

IOTA Care Limited

# No 19 Respite House

## Inspection report

19 Mount Gould Road  
Plymouth  
PL4 7PT

Tel: 01752221334

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service

No 19 Respite House, known as No 19, is a respite service for adults with learning disabilities and/or autistic people. It is registered with the Care Quality Commission to provide accommodation and personal care for up to three people at any one time. At the time of the inspection there were three people staying at the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Right support: Model of care and setting maximises people's choice, control and Independence.

People were able to choose how they spent their time and were supported by staff to take part in activities and pursue their interests in their local area/community. People were supported and encouraged to be independent and staff had a good awareness of people's needs and preferences. However, we found more work was needed to embed the principles of the Mental Capacity Act 2005 (MCA).

Right care: Care is person-centred and promotes people's dignity, privacy and human rights.

Staff knew people well and understood how to communicate effectively with people. Staff spoke to people in a dignified and respectful way and it was clear from our observations that people and staff had developed good relationships. However, people's care and support plans were not always reflective of their range of needs.

Right culture: The ethos, values and attitudes of managers and staff helped to ensure people using services were enabled to lead confident, inclusive and empowered lives. The registered manager and staff spoke passionately about promoting people's wellbeing, safety, and security. Staff understood their role in making sure that people came first, and their care and support was tailored to their individual needs and preferences.

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

### Rating at last inspection

This service was registered with us on 03 July 2020 and this is the first rating inspection.

### Why we inspected

This was a planned inspection for a newly registered service.

### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and governance at this inspection. We have also made recommendations in relation to deprivation of liberties safeguards (DoLS) and staff induction.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

# No 19 Respite House

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

No 19 Respite House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also looked at statutory notifications we had received. These are events or important information that the service must tell us about, by law.

#### During the inspection

We spent time with and spoke with two people living at the service and the relative of the third person. Two members of staff, the registered manager and the nominated individual / owner of IOTA Care Limited. The nominated individual is responsible for supervising the management of the service on behalf of the provider. To help us assess and understand how people's care needs were being met we reviewed three people's care records. We also reviewed records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives and one healthcare professional.

# Is the service safe?

## Our findings

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

This is the first rated inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People were at risk of avoidable harm as staff did not have all the information needed to meet people's needs safely. For example, one person who was staying at the service on a regular basis, had been diagnosed with Epilepsy. There was no care plan or risk assessment in place regarding the management of the person's epilepsy or seizure activity. Staff had not been provided with any written guidance on how they should manage or mitigate these risks. We discussed what we found with the registered manager who said staff had received training, but they were waiting for information to be provided by a specialist nurse. Following the inspection, the registered manager confirmed a care plan and risk assessment was in place.
- People were not always protected from risks associated with their environment. During a tour of the property, we noted that several doors within the service had not been fitted with a fire door closure. A fire door closure is a mechanism designed to keep a door shut during a fire to prevent the spread of smoke and flames. We discussed what we found with the nominated individual who was not able to tell us why these had not been fitted prior to opening the service. Following the inspection, the nominated individual confirmed that all doors had been fitted with a suitable closing device.
- People's medicines were not always stored or managed safely.
- Medicines management and administration posed a risk to people as systems did not follow good practice and guidance from the Royal Pharmaceutical Society. For example, medicines were not being dispensed from their original packaging. One relative was placing their relations medicines in a weekly compliance aid prior to their respite stay. This is known as 'secondary dispensing' and introduces a risk to the safe management of medicines.
- Records showed that one person staying at the service had been prescribed rescue medicines to be used in the management of their Epilepsy in an emergency. At the time of the inspection staff had not been provided with any written guidance on how and when they should administer this medicine. We discussed what we found with the registered manager who told us staff had received training, but they were waiting for a copy of the epilepsy protocol to be provided by the nurse specialist. Following the inspection, the registered manager confirmed that a protocol was now in place.
- Medicines needing extra security were not being stored correctly. Following the inspection, the registered manager confirmed action had been taken.
- There were systems in place to audit medication practices. However, they had not identified the issues we found at this inspection.

