

Insight Dynamics Limited

# Insight Dynamics Limited

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Insight Dynamics is a supported living service. A small team of care staff provides care and support to one person who has a learning disability in a house in Tiverton. The provider set up the service for this person because they attended their day care centre and said they were not happy in their placement. The provider would like to have more people living at the house but felt it was very important that they were the right people.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Care

The person received kind and compassionate care. Staff protected them and respected their privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect the person from poor care and abuse. They worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet the person's needs and keep them safe. Although the registered manager needed to undertake duties as they had staff vacancies.

The person could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

The person's support plans reflected their needs and preferences and this enhanced their wellbeing and enjoyment of life. The registered manager and staff had an excellent understanding of the person's needs. The care the person received was focused on their quality of life and followed best practice.

The person could take part in activities and pursue interests that were tailored to them. Staff supported the person to try new activities that enhanced and enriched their lives.

### Right Support

The person was supported to have maximum possible choice and control of their life 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.

Staff supported the person to be involved in all decisions about their care and support. Staff used communication methods which included Makaton (a language programme that uses symbols, signs and speech to enable people to communicate) to enable them to express themselves. The person's family felt involved.

The person supported by the service received personalised care and support which was completely built around their needs and preferences and to achieve their aspirations and goals. They had their own small staff team who they knew and trusted.

Staff supported the person with their medicines and achieved the best possible health outcome.

The person was supported by staff to pursue their interests and take on new challenges to enhance their quality of life. They led a very active and social life and were able to try new things that interested them. For example, playing football.

Staff enabled the person to access specialist health and social care support in the community.

#### Right culture

The person led a happy, inclusive and empowered life because of the ethos, values, attitudes and behaviours of the registered manager and staff. The service had achieved very positive outcomes for the person, they were happier and more content.

The registered manager and staff worked hard to promote a culture where the person was valued and respected as an individual. This had enabled the person to develop and flourish. Staff were committed to the values of the organisation.

Staff ensured the person received compassionate and empowering care that was tailored to their specific needs, wishes, and rights.

Staff knew the person well and were responsive, supporting their aspirations to live a quality life of their choosing. The person was cared for and valued as an individual.

The person and those important to them were involved in planning their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This service was registered with us on 26 March 2021 and this is the first inspection.

#### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Insight Dynamics Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

This service provides care and support to a person living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

We gave the service a few days' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be available to support the inspection.

Inspection activity started on 7 July 2022 and ended on 19 July 2022. We visited the person at their home and the providers office on the 7 July 2022. We spoke with relatives and health care professionals the week beginning 11 July 2022.

### What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since it was registered with us. We used this information to plan our inspection.

### During the inspection

We met the person who used the service at their home. They were able to tell us about their service with the support of the registered manager and a staff member.

We also spoke with two relatives to gain their views of the care and support provided.

We spoke with the registered manager, a staff member and the providers nominated individual.

We reviewed the person's medication records and discussed their support plans. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including, staff training records, the providers business continuity plan and staff meeting minutes were reviewed.

We contacted six staff by email and received a response from two of them. We also received feedback from a health and social care professional.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The registered manager was aware of their responsibilities in relation to safeguarding the person.
- The person told us they felt safe. Relatives told us staff kept their family member safe. One relative said when asked if the person was safe, "Without a shadow of doubt, (person) is very happy."
- Staff had training and knew how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- Risks to the person were assessed and plans put in place to reduce or eliminate risks where possible. The person was involved in managing risks to themselves and in taking decisions about how to keep safe.
- The person had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff helped keep the person safe through formal and informal sharing of information about risks.

Staffing and recruitment

- Because staff worked at the person's home and the provider's day care service, the person and people from the provider's day care service were involved in recruiting new staff. They played an active part in interviews and asked questions and were able to choose their preferred staff.
- Staff recruitment and induction training processes promoted safety.
- The service had enough staff to provide support for the person at all times. The registered manager said they had been having difficulties like other providers to recruit additional staff. They undertook duties both to cover gaps and to spend time with the person and monitor the service.
- There was a small team of six care staff, the provider's nominated individual and registered manager who supported the person. We observed that the person appeared to have a very good relationship with the registered manager and staff member supporting them. They chatted and laughed and said they liked everybody that supported them, and everybody was nice to them.

