

# iDirect Independent Living Limited

## iDirect

### Inspection report

21 Great Cranford Street  
Poundbury  
Dorchester  
Dorset  
DT1 3SQ

Tel: 01305259075

Date of inspection visit:

27 November 2019

17 December 2019

18 December 2019

20 December 2019

Date of publication:

06 April 2020

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

iDirect provides personal care and support to people living in their own home or their family home. People using the service included people living with a learning disability, autism and/or mental health conditions. At the time of our inspection, there were 9 people being supported by the service who received personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Where they do we also consider any wider social care provided.

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

Following the last inspection, people's experiences had improved significantly and they now received outstandingly effective and responsive care and support from a well led and constantly improving service.

Without exception everyone we spoke with or had feedback from was full of praise for the service and its staff.

There was a strong and knowledgeable provider and management team who led by example and who were committed to continually monitoring and developing the service. The provider, management team and staff were passionate about the service. The service was forward thinking and innovative and worked creatively with outside organisations to promote the well-being of people with learning disabilities, autism and mental health needs. They focused on the principles of citizenship and being part of the community and constantly worked with people to achieve this. People, relatives, and staff worked together to support and develop the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes and be valued as citizens. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received a truly person-centred service which promoted excellent outcomes for them. This included supporting their independence and control over their own lives. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.

Staff were highly skilled and motivated. Staff had an in-depth knowledge of the people they supported and

worked with them to improve their quality of life. They provided flexible care and support in line with a person's needs and wishes.

People were safe and risks to people were identified, assessed and managed safely with an enabling and empowering focus so no one was restricted. Staff supported people to take positive risks and were flexible in their approach.

There were enough staff to meet people's needs safely and recruitment processes were robust with people included so they had a say about who might be employed to support them.

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

The last rating for this service was Good (published 15 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

Going forward we will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Outstanding.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Outstanding ☆

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# iDirect

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by two inspectors. One different inspector visited the service and people on 27 November, 17 and 18 December 2019.

This service is a domiciliary care and supported living agency. It provides personal care to people living in their own houses and flats, or their family homes. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

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

Inspection activity started on 27 November 2019 and ended on 20 December 2019. We visited the office location on 27 November 2019 and 17 December 2019.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection-

We visited the office on 21 November 2019 and 17 December 2019. We visited two people in their own homes on 17 November 2019 and two further people on 18 December 2019. We spoke with 11 staff including the registered manager, deputy manager, team leaders, support workers and the training manager. We also met with the registered provider. We reviewed two people's care records. The registered manager provided us with additional information about what the service did well and what they were proud of.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data, partnership working and quality assurance records. We spoke with two relatives of people who used the service. We sought feedback from commissioners, health and social care professionals by email. One staff member provided feedback via our website and another by email.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and relatives were confident that people were protected from harm. One person told us, "I always feel safe with staff".
- Staff had completed training in safeguarding people from harm and abuse. Staff we spoke with were clear about their responsibilities to report concerns and were extremely confident that action would be taken if concerns were raised.
- There were effective safeguarding policies and procedures in place. Staff also received children's safeguarding training.

Assessing risk, safety monitoring and management

- The service was safe because people were supported by a motivated staff team. Safe practice was seen as a result of knowing people really well, along with what each person was capable of and how staff could support them to remain safe.
- There was an empowering culture that encouraged positive risk taking. People were supported to live their lives as they chose and in ways that promoted their independence. For example, for one person, significant risks were identified, and clear guidance was available for staff to support the person and keep themselves and others safe. The approaches identified were positive and focussed on ways of educating the person, so they felt in control, on reducing their anxiety and maintaining a calm and safe environment in a specific situation. This approach supported safe outcomes for the person, other people and staff. This had resulted in the person being able to explore and develop personal relationships.
- The positive risk taking was led by the person. For example, one person had reduced the amount of support they received at night. They told us "I used to have staff at night. They're now just there if I need them. I feel I can just say when I need them". They gave an example of when they felt uncomfortable overnight and staff were with them within 20 minutes. The person told us this was the first time they felt confident and safe to be left alone as they had always been constantly supervised in other settings and in their own home.
- Positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge themselves or others. People were actively involved in any decision making about any physical intervention that may be required.

