IOTA Care Limited

IOTA Care

Inspection report

1 Upper Knollys Terrace Lane
Milehouse
Plymouth
Devon
PL3 4HZ

Tel: 01752221334
Website: www.iotacare.co.uk

Date of inspection visit:
05 March 2016

Date of publication:
06 April 2016

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 the 5 March 2016 and was unannounced. IOTA Care provides care and accommodation for up to three people with learning disabilities. On the day of our inspection two people were living in the service and one person was staying for respite care. This was the first inspection of IOTA Care since the registration of the service. IOTA Care Limited owns another service in the Plymouth area.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We met and spoke with all three people during our visit. Due to people's complex needs people were not able to comment on all aspects of their care and support. However we were able to meet them and observed staff as they provided support. People used other methods of communication, for example pictures. A relative said; They provide individual care for these young adults."

People's mental capacity had been assessed which meant care being provided by staff was in line with people's best interest. Staff understood their role with regards to ensuring people's human and legal rights were respected. Staff had completed safeguarding training and understood what constituted abuse and how to report concerns. Staff described what action they would take to protect people against harm.

People's medicines were managed safely. People received their medicines as prescribed and received them on time. Staff completed training and understood what people's medicines were for. Staff understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapist. People had access to healthcare professionals to make sure they received appropriate treatment to meet their health care needs such as epilepsy nurses. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

People were relaxed and observed to be happy with the staff supporting them. Care records were detailed and personalised to meet each person's needs. People and / or their relatives were involved as much as possible with their care records to say how they liked to be supported. People were offered choice and their preferences were respected.

People's risks were documented and well managed. People lived active lives and were supported to try a range of activities, for example walking in the park opposite the service and regular day trips to local areas.

People enjoyed the meals offered and had access to snacks and drinks at any time. People were involved in planning menus, food shopping and preparing meals as much as possible. People were supported to say if meals were not to their liking.

People were protected by safe recruitment procedures. There were sufficient numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in activities. Staff received an induction programme. Staff had completed training and had the right skills and knowledge to meet people's needs.

Staff said the registered manager and registered provider were supportive and approachable and worked in the home regularly. Staff talked positively about their roles. A comment included; "I love coming into work."

There were effective quality assurance systems in place. Any significant events were appropriately recorded and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback was sought from relatives, professionals and staff to assess the quality of the service provided.

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

This service was safe.

Staff had the knowledge and understanding of how to recognise and report signs of abuse. Staff were confident any allegations would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks associated with people's individual needs.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Staff followed safe infection control procedures and practice.

Is the service effective?

Good

The service was effective.

People received support from staff who had the knowledge and training to carry out their role effectively.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. People were assessed as required.

People could access appropriate health and social care support when needed.

People were supported to maintain a healthy and balanced diet.

Is the service caring?

Good

The service was caring.

People had formed positive caring relationships with staff.

People were treated with kindness and respect by caring and compassionate staff.

People were encouraged to make decisions and have choices

about their day to day lives and the service used a range of communication methods to enable people to express their views.

Is the service responsive?

Good

The service was responsive. Records of peoples' care reflected their current needs and were personalised.

People received individual personalised care. People received care and support to meet their individual needs.

People had access to a range of activities. People were supported to take part in activities and interests they enjoyed.

The service ensured they had systems in place to address people and relatives concerns and complaints. There was an easy read complaints procedure in place that people could access.

Is the service well-led?

Good

The service was well led. There were clear systems of leadership and governance in place.

There was an experienced registered manager in post who staff and families said was approachable. Staff felt comfortable discussing any concerns with the registered manager.

The registered manager ensured there was a culture of open communication within the service.

There were systems in place to monitor the safety and quality of the service. Audits were completed to help ensure risks were identified and acted upon.

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 checked 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 on the 5 March 2016 and was unannounced.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. Before the inspection we reviewed the Provider information return (PIR). 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.

People were unable to fully verbally communicate with us to give us their views about the service, so we observed how people responded and interacted with staff. We observed care and support in communal areas, and watched how people were supported whilst participating in an activity. During the inspection we met and spoke with all three people who used the service. We spoke to three relatives and three members of staff. We were supported by the registered provider during the inspection and spoke to the registered manager via telephone.

