

IOTA Care Limited

IOTA CARE

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 

Overall summary

The inspection took place on 6 March 2015 and was unannounced. IOTA Care provides care and accommodation for up to four people with learning disabilities. On the day we visited three people were living in the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is also the joint provider of the service.

People were not able to fully verbalise their views and used other methods of communication, for example pictures and symbols. During the inspection we observed people and staff relaxed in each other's company and there was a pleasant atmosphere. A relative commented; "I can't praise them (the service) highly enough."

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriately training and

Summary of findings

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 GPs and dentists. People were supported by the local behavioural support teams for people with learning disabilities.

People's care records were comprehensive and personalised to meet each person's complex needs. Staff understood people's individual needs and responded quickly when needed. People were involved as much as possible with their care records to say how they liked to be supported. People's preferences were sought and respected.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input to planning menus and their feedback had been listened to and acted on.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as hospital consultants and GPs. Staff acted on the information given to them by professionals to ensure people received the care they needed to maintain their health and social care needs.

Staff knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated.

Staff described the registered manager and provider as being very supportive, very approachable and very hands on. Staff talked positively about their roles. Comments included; "Brilliant place to work." And "Can't fault either (The joint owners) of them - they work alongside us."

People needed one to one staffing at all times and staff agreed there were always sufficient staff to meet this requirement. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. New staff received a comprehensive induction programme. People were protected by safe recruitment procedures.

There were effective quality assurance systems in place. All significant events and incidences were document 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 to assess the quality of the service provided was sought from people living in the home, relatives, professionals and staff. Relatives were confident that any concern or complaint raised would be handled appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe. There were sufficient skilled and experienced staff to support people.

Staff had a good understanding of how to recognise and report signs of abuse.

Risk had been identified and managed appropriately. Risk assessments had been completed to protect people.

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

Good



Is the service effective?

The service was effective. People received individual one to one support from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access appropriate health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet and the service used a range of communication methods.

Good



Is the service caring?

The service was caring.

Staff were caring and kind and treated people with dignity and respect.

People were involved in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Good



Is the service responsive?

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure which family members knew how to use if they needed to.

Good



Is the service well-led?

The service was well led.

There was an experienced registered manager and provider in post who were both approachable.

Good



Summary of findings

Staff were supported by the registered manager and provider. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

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 6 March 2015 and was unannounced.

Prior to the inspection we reviewed 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.

During the inspection we met or spoke with all three people who used the service, the registered manager and provider and three members of staff. We also contacted three relatives and one health care professional who had supported people within the service.

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

Is the service safe?

Our findings

People who lived at IOTA Care were not able to fully verbalise their views and used other methods of communication, for example pictures and symbols. People had complex individual needs and could display behaviour that could challenge others. We therefore spent time observing people for short periods and spoke with staff and relatives to ascertain if people were safe. A relative commented; “Absolutely - I have no doubts and know my son is safe.”

IOTA Care provided a safe and secure environment for people. 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. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. Records included up to date personal evacuation plans for each person. Visitors were required to sign in and staff checked the identity of visitors before letting them in.

The provider had safeguarding policies and procedures in place. Posters were displayed to provide information and contained contact details for reporting any issues of concern. Staff received safeguarding training. Staff were fully aware of what steps they would take if they suspected abuse and spoke confidently about how they would recognise signs of possible abuse. They felt assured that reported signs of suspected abuse would be taken seriously and investigated. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately. Staff said, “We can speak to either person (the registered manager and provider) anytime.”

People received individual support and the service liaised with behavioural specialists to support people who displayed behaviour that could be perceived as challenging to others. Staff managed each person’s behaviour differently and this was recorded into individual care plans. There were sufficient skilled and competent staff to ensure the safety of people. For example staff had completed training in breakaway techniques to help keep people and staff safe. Care plans detailed the staffing levels required by a person to keep them safe inside and outside the service. Rotas showed this was achieved. For example, staffing arrangements were in place to help ensure each person had two or three members of staff available to

enable the person to carry out an activity in the community safely. Clear protocols were in place for staff to follow to keep people safe. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances.