Staffing and recruitment

- People continued to be supported by stable staff teams. There were good levels of staff retention and there were enough staff to support the people using the service. People told us they were involved in choosing the staff they worked with. This involved them meeting potential staff at a 'meet and greet' in a

café after they had been interviewed by managers. People and support staff then gave feedback to managers if they felt the potential staff would be a good match. One person told us, "If I like them at the meet and greet they are contacted and come and do some shadow shifts. When I first met [staff name] I just knew that we'd hit it off." A relative told us, "[Person] has a very stable staff team that [person] gets chance to meet them and they shadow for at least a good week."

- We sampled one staff member's recruitment file and staff continued to be recruited safely.

#### Using medicines safely

- Medicines continued to be managed safely. There were effective systems for ordering, administering and monitoring medicines.
- Staff administering medicines were trained and had their competency assessed regularly.
- People said they received their medicines when they needed them.
- Where safe to do so, people were encouraged to manage elements of their own medicines. This promoted people's independence.

#### Preventing and controlling infection

- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Records showed staff had received training in infection control.

#### Learning lessons when things go wrong

- There were systems in place to ensure all safeguarding, accidents and incidents were recorded, investigated and action taken.
- The provider and registered manager ensured all accidents and incidents were analysed for trends and patterns. Learning logs were completed and the learning was shared with the staff teams. The learning and any subsequent actions were reviewed during observations, staff supervisions and team meetings.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People and relatives told us people were supported by very skilled and competent staff. One person said, "They are very professional" when talking about staff skills and knowledge. One relative told us the staff team were very knowledgeable and they had confidence the staff had the skills and training to support their family member.
- Staff told us, and records showed they received a variety of core training. Staff training was also developed and delivered around people's individual needs. For example, staff received specific training in mental health, positive behaviour support, total communication, clozapine awareness, autism, epilepsy, intensive interactions, Makaton. In addition, highly person specific personalised training had been provided by psychologists and mental health professionals.
- People's relatives or representatives had delivered specific training to people's staff teams. This was because they knew people best and to make sure that the training was personalised to meet the person's needs. For example, for one person with complex health needs, the transition from the family home to independent living was difficult time for all of them. Working with the family to deliver training and staff shadowing relatives meant the relative's and individual's anxieties were greatly reduced. It built trust, openness and confidence for our staff and the person's relatives. This resulted in a successful transition for the person into their own home with the relatives and staff team working together.
- People, their relatives and representatives were invited to and had attended staff training. This had resulted in people and or their representatives being better equipped to understand how staff should be supporting them and assisted them with making important decisions. For example, after attending training one person was able to make an informed decision about staff using physical intervention. This person was able to understand what it physically felt like when staff used a physical intervention correctly. This meant they felt able to raise concerns if any physical interventions did not follow the guidelines. This has also meant the person has successfully lived independently and managed their crisis episodes in the comfort of their own home with staff they trust, rather than having to go back into hospital.
- As a result of attending training, another person was able to fully understand the contraindications with their essential medicines and this meant they could manage their own medicines the first time in many years and they were no longer fearful of doing this.
- The training programme was also tailored to the individual needs and learning styles of staff. For example, one staff member was provided with additional support to be able to attend training.
- There was an excellent support and appraisal system for staff. For example, staff received monthly one to one supervisions and in addition managers also observed staff providing personal care, active support, peer interaction, activities with people and completion of paperwork. The observation of staff working with

people and their peers was an integral way of ensuring high quality care and support.

- Staff were supported and encouraged to develop new skills and to progress within the organisation. All staff following their probation period, were offered the opportunity to complete level 3 to 5 qualifications in health and social care. One staff told us because of this support and investment in them, they had been able to progress to a more senior role within the organisation.
- Staff knew people extremely well and how to best meet their needs. They used the training they had received to support people and provide excellent outcomes and a good quality of life.