We looked around the premises. We looked at three records which related to people's individual care needs, two records which related to administration of medicines and spoke with staff about the recruitment process and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People who lived at IOTA Care were not all able to fully verbalise their views and used other methods of communication, for example pictures. We spent time observing people and spoke with staff and relatives to ascertain if people were safe. People approached staff and spoke with them with ease. Staff and relatives confirmed they felt people were safe. One relative said; "Absolutely safe there-no problem." Staff said people were kept safe because the service provided one to one staffing.

People lived in a secure and safe environment. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Each person had an up to date personal emergency evacuation procedure in place and risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe.

Staff understood what abuse was and how to report it. The service had safeguarding policies and procedures in place. All staff confirmed they had completed safeguarding training and this was updated. Staff knew what steps to take if they suspected abuse and spoke confidently about how they would recognise signs of possible abuse. Staff said; "I'd have no hesitation report anything!" Staff said they were aware of who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident that any reported concerns would be taken seriously and referred to the appropriate agency, for example the local safeguarding team.

There were sufficient skilled and competent staff to ensure the safety of people. Rotas showed this was achieved. For example, each person was allocated one to one support and all times. There were processes in place to cover staff sickness and any unforeseen circumstances.

People were supported by suitable staff who were recruited safely. Staff confirmed the company's recruitment process. This included appropriate checks undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

People could be at risk when going out with or without staff support. Therefore people had risk assessments in place. Staff spoke confidently about how they supported people when they went out. Staff confirmed they were provided with information and training on how to manage risks for individuals to ensure people were protected. People received individual one to one support and the service liaised with learning disability specialists to support people's individual needs for example Learning Disability Nurses. Staff managed each person's behaviour differently and this was recorded into individual care plans.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager kept relevant agencies

informed of incidents and significant events as they occurred. Staff received training and information on how to ensure people were safe and protected.
People's finances were kept safely. People had appointees to manage their money for example family members. Keys to access people's money were kept safe and staff signed money in and out. Staff confirmed they obtained receipts where possible to enable a clear audit trail of incoming and outgoing expenditure and people's money was audited.

People's medicines were managed safely. All medicines were locked away. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff confirmed they had been trained and understood the importance of the safe administration and management of medicines.

People were kept safe by a clean environment. Staff followed safe infection control procedures and current guidance. All areas we visited were clean and hygienic. Protective equipment such as gloves and aprons were readily available to reduce the risk of cross infection. Staff had completed infection control training and were aware how to protect people.

Good

Is the service effective?

Our findings

People were supported by a staff team that were skilled and knowledgeable and effectively met people's needs. Staff confirmed they received training to support people in the service for example, epilepsy training. A relative said; "They care for people and always seem interested in them as individuals." Another said; "This (the service) is a good find. Lovely place."

Staff completed the company's induction programme that included shadowing experienced staff. Staff confirmed they had sufficient time to read records and worked alongside experienced staff to fully understand people's medical, care and physical needs. Training records showed staff had completed training to effectively meet the needs of people. For example epilepsy training. Discussions with staff showed they had the right skills and knowledge to meet people's needs. The registered provider confirmed staff would complete the Care Certificate (a nationally recognised induction training course for staff new to care) as part of their training. Ongoing training was planned to support staff member's continued learning and was updated when required. Staff said; "Plenty of training given and I can also ask for extra if I want it."

Staff received appraisals and supervision. Team meetings were held to provide staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at team meetings. Records showed staff discussed topics including how best to meet people's needs effectively.

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. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People's mental capacity had been assessed as required. People's care had been discussed with relevant professionals and family, which meant care being provided by staff was in line with people's best interest. We spoke to the registered provider and staff about their understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had undertaken MCA and DoLS training and were aware of the assessment process to follow if it was assessed people may need to be deprived of their liberty and freedom.

The registered provider confirmed they continually reviewed individuals to determine if a DoLS application was required. They confirmed people had been subject to a DoLS application to prevent them from leaving the service alone to keep them safe. However some applications had not yet been authorised.

We observed staff asked people's consent before providing care. For example, staff said they always asked for people's consent before starting to meet any personal care. They would wait for a sign the person was happy to continue. We observed staff asking a person if they'd like assistance with their food and saw the staff member waited for a response. Staff also said they encouraged everyday choices if possible, such as if people where wanting a shower or what they wanted to eat and they were aware when to support people who lacked capacity to make every day decisions.

