

iDirect Independent Living Limited

iDirect - Dorset and Hampshire

Inspection report

16 A6 Peartree Business Centre
Cobham Road, Ferndown Industrial Estate
Wimborne
BH21 7PT

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Ratings

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

Summary of findings

Overall summary

About the service

iDirect - Dorset and Hampshire is a Domiciliary Care Service providing personal care to 9 people with learning difficulties, autism and mental health needs at the time of the inspection. There was a central office based in Ferndown.

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

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

People at iDirect Dorset and Hampshire received an exceptionally effective service. The staff team were highly motivated and there was a strong commitment on the development of their competence and knowledge. People and families were involved in the recruitment of staff and played a part in feeding back on staff performance. Staff worked innovatively to promote people's health and ensure excellent outcomes for their physical and mental wellbeing.

Staff were highly trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People told us they were happy, felt safe. Relatives said that staff had a good understanding of their loved ones needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff looked to offer people solutions to aid their independence and develop their skills.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. 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.

The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

A new registered manager had been recruited since the last inspection. Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, deputy manager, team managers and staff team worked together in a positive way to support people to achieve their own goals

and to be safe.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on 11 June 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the time the service first registered with us.

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?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

iDirect - Dorset and Hampshire

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

This inspection was completed by one adult social care inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 1 July 2019 and ended on 8 July 2019. We visited the office location during the morning of 1 July and all day on 8 July 2019.

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 and professionals who work with the service. We used the information the provider

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

During the inspection

We spoke with one person who used the service and met with two relatives. We spoke with the registered manager, deputy operations manager, training manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We met with seven staff including team managers and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and feedback questionnaires.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies. We spoke with two professionals who regularly work with people who use the service.

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.

Assessing risk, safety monitoring and management;

- Risk assessments were in place which gave clear instructions for staff to follow to reduce the risk of harm. Assessments covered areas such as; epilepsy, accessing the community, self-harm and swimming. A professional said, "Risk assessments are well written".
- The team manager told us, "We are pro positive risk taking here. We look at what people want to do and work with them to achieve it by putting steps and measures in place. For example, a person with mobility needs loves alpaca's and really wanted to walk them. We put measures in place and they now do this on a weekly basis".
- We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service.
- Physical interventions were occasionally used by staff with some people using the service. Staff had all received appropriate training and confirmed that interventions were only used as a last resort or if the person put themselves or others at significant risk. Interventions had been individually risk assessed and clear recording and analysis took place following all incidents.
- Staff took part in debrief meetings with management following behavioural incidents. These meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.

Staffing levels; Learning lessons when things go wrong

- There were enough staff on duty to meet people's needs and agreed staffing levels. A staff member commented, "There are enough staff. We do not use agency. Consistency is important".
- The registered manager explained that staff are recruited for people's care packages so that positive relationships can be built and consistency can be maintained. We were told that the organisation recruited floating staff who worked across the service to cover sickness, annual leave, training and vacancies.
- The registered manager responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity.
- Learning was shared with staff during supervisions, handovers and staff meetings. During a review of staff meeting notes we found that lessons learnt was a standing agenda item.

Systems and processes to safeguard people from the risk of abuse including recruitment

- People, relatives, professionals and staff were confident people were safe and happy. For example, policies were in place and care plans were clear.
- We asked a person if they were happy. The person smiled, which their communication plan told us meant they were saying 'yes'. A relative told us, "[Person's name] is safe and we are happy with iDirect Dorset and

Hampshire. We have no concerns about [person's name] safety".

- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the service. Staff confirmed that there was a positive working culture throughout the organisation.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A health care professional said, "We have no safeguarding concerns. The management seem transparent".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with people in care settings, had satisfactory skills and the knowledge needed to care for people.

Using medicines safely; Preventing and controlling infection

- The service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed by senior staff.
- Where people were prescribed medicines that they only needed to take occasionally guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine Administration Records (MAR) were completed and audited appropriately.
- Staff told us they regularly washed their hands and had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- Staff had received infection control training and understood their responsibilities in this area.