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

- Assessments were unique to each person and contained information and guidance specific to each person's needs and wishes. The service was holistic in its approach to the assessment, planning and delivering care and support. A staff member told us, "The support plans are clear and easy to follow and it's nice to see they employ a holistic approach to meeting their [people's] needs." Assessments and support plans had been completed in detail and in a format that each individual could understand. For example, one person's plan included their Makaton signs they used. This meant the person was able to indicate whether they were happy with what was in the plan and the support they were being provided with.
- People told us they had been fully involved and listened to. One person told us about their regular planning and review days at the office. Information was produced in a variety of formats that was accessible to each individual. For example, some people found it easier to use drawings on flip charts when they were developing their care plans.
- People's relatives had also been involved where people were not able to communicate their preferences. People and relatives also told us staff were very skilled about supporting them to identify and set realistic and achievable outcomes.
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included exploring their assigned gender roles, sexual orientation and perceptions of disability. This has resulted in one person we met being comfortable with their gender identity and sexual orientation. They told us staff helped them to understand about themselves and appropriate relationships.

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

- People and staff told us they planned their menu and did their food shopping together each week. There was a strong emphasis on the importance of eating and drinking well. People were actively supported to create their own menus. Likes and dislikes were used to develop these where people did not communicate verbally.
- Staff worked proactively with specialists such as SALT (Speech and Language Therapists) to make sure that where people needed modified diets they still had plenty of choices of foods and drinks. Staff worked proactively with the SALT team to add in new foods when one person's SALT plan was restrictive with the foods they could eat. Positive feedback had been received from SALT teams about the different approaches used by the staff teams.
- Some people needed some support to make their food preferences known and staff had explored different ways for them to do this. For example, one person was shown different plates of foods to choose from and others used pictures and photos to make their choices.

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

- There was significant evidence to demonstrate that links with health and social care services were excellent especially where people had complex behaviours or health needs.
- People and families told us they were supported to transition into the service. There was a very proactive approach to working with children's services, other providers and mental health providers to make sure

people had a smooth transition. One person told us the service worked seamlessly with their new mental health support team when they moved into the area. They said this had meant they felt extremely well supported, confident and able to make decisions about how they were supported and lived their life. They said they felt able to plan for their future.

- People had access to health care services as and when needed. This included an annual health check following best practice guidance for people with a learning disability.
- Each person had a hospital passport that included important information about them that other professionals needed to know in an emergency.
- People were enabled to make informed decisions about their health and were supported by staff to do this. For example, one person needed guidance and information when making a health decision because of contraindications of their medicines. They successfully achieved the changes they wanted to make and subsequently was leading a much healthier lifestyle.
- Some people had very complex physical and/or mental health needs. People's health needs were fully assessed and planned for, to make sure they received the care they needed. Staff ensured people experienced a level of care and support which promoted their wellbeing and meant they had a meaningful and full life.
- The service had reached out to local dental practices to support them with producing some easy read information for both people who used the service but also others in the community.
- All health and social care professionals praised the partnership working by the management and staff teams in meeting people's needs effectively. One professional fed back to us, 'They have offered a support service that has been incredibly flexible, specifically around service user choice of staff ...this is something others struggle with in my experience.'

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA.