Staff received handovers when coming on shift and completed a daily record to help ensure important information was passed on. Staff confirmed they had sufficient time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people.

People had access to local healthcare services and specialists including speech and language therapists. Staff confirmed discussions were held regarding changes in people's health needs as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed. Staff discussed one person, who had appeared unwell recently, and how they contacted the GP for advice and support. This person then attended hospital for test and had now been given the all clear. Care records held information on people's physical health and detailed people's past and current health needs as well as details of health services currently being provided. Each person had a "Hospital Passport", which included information about their past and current health needs. This was developed for each person to be used in the event of an admission to hospital. This information had been developed in line with best practice to ensure people's needs were understood and met within the hospital environment.

People made choices on what they wanted to eat and drink and had access to the kitchen at all times. Menus were discussed with individuals when needed. People were encouraged to prepare their own drinks where possible. People who required it had their weight monitored and food and fluid charts were in place when needed. People had any special diets catered for and staff were familiar with people's individual nutritional needs.

We observed staff offering people a choice of food and drinks and their preferences were respected. We observed people being supported by staff when required and nobody appeared rushed. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged.

Good

Is the service caring?

Our findings

People were treated with respect and staff were caring and showed compassion to each person. Staff were friendly, patient and discreet when offering or providing support to people. For example, one person took a long time to leave the service to attend an activity they had chosen. Staff were observed being patient and understanding showing they fully understood this person's routine before leaving the service. We observed and heard positive interactions between staff and people when they were being supported. Staff asked people before providing care to ensure the person concerned understood and felt cared for.

Relatives spoken with all agreed the service was caring and provided very good individual care to people. One said; "We have seen some very good progress in the time [...] has been living there. We are very impressed."

We observed the staff chatting and interacting with people throughout our visit. Staff were aware people's anxiety and provided reassurance when needed. We heard staff ask people if they were "OK" or required support. These interactions clearly pleased people as they smiled and we observed it helped them feel more relaxed and happy.

People had support from staff who had the knowledge to care for them. People had their care records updated by the staff regularly. Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices to help promote their independence. Staff involved people and knew what people liked and disliked and what they enjoyed doing. Staff knew people's particular ways of communicating and supported us when talking with people. For example, one person had a picture board to choose what they wished to do that day.

Staff knew the people they cared for well for example who liked to lie in bed later and how people liked their drinks, who enjoyed a bath and who enjoyed a shower.

People's needs in relation to any behaviour issues were clearly understood by the staff team and met in a caring positive way. For example, one person became anxious at times. Staff interacted and provided reassurance to this person and reduced their anxiety. This person soon settled and interacted with staff in a positive way.

People were supported to express their views and encouraged to be actively involved in making decisions about their care. Advocacy services were used when needed to support people who were unable to do this independently.

People had their privacy and dignity maintained. Staff understood what privacy and dignity meant in relation to supporting people. For example, one person liked to spend time on their own in their own room and this was respected. We observed staff respecting people's privacy and dignity by knocking on bedroom doors and closing bedroom doors when carrying out personal care.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking, for example one person liked to wear particular clothes whatever the weather. Staff told us they always made sure people dressed smartly particularly if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to.

Staff showed concern for people's wellbeing. For example, one person who required regular fluids was offered additional drinks to help maintain their wellbeing. Staff were attentive and responded quickly to people's needs, for example people who became upset received prompt support from staff.

People's relatives and friends were able to visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate. A relative said; "We are always made to feel welcome. It's been lovely to go there and spend some time with […]. It is very much a home not somewhere where people just live, very family run feel to it."

Good

Is the service responsive?

Our findings

People were not fully able to express their views with planning and reviewing their own care and making decisions about how they liked their needs met, however they were involved as much as possible. People had guidelines in place to help ensure any specific needs were met in a way they wanted and needed. This enabled staff to respond to people's needs in situations where they may require additional support. Staff were aware when people were anxious or upset and staff responded quickly and followed written guidance to support people. One relative said; "[…] can get anxious, but he has been very settled since moving in and always looks happy and contented."

People had information that told staff about each person's life history, what interested them and how they chose and preferred to be supported. Staff said records had been put together over a period of time by the staff who worked with people, often family members, who knew them well. Regular reviews were carried out on care plans and the guidelines in place to help ensure staff had the most recent updated information to respond to people.