People could be at risk when going out therefore each person had up to date risk assessments in place. For example, where people may place themselves and others at risk, there were clear protocols in place for managing these risks. Staff spoke confidently on how they supported people when going out. Staff confirmed they were provided with information and training on how to manage risks for individuals to ensure people were protected. The registered manager, provider and staff were all involved in reviewing each event and made changes to ensure incidents did not re-occur for example, avoiding very busy areas.

Incidents and accidents 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. For example healthcare professionals visited people within their own home as individuals found visiting hospitals difficult. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example if people had an episode of behaviour that challenged the staff, this was discussed with the behavioural support teams.

The service had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Training records showed medicines training had been delivered to staff. Staff understood the importance of safe administration and management of medicines and only suitably trained staff administered medicines. Records showed medicines were managed safely and were stored, given to people as prescribed and disposed of safely. Medicines administration records (MAR) were in place and had been correctly completed. Staff were knowledgeable

Is the service safe?

with regards to people's individual needs related to medicines. Staff discussed how one person's behaviours were monitored and additional emergency medicines were given if people became very anxious.

Is the service effective?

Our findings

People lived in a home that was regularly updated and maintained. The registered manager talked through recent upgrades in the home and further upgrades planned to ensure people lived in a suitable environment. The registered manager confirmed the home was suitable for the people who lived there and any adaptations needed would be carried out. One relative said; “This is a perfect environment for my son.”

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff completed a full induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. The registered manager and provider told us staff received appropriate ongoing training for example autism and epilepsy. This helped ensure staff had the right skills and knowledge to effectively meet people’s needs before they were permitted to support people. Staff said; “I shadowed for nearly a month, did some training and completed an induction programme before I worked alone.” Ongoing training was planned to support staffs continued learning and was updated regularly.

Staff confirmed they received one to one supervision and yearly appraisals. Staff said they had opportunities to discuss any concern they had during these meetings. Team meetings were held to provide the staff with the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve.

Staff had a good understanding of the main principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA is about making decisions and what to do when people cannot make decisions for themselves. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after that person safely.

The registered manager, provider and staff recognised the need to support and encourage people to make decisions and choices whenever possible. The registered manager and provider confirmed each person was subject to a DoLS authorisation as people were restricted from leaving the home to keep them safe. Each application recorded the people involved in the decision making. Staff understood

and were aware of people’s legal status. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and included other professionals. Records showed discussions had taken place within best interest meetings to determine any possible risks for people. One relative confirmed attendance at a best interest meeting where they supported their son.

Staff sought people’s consent before providing care. Staff said they encouraged everyday choices if possible and we observed staff offering people what they wanted to eat for lunch. Staff knew when to involve others who had the legal responsibility to make decisions on people’s behalf. A staff member told us how they gave people time and encouraged people to make simple day to day decisions. For example, what activities they wished to partake in. However, when it came to more complex decisions such as one person using a social network site, they understood health or social care professionals needed to be consulted. This helped to ensure actions were carried out in line with legislation and in the person’s best interests.

Staff received handovers when coming on duty and were given time to read people’s individual communication book. This recorded activities and tasks to be completed during each shift and updates on people’s general well-being, for example it recorded when one person had a “low mood”. This information helped to ensure the staff provided effective support to this person. Staff confirmed discussions on changes in people’s health needs as well as any important information in relation to medicines or appointments.

People spent time with staff in the communal kitchens and were encouraged to make choices and partake in preparing snacks and drinks. People could choose what they would like to eat and drink. People had their specific dietary needs met and people had access to pictures of meals they could choose to have. People had detailed mealtime routines in place to enable the staff to meet people’s needs effectively. Staff confirmed the use of pictures and symbols to assist people with meal choices. Staff demonstrated they knew how people communicated and encouraged food choice when possible. Staff planned the menu including using pictures of food to complete menus. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. People’s weight was monitored and

Is the service effective?

food and fluid charts were completed for people who required their intake monitored. This helped to ensure people remained hydrated and received adequate nutrition.