Using medicines safely

- The person only required a mild analgesia as a required medicine (PRN). Staff supported the person safely and had a medicine administration record (MAR) to record medicines administered.
- The person's medicines were stored in a drawer in the person's home. We discussed with the registered manager that if more people moved into the home a more robust storage system would be required to keep medicines safely.
- We also discussed with the registered manager if the person required additional medicines there needed to

be a more robust quality monitoring process in place to audit the medicines.

- The person received their medicines safely from staff who had received training. We discussed with the registered manager undertaking competency monitoring of staff administering medicines to ensure they maintained good practice. The registered manager told us they would undertake competency assessments.
- There was not a PRN protocol in place for the person's medicine, to guide staff about why the person required the medicine, dose and frequency of administration. We discussed this with the registered manager who told us staff knew the person so well they knew when they required medicines. They confirmed they would put in place a PRN protocol.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep the person safe. Staff supported the person to keep their home clean and hygienic.
- The service had prevented visitors from catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested staff for infection in line with the government guidance.
- The staff made sure that infection outbreaks could be effectively prevented or managed.
- The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The person received safe care because staff learned from any accidents and incidents which occurred. Staff recognised incidents and reported them appropriately to the registered manager, who completed an accident record and investigated the incidents and shared lessons learned.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- This service was designed specifically to meet the needs of one person currently being supported. This enabled them to move from a service where they were not happy.
- Working with a health and social care professional the registered manager and staff had produced with the person a 'a guide to a good day'. We were told by a staff member that the person was very proud of the support plan and shared it with all who visited.
- The person and the registered manager regularly discussed the support they received and if changes were required this was shared with the staff team.

Staff support: induction, training, skills and experience

- The person was supported by staff who had received relevant training. This included training in emergency first aid, food hygiene, medication and infection control. They had or were enrolled to receive training to understand the person's needs, which included, Autism awareness and learning disabilities. One staff member told us, "I have recently completed, people handling, health & safety and safeguarding as they needed updating. I am due to have my first aid, infection control, medication and fire safety training updated soon, and I believe my epilepsy training is due to be updated next year."
- Staff had or were completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received support in the form of regular supervisions. One staff member said, "...usually every 6 weeks or so." Another staff member said, "If there is anything I am unsure about or need guidance on I know that I will be supported with this."

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

- The person received support to eat and drink enough to maintain a balanced diet. The person was involved in choosing their food, shopping, and planning their meals.
- A staff member told us how they supported the person to be involved in preparing and cooking their own meals.

Supporting people to live healthier lives, access healthcare services and support

- The person was supported by staff to access specialist health and social care support in the community. They told us about a GP appointment they had recently attended and that they had an appointment to see the dentist.
- The registered manager and staff team had worked with the health and social care professionals who

supported the person to ensure they received the support they required. One health and social care professional was very positive about the service provided to the person they support. They told us, "I supported (person) when he faced being moved away from everything (person) holds with value. (Registered manager) ...and other staff members...worked tirelessly with me ... to create a watertight document to ensure (person) was able to stay exactly where he was clearly wanting to be. (Registered manager) and team were at the forefront, as always, to ensure this person got 100% of what they needed, wanted, deserved - not just to survive or exist - but to actually have a life, filled with everything (person) was asking for himself."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff supported the person to make their own decisions about their care and support.
- The registered manager said for the majority of decisions the person had capacity to make decisions them self.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed that the person appeared very comfortable in the presence of the registered manager and staff member. The registered manager and staff member were calm, kind, caring and attentive to the person. The staff member showed warmth and respect when interacting with the person and allowed them to answer questions. Throughout our visit there was a lot of laughter and happy banter.
- Prior to the inspection they had supported the person to understand who the inspector was and gain their consent for us to visit.

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

- The person was listened to and we observed that staff valued and liked the person. One staff member said, "I think the service provided ... is very person centred. (person), whenever possible, is key to decisions and choices throughout each day. He seems to enjoy working with all staff and generally seems very happy and content in his day to day life."
- The person, and those important to them, took part in making decisions and planning of their care. One relative said, "I am so thankful for where he is... I can always ring them...never any problems they always let me know what is happening...we are very happy."
- Staff took the time to understand the persons individual communication styles and develop a rapport with them. The person had built trusting relationships with a small, consistent staff team. The person had been going to the providers day care service for a number of years, so the registered manager and staff knew them very well.