People with limited communication were supported to make as many choices as possible. Staff informed people of the choices on offer to assist people. People had pictures of activities they had taken part in and staff showed people these to enable them to choose. People's choices were respected. We observed one person choosing their trip out during our visit. All relatives said they were happy with the variety and number of activities that where provided.

People were supported to develop and maintain relationships with people that mattered to them. For example, records showed family members and friends visited often. People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led active social lives and participated in regular activities that were individual to their needs. People had designated one to one support to partake in activities inside the service and in the community. We saw people going out for a drive and then for lunch during our visit.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example, when the service opened the management sent neighbouring homes a letter introducing themselves and offering people to visit or call about the service they offered. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff said they are always on the lookout for new activities for people to try. This was evident when we observed staff talking to each other about an activity that may be of interest to one person.

The complaints procedure was available in a picture format so people could understand it. Relatives confirmed any issues raised were always dealt with. The registered provider confirmed they had not received any complaints. However they discussed the process and fully understood how to respond promptly and thoroughly to investigate complaints in line with the service's own policy. The registered provider confirmed that appropriate action would be taken and the outcome recorded and fed back to the

complainant. Staff told us that due to some people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had would be communicated to the registered manager or registered provider and were confident they would be dealt with. Family spoken to said they had never needed to raise any concerns.

We saw staff regularly checked with people to see if they were well and happy with the care and support being provided. We heard staff saying, "Are you OK?" One person had been unwell recently and the service had responded by providing extra support including contacting GP's for advice.

Good

Is the service well-led?

Our findings

There was clear evidence of good governance and leadership at IOTA Care. There was a registered manager in place to manage the service. The service and company had clear values including: "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." This helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training and people received a copy of the services core values. Staff said; "The management are very very approachable" and "Brilliant people to work for." A relative said; "[…] and […] (the registered provider and registered manager) are both caring and passionate people. They understand my relative's needs and are approachable." Another said; "We have a very good relationship with both (the registered manager and registered provider) it's very well led and well run."

People were provided with information and were involved in the running of the home as much as possible. The registered manager and registered provider took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. We spoke to the registered manager via telephone and were supported by the registered provider throughout the inspection. They demonstrated they knew the details of the care provided to people, which showed they had regular contact with the people who used the service and the staff. Both the registered manager and registered provider were currently completing the local authorities Leadership and Management Accredited training course to continue with their own professional development.

Resident meetings were not held due to people's needs. However the registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. These would then be reported to the appropriate people, for example GP's or placing authorities.

We discussed the duty of candour with the registered provider. They were aware of the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of 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 and apologise when things go wrong.

Staff spoke highly of the support they received from the registered manager and registered provider. Staff said the registered manager and registered provider made themselves available and all agreed they are approachable and very good at leading and working alongside them when needed. Staff confirmed they were able to raise concerns and agreed that they would be dealt with immediately. Staff agreed there was good communication within the team and they worked well together. Staff felt supported by both the registered manager and registered provider.

Staff demonstrated they were motivated and dedicated to provide a good service. Some staff had worked for the provider for a long time and shared the philosophy of the management team. Regular staff meetings were held to enable staff to comment on how the service was run. This allowed open and transparent

discussions about the service and updated staff on any new issues, gave them the opportunity to discuss any areas of concern, and look at current practice. Meetings were used to support learning and improve the quality of the service. All staff agreed they were able to contribute to all discussions. Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice. The home had a whistle-blowers policy so staff could raise concerns about practice.

There was a quality assurance system in place to drive continuous improvement within the service. Surveys had not yet been sent out as the service had been running for less than a year however; family members were encouraged to make suggestions and to express their views and opinions through meetings with the service. The registered provider confirmed they still actively sought feedback from relatives, staff and other agencies. They also undertook a range of audits and safety checks to assess and maintain the quality of the service safety. A health and safety checklist was in place, which included regular checks of equipment, vehicles, and cleanliness of the environment. The registered manager also completed regular audits of people's individual finances, medicines and care records.

The company used an independent visitor to audit the services provided. The visitor was a person who had experience within the care setting. They had reviewed areas within the service including people's involvement in the service; looked at any complaints received and reviewed staffing levels. Feedback had been provided to the registered manager and registered provider which was then acted on. This provided an independent overview of the service to help maintain the quality of the service provided.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.