People had access to local healthcare services and specialist consultants. Psychiatrists were regularly involved with people and GPs carried out regular visits and annual health checks. Records showed when one person's needs changed, the staff made referrals to relevant health services for support. The registered manager and provider consulted with external healthcare professionals, for

example, the behavioural support teams, when completing risk assessments for people. If people had been identified at risk of seizures, guidelines had been produced by the epilepsy nurse specialist for staff to follow. Staff understood what to do in an emergency. This helped to ensure people's health was effectively managed. A healthcare professional confirmed the staff kept them up to date with any changes to people's needs. For example one person had been unwell and the staff had contacted them to arrange a review.

Is the service caring?

Our findings

People were supported by caring staff who treated people with patience, kindness and compassion. Staff spoke with people when they provided care and asked people if they agreed and were happy with the support provided. We observed staff providing care and support to each person during our visit. Staff informed people what they were doing at every stage and ensured the person concerned understood and felt cared for.

A relative recorded on a survey returned to the service when asked about the care the service provided; "...this has resulted in our son making progress in his health."

Staff interacted with people in a caring way throughout the inspection. For example, if people became anxious or upset very quickly, staff responded to reassure people and provided information to help settle them. One person when asked if the staff were kind said "yes" and smiled to show they were happy.

Relatives told us they were happy with the care and support people received. Comments included; "The care they provide is excellent. Everyone working here is very caring particularly when they (the people who live in the service) become anxious."

Staff were very knowledgeable about the people they cared for. Staff understood how to meet people's needs and knew about people's lifestyle choices and respected people's diversity. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated one key staff member which helped to develop positive relationships. This worker was responsible in ensuring the person had updated care recorded to help ensure all staff had updated information on people.

People's well-being in relation to their health care was clearly documented. Care records held health action plans and hospital passports detailing people's past and current health needs as well as details of health services currently being provided. Health action plans and hospital passports helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups.

People's needs in relation to their behaviour were clearly understood by staff and met in a positive way. For example, one person asked to go out. Staff involved them in planning where they would like to go and checked to ensure it provided a suitable environment for people. Another person who was anxious on the day of our visit was provided with additional support and information to prepare for a trip planned later in the day. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. This helped to ensure people's wellbeing was being monitored and acted upon.

People were supported to express their views and be actively involved in making decisions about their care and support. People were provided with one to one support to involve them in planning and completing their own care routines. Care plans were personalised and reflected people's wishes. For example, one person had a clear mealtime routine and information was recorded on how the person may react if the routine was not followed. Staff were also aware due to people's changing needs this routine needed to be reviewed daily. Staff knew people well and what was important to them such as their structured daily routines on all areas of their care. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA). This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People were supported to maintain relationships with family members who visited regularly and were very much involved in people's lives.

People spent time with their families in their private rooms. Staff understood what privacy and dignity meant in relation to supporting people with personal care. We observed staff knocking on people's bedroom door to gain entry and people were always involved and asked if they were happy we visited them and met them. Staff demonstrated their respect for people's privacy by ringing the main house bell to gain access to the home.

Is the service responsive?

Our findings

People were involved as much as possible in planning and reviewing their own care and making decisions about how they liked their needs met. People had guidelines in place to help ensure their specific behavioural needs were met in a way they wanted and needed. Staff knew when people were upset or becoming agitated and staff followed written guidance to support people.

People had a 'This is me' folder that told a brief story about the person's life, their interests and how they chose and preferred to be supported. Staff said plans had been put together over a period of time by the staff who worked with the person who knew them best. Regular reviews were carried out on care plans and behavioural guidelines to help ensure staff had the most recent updated information to respond to people.

A relative said; "We attend our son's review, involved in the care plan and encouraged to make suggestions."