The failure to mitigate and manage risks relating to people's complex care needs, the environment and medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people's health, safety and well-being were managed safely. The service obtained information about people's care needs and associated risks prior to their arrival. Care records provided guidance for staff about how to provide support to minimise these risks.
- The premises and equipment were maintained, and safety checks were undertaken in relation to the environment and the maintenance and safety of equipment.
- Staff told us they had received training in the safe administration of medicines.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe and looked forward to staying at the service. One person gave the service 'two thumbs up' and said, "I like coming here". Another said, "I feel very safe and if I had any concerns, I would tell [registered managers name]". A relative said, "I do not have any concerns about [person's name] safety".
- Staff had received training in safeguarding adults. They were aware of their responsibilities and knew what action to take should they suspect a person's safety or welfare were at risk. One staff member said, "If I suspected anyone staying here was at risk, I would contact the manager or the local authority".

#### Staffing and recruitment

- People were protected by safe recruitment processes.
- Systems were in place to ensure staff were recruited safely and records confirmed a range of checks including references and disclosure and barring checks (DBS) had been requested and obtained prior to new staff commencing work in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were deployed in sufficient numbers to meet people's assessed needs.

#### Preventing and controlling infection

- People were protected from the risk and spread of infection.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Due to the nature of the service provision (respite support), people staying at the service did not have regular visitors. However, we were assured the provider was able to facilitate visits for people staying at the service in accordance with the current guidance.

#### Learning lessons when things go wrong

- Systems were in place to identify any learning opportunities. For example, the nominated individual told us that accidents and incidents were recorded and reviewed to identify any learning which may help to prevent or reduce reoccurrence.



# 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 rated inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and experience to meet their needs safely. The provider monitored staff training on a training matrix. The training matrix provided to us identified gaps in the training some staff had received. Following the inspection, the provider told us training was staggered to prevent staff being overwhelmed and allocated according to staff's experience, their roles and people's specific needs.
- The registered manager told us that all staff had completed an induction at the start of their employment. We found induction documentation could not be relied upon as this had not been fully completed.

We recommend the provider reviews the systems in place to ensure all staff have completed an induction which specific to the service and the people they support.

- Staff had opportunities for regular supervision and appraisal of their work performance.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Restrictive interventions were not regularly monitored, and the management team did not have a good

understanding of the DoLS process. We found this lack of understanding had led to one person having restrictions placed upon them without a legal basis or framework in place to support these. For example, one person, who was regularly staying at the service, was funded and received 24 hrs one to one supervision. At the time of the inspection the service did not know if the local authority had made a deprivation of liberty application to the Court of Protection or if they should apply for an urgent authorisation under the DoLS process.

Whilst we found no evidence that people had been placed at a disadvantage. We recommend the provider seeks advice about the DoLS process from a reputable source and ensures the proper documentation is in place.

- Staff had a good understanding of consent and the principles of the MCA.

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

- People's needs were assessed before they started using the service. Information from these assessments were mostly (see safe section of this report) used to develop individualised support plans and risk assessments which provided staff with guidance about how best to meet those needs in line with people's preferences.

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

- People told us they enjoyed the food provided and could make decisions about what they ate and drank and when. One person described how they had been involved in deciding what they would like to eat.
- Mealtimes were flexible dependent upon what people were doing each day and people could help themselves freely to snacks or drinks throughout the day and night.
- People were encouraged and supported to maintain a balanced healthy diet and staff had a good awareness of people's dietary needs and preferences and these were catered for.

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

- People received support to manage their health and physical care needs and were encouraged/supported to engage with a range of healthcare services.
- Staff supported people to attend appointments and care records described the advice provided by healthcare professionals, such as specialist nurses and GPs, to ensure people's healthcare needs were understood by staff. For example, records showed staff were working closely with family and healthcare specialists from Derriford Hospital relating to an impending medical procedure.

Adapting service, design, decoration to meet people's needs

- No 19 is a terraced house, situated in a quiet residential area close to the town centre and Barbican. We found the design and layout of No 19, was suitable and appropriate to meet the needs of the people staying there. The accommodation was set over two floors with bathroom and toilet facilities. There were two communal kitchens a dining room area and two lounges where people could sit and chat if they chose. The service was clean, free from clutter and nicely decorated.

# 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

- People told us they looked forward to staying at No 19 and we saw people were treated with kindness and were supported by staff who had a good understanding of their individual needs.
- Support plans contained information about people's past, likes, dislikes, cultural and religious beliefs and staff used this information to build positive relationships and support people to make decisions about how they like to be supported during their stay.
- The service respected people's diversity and staff understood how to deliver care in a non-discriminatory way.
- Relatives spoke positively about the care and support people received. One relative said, "[person name] received very good support from the staff". Another said, "the service they provide is excellent and has exceeded our expectations".