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 outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People and families were actively involved in decisions about who worked at the service and had influence on the outcome of recruitment. People had been involved in the interview process and had developed questions to ask. Relatives were included in this process by meeting with the applicant before a decision was made. A relative said, "I am meeting a new staff member on Wednesday. I always do this it's important to me and [person's name]".
- Staff were matched with people based on skills, experience and interests. People responded well to this as they could share their interests and meant they could enjoy their favourite activities more often. A staff member told us, "I was matched with [person] who enjoys the same activities. For example, swimming and horses". The service sought people's feedback on new staff members and this was used during performance discussions. Where this was not possible the management promoted equality and were proactive. They observed new staff's interactions with people and used this in the same way.
- Staff were exceptionally skilled and knowledgeable and they used this to improve understanding and raise awareness. The service was extremely focussed on ensuring everyone had good learning disability and autism awareness. Visitors and neighbours had been invited to and attended information sessions and meetings at the service. This had reduced the anxiety and raised the awareness for one neighbour who had very little understanding of autism at the time. The person now enjoys regular coffee mornings with their neighbours.
- Staff received regular British Institute of Learning Disabilities (BILD) accredited behaviour training. The training was tailored to meet the specific needs of people using their service. The service included relatives in the training and they fed back they had found it beneficial and it helped them when their loved ones returned to the family home for visits and holidays.
- Staff told us they felt extremely supported and received excellent training and supervision opportunities to enable them to fulfil and excel in their roles. A staff member told us, "We all enjoy the training and it is reflective of the people we supports needs. We can also request additional training which is always arranged". A professional said, "Staff are very well trained in their role".
- There was a strong commitment to the development of the staff team. Competence and knowledge was integral to ensuring high-quality care and support. Management completed observational supervisions with staff in addition to standard face to face supervision meetings.
- Observational supervisions were made during personal care, active support, peer interaction, activities with people and completion of paperwork. This process had helped identify additional support which one staff member needed in the completion of records. Another staff member received guidance on how to promote people to make choices and decisions. These were then followed up at face to face supervisions

where learning and improvements were discussed.

- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Staff confirmed that the induction process was effective.
- The service were proactive in their thinking and continuously looking to be innovative and person focused in their thinking. For example, the training manager was looking at ways of involving people in staff inductions and the delivery of training.

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

- There was a strong emphasis on the importance of eating and drinking well. People were actively supported to create their own menu's. Likes and dislikes were used to develop these where people were unable to communicate verbally.
- There was a strong focus on encouraging people to take part in shopping for their menu's. A staff member told us, "We used to do food shopping on-line but now we take people to the supermarkets. This promotes independence and gives them access to their community".
- Staff demonstrated a creative approach to enabling people who could not communicate verbally to choose food items. A staff member said, "We show [person's name] items and know that if they stare at it they are saying yes and if they look away they are saying no". Another staff member told us, "We use picture cards to support [person] to choose vegetables, meat and carbohydrates. These are also used in shops to enable [name] to get items from shelves for themselves".
- The service worked with dieticians and the Speech and Language Team (SALT) to assess and support those who had additional needs to eat and drink. This had led to positive outcomes. For example, one person who started to use the service was reluctant to eat and there were concerns relating to their weight. A professional told us, "Staff have worked well with our team and been very creative with their approaches, followed advice and we have seen that [person's name] weight has increased. This is so positive and was very much needed".
- People were actively supported to participate in the preparation and cooking of meals. Staff told us, "It is about finding ways we can support people to be involved and making the activity appeal to them".

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

- Staff, teams and the service were committed to working together to deliver joined up care and support to people.
- The nominated individual told us that they had worked with another provider who required a short-term home for a person during transition in their service. The service had a vacant property and worked with the other provider to allow them to set up a short term tenancy. This was effective and meant that the person did not have to be admitted back into a hospital.
- When people moved to the service they were provided with a pictorial easy read new customer pack. This detailed what iDirect Dorset and Hampshire could support them with in the way they wished to have their care delivered.
- The service worked proactively with children's services and mental health hospitals to support people moving or being discharged from these to live in their own homes within the community. For example, one person had recently moved into their own home from a children's service. iDirect had spent time with the person at their previous home and getting to know them. The service was also working hard to arrange finances through Dosh and access to adult services. Dosh is an organisation who supports people with a learning disability to manage their own money. A professional said, "The service invests a lot of time and resources into people".
- People had access to health care services as and when needed. This included an annual health check

following best practice guidance for people with a learning disability. A professional told us that the service arranges and coordinates hospital transport for people who need it.

- Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. On day one of the inspection a person was being supported to the dentist by a staff member and their relative.
- A health professional said, "We are really impressed by the positive outcomes people have achieved. For example, communication, reduced behavioural incidents and increased weight".
- People had hospital passports which was information about their needs should they transfer to another service such as hospital.

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

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.
- Where the service was unable to meet the care needs of people due to changes in their health or increased behaviour the management team took a pro-active approach. They involved other health professionals to ensure more suitable options could be found.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority.

- The service had a very flexible approach to restrictions it imposed on people and continuously reviewed these. A professional said, "iDirect have been really proactive in reducing restrictions. For example, both increasing and decreasing staff support where necessary and giving people better access to their community".
- Some people using the service were living with a learning disability or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for areas such as personal care, positive behaviour support plans and finance.
- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.