- Staff continued to have an excellent understanding of the MCA and when the principles should be applied. These principles were the starting point for all support decisions for people. Best interests decisions were in place where needed.
- Two people told us staff always sought their consent.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. Staff had developed caring and respectful relationships with people and their wider family networks. They understood each person's family dynamics and provided compassionate care to continue to support this. For example, staff supported a person and their parent who was also receiving care services to spend time together safely. They were also able to support the person to be able to take on some of the caring and support responsibilities of their parent previously undertaken by other family members.
- Relatives told us their family members were extremely well supported by the staff. Staff ensured that people were supported to maintain relationships with others who were important to them. The registered manager also had regular meetings with people and their families.
- Staff spoke of people with a passion, fondness and genuine concern for their wellbeing and their happiness. They were so proud of people's achievements and progress. They were able to describe how the way they had cared for and supported people had changed some people's lives beyond recognition. This was supported by people and their families who also described the changes in their lives. One person told us, "I have never been so happy in my life and I'm so happy with things to look forward to."
- The service recognised people needed to be supported by staff who they could build positive relationships with and whom they could trust. Staff were matched with people based on skills, experience and interests. People responded well to this as they could share their interests and meant they could enjoy their favourite activities more often. For example, one person told us it was extremely important to them that staff were comfortable with, and liked, their pet. They said this was very much a deciding factor as to whether a staff member joined their team. Another person regularly attended church and wanted to employ a staff member who would be happy to attend with them. For a third person, it was important that staff members with particular names were not employed. This was because the person had anxieties around particular names due to their past experiences.
- People's cultural and spiritual needs were fully respected and encouraged by staff and seen as an integral part of their lives. Staff sought information about people's life histories, experiences and culture so they could better understand them. This was particularly important for those people who had spent long periods of time in institutions.
- Those people who did not communicate verbally were very relaxed with staff, they actively sought staff and communicated with them. There was genuine affection and warmth between people and staff.

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

- People were consistently supported by the same members of staff. This meant staff knew people very well and had an excellent understanding of how people communicated and expressed themselves. Staff adapted their approach to ensure people could make decisions about their care and support. For example, staff utilised different communication techniques, so people could make choices about their day. A relative told us they observed staff using PECS (Picture Exchange Communication Systems) to give their family member a choice of two or three activities each day. They told us, "The service is very much led by [person]".
- People and family members had been involved in care planning and had been given the opportunity to share information about their or their family member's life history, important relationships, likes, dislikes and preferences. Support plans took into account people's disability, age, gender, sexual relationships, religion and cultural needs.
- People had access to advocacy services and the service was very proactive at making referrals. For example, an advocate was involved in a best interest decision for one person in relation to their end of life care planning. Another person had an advocate when looking at where they should live.
- People who wanted to were supported to register to vote and supported to understand local and national politics by the use of easy read information produced by the service. One person had not previously voted because they had not understood. They felt empowered to know that their vote mattered and that they had had their say. They told staff they would now vote in future elections.

#### Respecting and promoting people's privacy, dignity and independence

- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were genuinely pleased to be at work. People were treated respectfully and were involved in every decision possible.
- People's privacy and dignity in relation to personal care was respectfully maintained. For example, new staff undertaking shadow shifts did not support people with their personal care until a trusting relationship had been established. This was very much led by the person who was asked to inform existing staff when they were happy for new staff to support them. Where people did not communicate verbally existing staff waited until the person showed they were comfortable with the new staff.
- People and relatives told us staff provided both practical but also emotional support to people and their family members.
- There was a strong and exceptionally positive focus on promoting people's dignity and independence to enhance their lives and wellbeing. Staff and people were able to give us multiple examples. For example, people told us about how they had been supported to become more independent in terms of managing their day to day lives, their health and feeling safe enough to think about reducing the support they needed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was a very strong focus on enabling people to be part of the community and ensuring that people knew their rights as citizens.
- People were living full and active lives in their homes and in the community. People gave us examples about how they spent their time. This included following their own interests and hobbies but also going to local groups. For example, one person told us they went to a local art group, swimming and bingo.
- People were involved in their local community through the community credit scheme and volunteer jobs. This scheme supports people with learning disabilities find fulfilling voluntary roles. For every hour volunteered, they receive a credit note, which can then be exchanged at various local businesses for activities or food and drink.
- Some people who used the service had developed friendships with each other through the social events organised by the service. People told us they actively chose to spend time together in each other's homes and in the community. One person told us, "I feel part of the community for the first time in my life." A relative told us their family member was very active and lots of energy. They said, "[Person's] out virtually every day and has lots of opportunities to do things...sometimes I can't get hold of [person] because they're out and about so much."
- Some people were struggling to access public transport independently. As part of exploring ways of supporting people, staff discovered the 'First Bus cue cards' which are a set of cue cards that people can discretely show drivers showing what support they need from them. This had led to people being able to access public transport without staff support for the first time.