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

- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support through regular meetings, surveys and feedback at the end of each stay. One person said, "I'm able to choose what I do or where I go".
- The registered manager and staff regularly asked people if they were happy with their support and if there was anything they wanted to discuss or change.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to play a part in the planning of their care and the running of the service during their stay. Staff described how they supported and encouraged people to develop their daily living skills by helping them to take part in household tasks such as shopping and meal preparation.
- People's right to privacy and confidentiality was respected. For example, staff were seen to be discrete when talking with people or discussing people's needs.
- People's personal records were kept secure and confidential and staff understood the need to respect people's privacy including information held about them.

# Is the service responsive?

## Our findings

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

This is the first rated 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

- People received individualised care and support in a way that was flexible and responsive to their needs. For example, people were still able to attend work placements, medical appointments or day centres during their respite stay if they wished to do so.
- Support plans were mostly informative (please see safe section of this report) and described the person's skills as well as the support needed from staff and/or other services.
- Each person's support plan contained a risk management plan which guided staff on how to support people in managing their complex needs in a way which caused the least amount of distress. As well as a one-page profile; these were designed to provide staff with all the essential information about a person under simple headings, 'How best to support me'; 'Things I like'; 'Things I dislike' etc. This enabled staff to support people the way they wished.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans identified people's communication needs and guided staff in how they could support people to understand any information provided.
- The provider had developed information in an easy read format. For example, house guidelines, information on how to use the facilities as well as prompts for completing personal care. This helped to ensure that people had access to the information they needed in a format they could understand.
- Staff had a good understanding about how people communicated and used this knowledge to support people to make choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to develop a full programme of individualised activities during their stay. For example, people were supported to develop and increase their independent living skills, such as preparing and cooking meals or taking part in a wide range of activities like going to the cinema, the theatre or swimming. The services notice boards were full of ideas and let people know what was happening in and around Plymouth and the surrounding area.

- People were supported and encouraged to maintain relationships with friends and family during their stay.

#### Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint and felt able to raise concerns if something was not right. One person said they would speak to the manager or staff if they were unhappy.
- The complaints procedure was displayed within the service in an easy to read format with pictures and photographs of who to talk to.
- Relatives knew who to contact and were confident the registered manager would address any concerns.

#### End of life care and support

- No one was receiving end of life care or support at the time of the inspection. Whilst this was not a service that was provided, support plans contained information about the person's health care needs as well as emergency contact details for relatives. This helped to ensure people's wishes could be known and respected in an emergency.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a variety of systems in place to assess, monitor and drive improvement through regular audits and spot checks. The nominated individual described how this framework helped to monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.
- We found systems and processes to monitor the service were not undertaken robustly. This meant they were not always effective; did not drive improvement and could not be relied upon as a source to measure quality and risk and did not identify the concerns we found at this inspection. For example, in relation to the management of risks, people's medicines, DoLS, staff induction and fire safety.

Systems were either not in place or robust enough to demonstrate the service was being effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff demonstrated a shared passion for promoting people's wellbeing, safety, and security. We saw people had choice and control and were involved in decisions made about their day to day care and support during their stay.
- Staff spoke positively about the leadership of the service and told us they felt listened to, appreciated and supported in their role. One staff member said, [registered managers name] is brilliant and only wants what's best for the people we support". Another said, "I enjoy working for this company, all the managers are supportive".

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 was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

#### characteristics

- Relatives and staff were encouraged to share their views and could speak to the registered manager or provider if they needed to. One relative said, "they always make themselves available for us. I can pop in at any time if I need to have a chat or just after a bit of advice".
- There were a variety of ways in which people could provide feedback on the service. These included annual surveys, face to face meetings or over the phone.

#### Continuous learning and improving care; Working in partnership with others

- Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of services.
- The nominated individual told us that concerns and complaints were listened to and acted upon and would be used as an opportunity to improve the services provided.
- Regular meetings and handovers helped to ensure learning was shared between teams.
- The registered manager had good working relationships with partner agencies which promoted good outcomes for people. This included working with people, their relatives, commissioners as well as other health and social care professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were exposed to the risk of harm as care and treatment was not always provided in a safe way.</p> <p>The provider failed to store people's medicines safely and to established safe processes to manage people's medicines</p> <p>The provider failed to ensure that risks relating to the environment were being effectively managed or mitigated.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the safety and quality of the service.</p> <p>The provider had failed to maintain accurate, complete and contemporaneous records for each person living in the home.</p> <p>Regulation 17 (1)(2)</p>