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

- Professionals and relatives told us staff were kind and caring. Relatives and professionals comments included; "Staff are absolutely caring and kind. They are all lovely", and "Staff go above and beyond with [person's name]. They are focused on what is best for people".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. We were told that people were supported to a local Pride event last year and have shown interest in attending this years too.
- Training records showed that all staff had received training in equality and diversity. A staff member told us, "We are all equal and have the same rights as each other regardless of ability".
- The registered manager told us that they had received several compliments. We read some that were recorded. One compliment said, 'I'm delighted with the service. Rosters are sent promptly, and times are as requested. Your staff are lovely. It is easy to contact you. This is very different to what I am used to'.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give people options to support them to make decisions. We understand their needs and observe body language and facial expressions".
- Relatives were pleased with the care their loved ones received. One relative said, "We are very pleased with the care and would absolutely recommend iDirect".
- Where needed the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's front doors before entering. Staff asked consent from people before allowing us to enter their homes and did not share personal information about them inappropriately.
- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff who supported people to live fulfilled lives. A staff member said, "Everyone is involved in some way. For example, meal preparation".
- Staff used approaches which encouraged people to engage and do things for themselves. Staff told us that they all share independence as a core value

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's needs were met through good organisation and delivery.

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

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Care plans were personalised and updated in response to people's changing needs.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and support.
- The registered manager told us that regular review meetings took place with the local authorities, families and people. A relative said, "We are involved in review meetings along with professionals".
- A relatives and professionals told us they received monthly updates. A professional said, "The updates are invaluable, they inform me and the team of what [person's name] has been getting up to and includes photos".
- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. Relatives and professionals told us staff work hard to find appropriate meaningful activities which are matched with their interests and hobbies.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. They worked with people to remove the barriers, for example, using swimming pools during quiet times of the day.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people using the service.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's identified information and communication needs were met. Information and procedures were available in easy read format for example, safeguarding, hospital passports and health plans.
- Communication aids were actively used with people. These included Picture Exchange Communication System (PECS) and photographs. A professional said, "We have seen a huge improvement in [person's name] ability to communicate via PECS and pictures. They are also now actively using a now and next

board".

- A person was being supported to use an eye gaze system.. An eye gaze system is a way of accessing a communication aid using a mouse that you control with your eyes. This was being customised for the person. A relative said, "The eye gaze is really good for [person]. They are now able to say when they are in pain and is able to make better choices".

Improving care quality in response to complaints or concerns

- The registered manager told us that they welcomed complaints and said, "I see complaints as positive. They are a learning opportunity".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome.
- We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- Relatives told us they knew how to raise concerns and make complaints. One relative said, "I'd discuss concerns with the management. They would definitely listen".
- Relatives and professionals told us they had no complaints and felt concerns would be listened to and acted upon.
- An easy read version of the complaint's procedure had been created for people who required additional support to understand information.

End of life care and support

- People's end of life wishes had started to be explored by the service.
- The registered manager understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.
- We were told that preferences relating to people's protected characteristics such as culture and spiritual needs would be captured.

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 registered manager and nominated individual promoted a person-centred culture and had a passion for inclusion and making a difference to people's lives.
- iDirect as a provider had a clear vision which was; 'To enable people to lead a kind of life they have reason to value'. Staff understood this vision and demonstrated it by supporting people in the way they chose to be supported and have access to opportunities that interested them.
- Relatives and professionals were positive about the management of the service. A relative said, "The registered manager is brilliant. They know people well and are a good leader". A professional told us, "The management has been very good. they invest a lot of time in people".
- Staff comments included; "The registered manager is good. They lead us well and manage situations well too. All the managers are approachable and always take any issues seriously." "It is a very helpful organisation. Managers are always available. I would definitely recommend iDirect Dorset and Hampshire as a good place to work".

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

- The registered manager understood the requirements of duty of candour. The registered manager said, "Duty of candour is about apologising and being open and honest. We may follow this if there was a death, serious injury, unusual event or medicine error".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "I am able to offer ideas and suggestions. These are heard and listened to. I suggested that a person should be encouraged to use their own cutlery during meal times and now they are".
- The registered manager had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The provider, registered manager and management team demonstrated a commitment to ensuring the service was safe and of high quality.

- Regular checks were completed by the management team to make sure people were safe and that they were happy with the service they received. These included customer visit checks. A team manager told us that these included; paperwork, healthy eating, activities and interactions between staff and people.
- The provider told us that they had engaged the services of People First Dorset who use a team of trained Quality Checkers who visit a service to see how well it is supporting people with a learning disability. Two locations were visited in November 2018.
- We were told and observed that iDirect Dorset and Hampshire had been awarded a People First Dorset kite mark as a result of them meeting the 11 standards they were checked against.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting.
- Staff and people were made to feel valued. We were told about one initiative where a person made a feedback box at their day service and staff used it in a meeting to write anonymous compliments about each other. These were then read out which made staff feel good about themselves.

Working in partnership with others

- The service worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the local authority clinical lead and learning disability teams.
- Professionals fed back positively about partnership working with the service. A professional said, "iDirect work well in partnership with all of our team. There some really positive outcomes have been achieved".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The registered manager and training manager attended local forums and network groups where initiatives and best practice was shared.