bedrooms before they entered. People's confidential information was kept secure and staff understood the need to respect people's private information.
Staff responded to people's needs in a caring way, and promoted people to be as independent as they wanted to be within safe boundaries. We observed people being observed by staff at all times, either through listening or their movement.

We observed people felt comfortable around staff and appropriate touching and physical contact between people and staff indicated people felt they mattered and belonged. People were comfortable approaching staff, warm in their interactions and clearly valued the relationships with all staff.

People were proactively supported to express their views as far as possible. Staff gave people time, and were skilled at giving people explanations and the information they needed to make decisions. Social stories were used to help explain events to people to help prepare and involve them in decision making. Once decisions had been made, staff acted upon them to help ensure people's views were listened to and respected. For example when planning travel to visit family, maps were shown to support people to understand the length of the trip and where they were going in the country. People had their own styles of communicating and we observed staff were exceptionally patient as they tried to understand people expressing what they wanted through hand gestures, facial expressions and sound.

People were supported by staff who invested time to understand individual communication skills, preferences and abilities. Staff were skilled at responding to people appropriately no matter how complex the person's needs were, to help ensure people felt they mattered, and had control. Staff talked us through various effective methods they used to assist people to communicate. For example, using picture cards, leaflets and showing people things on the internet such as places they were visiting.

Advocacy support services were available for people if needed, however staff and families also advocated on people's behalf to ensure their care was person centred and in their best interests.

People were encouraged to be as involved in their care as much as possible despite the challenges they faced. Relatives confirmed they were involved and kept up to date.

Special occasions were celebrated for example, birthdays. The management team shared how one person had expressed an expressed a desire to visit football stadiums as his birthday activity. To date they had visited and toured Plymouth Argyle, Yeovil Town, Torquay United, and Aston Villa.

Staff were considerate and thoughtful when it came to planning specific events such as Christmas and Easter. Staff linked up and joined in with the provider's other service to prevent any feelings of isolation and create a more 'celebratory' atmosphere. People were fully consulted in the build up to these events to ensure that their wishes are listened to and respected.

Good

Is the service responsive?

Our findings

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Staff made every effort to empower the person and their family to be actively involved in the whole process. Evidence was gathered about the person's medical history and life. People were supported to move to live at Iota Care at a pace which was right for them. The staff told us admissions to the service needed to be carefully considered due to the complexities of the people at the service.

People and their families where possible, were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Barriers to communication were known and staff thought of creative ways people could be involved in their care as much as possible. Staff were skilled in supporting people to do this and in assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims. For example, the detailed monitoring charts staff completed helped staff have an evidence based approach to knowing what activities were being enjoyed / not and which might be causing anxiety. The PIR told us staff were aware, "their role is to reduce anxiety which then fosters a feeling of contentment in which progress and development can occur."

The service responded by reviewing their activity plans or their approach if required. Staff told us they aimed to strike the right balance between empowering people and including healthcare professionals and family in treatment and support plans. People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals as required. Reviewed plans were then put into practice by staff and regularly monitored. Regular staff handovers and staff meetings shared important changes to people's care. This meant staff knew what had changed and how to care for people as they required.

Individualised, detailed care-planning and the in-depth appreciation staff had of people's needs enabled them to consider therapeutic interventions to support people for example, by using drama therapy. Staff exhibited patience and perseverance as it had taken time for the person to be comfortable in a different setting with a new therapist. Calm boxes were used to help people relax; this was made up of people's special and favourite things which had meaning to them. We saw staff had enabled one person to sit and enjoy looking at a scrap book of their memories and photos which helped relax them as the inspection, and a stranger being in their home, had increased their anxiety.

Each person had individualised care plans that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. For example, to support one person's cultural identity, the food they liked was especially sourced including gazelle and antelope. Another person liked writing lists, for example lists of the best- selling records and best-selling films, a large blackboard had been put up in their room so they could keep their lists together. People's rooms were personalised as they liked. The service had people's family photos displayed on the walls so it was not just their bedrooms that felt like their home but the whole house.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who matter to them. Staff supported the people in the home to stay in touch with their family even when there was great distance involved in the trip. People and families appreciated this.