People had a "service user approach" form held in their individual file. This helped staff respond to people's behavioural needs in situations where they may require additional support by showing staff the approach and response required to keep people safe. For example if people used websites and made contact with people unknown to them it showed the staff how to approach the subject and support that person.

People's choices were respected. Staff confirmed people's choices and decisions were respected including if they wanted a bath or shower, what they wanted to wear and what they wanted to eat and drink. Staff used pictures and symbols to assist people with choices. For example, one person wrote things down and another pointed to pictures to make choices.

People were supported to develop and maintain relationships with people that mattered to them. For example people had access to the internet to contact relatives and friends. One person had staff support when they visited their relative who lived some distance away.

People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led very active social lives and participated in activities that were individual to their needs. We saw people going out or planning a trip out in the evening during our visit. Guidelines were in place to assist staff in responding to people's needs in different situations for example when traveling and people's involvement in different activities.

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. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable. Pictures displayed around the service confirmed people visited places they enjoyed attending such as walks within local areas.

The complaints procedure was displayed in a picture format so people could understand it. Complaints had been responded to promptly and thoroughly investigated in line with the service's own policy. Appropriate action had been taken and the outcome had been recorded and fed back to the complainant. People had limited verbal communication and used other methods of communication, for example limited sign language therefore were unable to tell us who to contact if they needed to raise a concern or make a complaint. However the registered manager, provider and staff told us they listened to people and monitored people's behaviour for any changes that may indicate they had concerns. Staff confirmed any concerns they had would be communicated to the registered manager and provider and were confident they would be dealt with.

Family members were encouraged to make suggestions and to express their views and opinions through meetings with the service. Relatives were confident they would be listened to and action taken if needed. One survey returned recorded; "IOTA responds to our concerns." A relative told us; "Never had any complaints."

Is the service well-led?

Our findings

The service was managed effectively and had clear values including; “providing individualised person centred care and support and encouragement to maximise independent living skills”. These values were incorporated into staff training and induction. Both providers (one being the registered manager) took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation. For example the registered manager and provider both took on different roles in the running of the business for example one took responsibility for staff training.

Staff had a good understanding of their roles and responsibilities and said they were well supported by the providers. Staff told us both providers were available and approachable and worked alongside them on the staff rota. They were able to raise concerns and these were dealt with in a timely and satisfactory way. Staff said there was excellent communication within the team and they worked well together. Staff comments included; “It’s a small team and we work closely together” and “They (the providers) are available 24/7 for advice and support.”

A healthcare professional, who was involved with the service, and relatives, confirmed the service was well led. Relatives told us; “Can’t praise it (the service) highly enough. They are both (the providers) easy to talk to and contact. Yes it is very well led.”

The service used an independent visitor to audit the service provided. The visitor was a person who had experience within the care setting. For example they looked at areas within the home including people’s involvement in the service, looking at any complaints received and reviewed staffing levels. This provided an independent overview of the service to help maintain the quality of the service provided.

Staff meetings were held to enable open and transparent discussions about the service, and allowed staff to make comments on how the service was run. This updated staff on any new issues and gave them the opportunity to discuss current practice. Staff told us they were encouraged and supported to participate.

There was a quality assurance system in place to drive continuous improvement within the service. For example there was a programme of in-house regular audits including audits on care plans and medicines. Audits were carried out in line with policies and procedures. Feedback from one relative on a quality assurance form included; “IOTA Care places its service at the centre of our son’s needs.”

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 seek additional support if needed to help reduce the likelihood of recurrence.

The provider had also signed up for the “Social Care Commitment”. The Social Care Commitment's website states; “employers and employees will sign up to seven statements which the Department of Health see as playing a key role helping to improve the quality of care and support offered in England raising public confidence in services provided in their communities.” The primary purpose is to “ensure public confidence that people who need care and support services will always be supported by skilled people who treat them with dignity and respect”. The certificate awarded to the service was displayed showing the service’s commitment and tasks completed to be awarded this certificate. The registered manager and provider said they had signed up to this to promote the service’s commitment to providing a high quality service.