Respecting and promoting people's privacy, dignity and independence

- The person had the opportunity to try new experiences, develop new skills and gain independence. They attended numerous activities each week, which included playing football, attending a day service, where they undertook gym sessions, and arranged outings. They told us they liked to watch formula one and cooking programs which staff supported them to do.
- The person was supported to learn independent living skills. Staff supported the person to take part in activities of daily living which helped them to be independent. These included supporting with all aspects of everyday living including laundry and preparing meals and drinks.
- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- The person had support plans that were personalised and included their physical, emotional and health needs. Staff said they accurately described the care being provided. Comments included, "The care plan outlines all information that is needed to know about A and is updated when things change".
- The service was specifically designed for the person who currently used it. It was tailored to their individual needs, wishes and aspirations.
- The person's life had had been changed by moving to the service and the planning and practice of person-centred care. The registered manager told us about how well the person had developed, and their confidence had grown. A relative said, "(The person) was definitely getting what he needs and being kept physically and mentally well. We are really happy with everything, they are providing (person) with what he wanted."
- The persons relatives were fully involved at every stage of the move to the new service. A health and social care professional told us, "They have an excellent autistic approach and follow a positive behaviour support pathway for each individual...They excel at their person centred approach."

Meeting people's communication needs

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

- Staff ensured the person had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of the persons individual communication needs. They were using Makaton (a language programme that uses symbols, signs and speech to enable people to communicate) to help facilitate communication when the person was trying to tell us something.

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

- The person was supported to participate in their chosen social and leisure interests on a regular basis. The person had a very active life within their community, which were chosen by them.
- Staff provided person-centred support with self-care and everyday living skills to the person.
- The person was able to stay in regular contact with friends and family. Staff had worked with the person to have regular calls with their parent and arrange visits.
- The person was supported by staff to try new things and to develop their skills. Staff helped the person to have freedom of choice and control over what they did and broaden their horizons and develop new

interests and friends.

- A health and social care professional told us, "I frequently see (person) out and about in the community setting ... is always full of spirit, accessing a rich social and stimulating environment that is matched with (person) centred home environment. (Person) is able to access the local town he is very happy to be in and wanting to live in and therefore accesses all his favoured places and activities."

Improving care quality in response to complaints or concerns

- The person said they would be happy to tell the registered manager and a named staff member if they had a concern.
- The registered manager said they had dealt with one complaint. They had treated the complaint seriously, investigated it and learnt lessons from the results. These lessons were shared with the whole team.
- The registered manager undertook support duties so they could spend time with the person to gain feedback so they could ensure the service worked well for them.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's statement of purpose stated, 'We focus on empowering individuals to achieve their goals using a holistic, proactive, and personal approach.' It was evident the registered manager worked to meet this statement. They truly valued and promoted the person's individuality, protected their rights and enabled them to develop and flourish and had developed a staff team who shared this culture.
- The registered manager was very visible in the service, approachable and took a genuine interest in what the person, their family and other professionals had to say. Staff were positive about the management team and the ethos at the service. One staff member said, "Yes I feel that the management and team really invest in the people that they support and really care to achieve the best outcomes and wellbeing for the people we support."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member said, "Yes management are very approachable and open to discussions around the best care of (person) and making sure he is well looked after."

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

- The registered manager had apologised to the person and their family when something had gone wrong.
- Relatives said they felt they were kept fully informed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of the person's needs/ oversight of the services they managed.
- The registered manager had clear oversight of the service. They regularly worked at the person's home and monitored processes and system.
- The registered manager was aware that it was their legal responsibility to notify the Care Quality Commission (CQC) of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for the person to achieve the best outcomes possible. A health and social care professional told us, "Insight Dynamics is genuinely one of the best managed places I visit and have the pleasure to work with. (Registered manager) ...is approachable, knowledgeable, highly experienced but also empathic to his staff

and his client group."

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

- The person and those important to them, worked with managers and staff to develop and improve the service. One relative said, "Some of the staff know (person)so well...much praise for the (nominated individual) who has worked so hard to get things sorted out."

Working in partnership with others

- The service worked well in partnership with other health and social care professionals, which helped to give the person using the service a voice and improve their wellbeing.