The service had a policy and procedure in place for dealing with any concerns or complaints. People's behaviour was monitored through observation for any changes which might mean they had concerns. No complaints had been received in the past 12 months.

Good

Is the service well-led?

Our findings

The provider and registered manager took an active role within the running of the service and had an excellent, in-depth knowledge of the staff and the people who were supported by Iota Care. There were clear lines of responsibility and accountability within the management structure. The provider and registered manager was supported by a dedicated team leader and all three senior staff worked together to lead a high quality, caring service. The staff employed were skilled and dedicated which supported the service to be outstanding in many areas. Staff commented, "I couldn't ask for better management, the knowledge and information they share and pass onto us is amazing and helps us develop that bond with X and Y"; "The best company I've worked for, they care for their staff, concerned about how you are getting on, whether you need more training – I feel valued." Relatives all described the management of the home in excellent terms.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

There was a very positive culture within the service developed through strong leadership. The management team and staff shared the same values which included supporting people to have as much freedom as possible to make choices, freedom to be given opportunities, person centred care and for Iota Care to be a safe, nurturing home for the people they supported. Staff talked consistently about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities. The service was all about the people they were supporting and making sure they lived the best life possible. The team leader was approachable and worked across the week to ensure they had contact with all staff, "I lead by example, I'm hands on; staff are passionate about what we do. There is humour here and staff are relaxed and happy"; "Everything we do here people are at the heart of and care is in their best interests; it is a collective team effort."

Feedback was sought from people, professionals, families and visitors where in order to enhance the service. A "Capture the Moment" survey was given to people entering the home to analyse visitor's first impressions of the service. Responses we reviewed included, "Calm, clean, fresh, normal environment"; "Presentable, happy, jolly, engaging and chatty". All questionnaires rated the service as "excellent."

The registered manager told us staff were motivated, encouraged and challenged to find creative ways to enhance the service they provided. Regular staff meetings were held where staff were updated on information within the house and staff were given feedback regarding best practice research, training which had been attended and other relevant issues to keep them informed. Issues which had been identified from audits to improve health and safety were shared and knowledge tests were undertaken. Minutes were taken and all staff asked to sign and read. This meant information was clearly communicated across the staff team.

The leadership team encouraged staff feedback and suggestions. Staff were valued and their ideas appreciated. Colleagues felt comfortable challenging practice and sharing good practice ideas. People's quality of life was being improved due to the excellent leadership within the service, the constant striving for

new ideas to improve people's lives. The recent leadership course undertaken by the team leader had supported changes in the service for example mock inspections and role playing possible questions with staff.

The service was signed up to a range of relevant websites to ensure evidence based practice was maintained. The provider, registered manager and team leader coached and mentored staff to achieve their best which supported people to have positive experiences of care and enhanced their well-being. Attendance at local care meetings allowed for peer support, a sharing of ideas and peer mentoring to enhance and maintain standards. The leadership team had completed the local leadership and management course run by the local authority for registered managers, attended the "Outstanding Managers Network" (a local group where managers shared best practice) and the local Dignity and Care Forum (a group which discusses best practice). The registered manager was a member of the Care Certificate Consortium and subscribed to the Care Skills Academy and the Commission's updates. The provider was on the Health and Well-being steering group (Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government.) The service were signed up to the Social Care Commitment and an action plan was in place within the service. In addition, initiatives such as "Experience Tours" were afoot; these were providers conducting quality assurance checks with other services and offering a fresh pair of eyes.

The service worked in partnership with key organisations to support care provision. The registered manager confirmed they had good working relationships with the learning disability team and people's doctors. Commissioners feedback reiterated good partnership working, attendance at local forums and confirmed the service engaged well with them.

The provider and registered manager created an open, honest culture. This reflected on the Duty of Candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider and registered manger inspired staff to provide a quality service. Staff were empowered under their leadership, told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "It's lovely, like a family. Everyone helps and supports each other"; "Everyone is approachable, so nice to love my job, I love coming to work";

The service had an active whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident issues would be acted on..

There was an effective and robust quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Audits were reviewed and developed according to best practice to ensure the service remained evidence based.