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

- People who were able to spoke extremely highly of the service they received and felt that it met their needs in every aspect of their support.
- The service and staff displayed an extremely person-centred approach which was reflected in assessments and care plans and evidenced in the care and support people received. Each person was regarded as an individual, with their own social and cultural diversity, values and beliefs.
- People's support was planned proactively and in partnership with them. There were creative and innovative ways of providing highly personalised care. For example, one person's health needs changed prompting them needing additional emergency health support in specific circumstances. Staff activated a health application on the person's smart phone, so that the person's parents were also automatically contacted at the same time as emergency services. This meant the person's parents were informed

immediately and they able to provide support and reassurance to the person.

- Another person liked to use plastic bags to make fiddle and flapping items. This was so they could self sooth themselves when they were feeling anxious or upset. However, at times this presented risks as the person could put the items in their mouth. The staff sourced edible plastic bags so the person could safely use their preferred fiddle materiel.
- The service operated an effective out-of-hours on call service for both people and staff. People told us that when they had unsupported time and they wanted reassurance they could just phone and speak to the team leaders or managers on call.

### Meeting people's communication needs

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

- Information was available in a variety of formats to meet the communication needs of those using the service. People's plans included how they communicated and if they used any communication aids or systems. We saw evidence that people's identified information and communication needs were met. Information and procedures were available in easy read format for example, safeguarding, hospital passports and health plans.
- Communication aids were actively used with people. These included Picture Exchange Communication System (PECS) , photographs and sign language.
- The service had been very innovative in developing individualised communication systems. For example, one person had wanted to explore ways of letting staff know they were feeling worried or unsafe when out in the community. Together they developed a system of flash cards so the person could alert the staff to how they were feeling. This was so staff could discretely support the person in the situation without making other people aware.

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

- People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monthly review meetings, regular surveys and other meetings held with people and relatives. The provider had recently introduced an easy read accessible computer application that people could give feedback using a computer tablet.
- People were given information about how to make a complaint and they and their relatives were confident any complaints they made would be listened to and acted upon in an open and transparent way.
- People and relatives said they would have no hesitation in raising a concern. A relative said, "I can't fault them, they are brilliant. If there is anything I raise they sort it out straight away."
- Complaints had been dealt with appropriately by the registered manager and used as an opportunity to improve the service. Learning was shared in team meetings and staff supervisions. Following addressing the issues identified from one complaint the service had received a compliment.

### End of life care and support

- Some people had completed advanced care plans. Where people were not able to give consent to these plans their representatives, staff and professionals were consulted. The plans considered where people would want to be cared for if there were any significant changes in their health. They also considered, where appropriate, what people's wishes were including what the arrangements for their funeral, such as what songs were important to them and choosing the colours of flowers.
- The service had received compliments from professionals in relation to the efforts they had made at being innovative in the ways they sought the views of one person in terms of their wishes. This was because the

person did not communicate verbally, and staff had explored and repeated different ways of establishing their wishes.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a proven track record of achieving good outcomes for both people and the community. For example, people being continually actively involved in reviewing and planning their services had resulted in a reduction of support for some people who had previously required 24 hour support. The provider and management team were focused on both promoting the independence of people and redirecting funds back to service commissioners. This was so funds could be utilised to support other people.
- The culture of the service was exceptionally positive and enabled people to live how they wanted to. It was clear that people were at the heart of the service and staff were focused on providing an extraordinary standard of personalised support.
- The registered manager worked with commissioners and social care professionals to discuss the use and benefits of ISF's (Individual service funds). iDirect was the first provider in Dorset to use ISFs. ISFs were used to look at what a person can 'do' rather than just looking at a budget for support. This way of working increased people's independence, supported them to make links within the community and identify natural support that all people can utilise within their communities. Working with people in this way has also saved a significant amount of public money, where support has been reduced and monies have been returned to local authorities.
- There was a very strong emphasis on supporting people to be citizens and the service followed the principles of the seven keys to citizenship, which celebrates people's differences whilst being respected as an equal and being a valued part of the community. The principles focus on purpose, freedom, money, home, help, life and love. The provider had held a recent event that people, their relatives, advocates and staff were involved in reviewing the current service against the seven key areas and they developed an action plan in response. The event had been independently facilitated by the author and developer of the citizenship for all principles. In addition, the provider also funded a separate event for other care providers and People First so the whole community benefitted from the principles.
- The provider has determined that they will only support a maximum of 35 people from each service. This is so the management team remains able to have personal oversight and involvement with each person they support.
- The provider's two services worked closely together to ensure people living in Dorset and Hampshire were able to remain in the local area. For example, one young person's current placement was ending unexpectedly, and the two services worked together to source both emergency and long term accommodation and support.

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 provider and management team were open and honest with people. They acknowledged their errors and made clear plans to address any shortfalls, so they improved people's experiences. This was demonstrated in their response to a complaint by one person's relatives.

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

- The registered manager and senior team had effective oversight of what was happening in the service, and when asked questions were able to respond immediately, demonstrating an in-depth knowledge in all areas. Newly developed electronic quality systems had also been introduced. The system included ways of seeking people's views during quality checks at their homes. The system was internet based so the provider had immediate access to the results of any quality assurance checks and had oversight of any actions required.

- Learning logs had been developed. These were completed by staff following any incidents or people trying new experiences. Staff reflected on what went well, what did not go well, what they could have tried and what they would do in the future. The management team then reviewed these and shared the learning with teams.

- There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff fed back the great sense of teamwork and the strong focus in personalised care and support for people. Staff told us they worked as a team under the leadership of the management team and provider. Comments from staff included; "They are very professional, compassionate and fair...I cannot praise the company enough", "Managers always help out" and "[Name] is my line manager and I feel amazingly well supported. I can phone whenever, everyone has been amazing with support."

- Staff told us there was a very open, no blame and learning culture at the service. They gave examples such as where there had been medicines errors. Staff told us they had been well supported if they had needed to whistle blow or raise any concerns.

- There was a strong emphasis on continuous improvement for staff and the service. There were robust quality assurance systems and checks in place.

- Improvement plans were developed from the findings of the quality monitoring systems in place. For example, actions were taken in response to the 7 keys to citizenship surveys undertaken with people.

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

- People's views were sought via surveys, reviews and they attended their staff team meetings. People and staff contributed to the monthly newsletter which people and staff received.

- People and relatives told us the registered manager was visible and known to them and approachable. We saw the management team were professional, kind, caring, passionate about their roles and that they knew people extremely well including their relatives.

- People First quality checkers assessed the service and awarded their 'kite mark' which means they would recommend the service to others. This is where a team of trained quality checkers visit a service to see how well it is supporting people with a learning disability. The team are people with a learning disability who have experience of using a similar service to the one being checked. Where any recommendations were made these were followed up by the management team.

- Staff told us they felt valued and listened to. They had recently participated in an event facilitated by an independent person. At this event staff had the opportunity to feedback to the provider and managers what was going well but also what was not going so well and needed to improve. There was an action plan produced in response to the feedback.

- The provider told us, "Staff are the heart and eyes of this organisation." Following feedback from staff about levels of staff engagement, a 'staff forum' had been introduced.
- The provider listened to people and staff and acted wherever possible. For example, staff rates of pay were being reviewed and improved as a result of feedback from people who used the service.
- The provider was extremely proud of the service and had total confidence in the registered manager and management team. They told us, "If they are ringing me with a problem they always have at least two possible solutions for us to consider."

#### Working in partnership with others

- Professionals fed back that there was a very positive working relationship with the service and that the communication between them was very effective.
- A social care professional told us, 'We have always found iDirect Dorchester to be forward thinking and innovative in the way they support people with learning disabilities.'
- The provider had strong principles of improving service for local communities. For example, they worked with the local authority and housing providers to source housing for people with learning disabilities and or mental health needs regardless of whether they used iDirect services or not. The provider had also linked with local private landlords and supported one person to remain in their local area rather than move back in with their parents. This meant they were able to remain within a community they loved as well as keeping their independence which is very important to them. This success story was reported on national radio. The provider had helped with another care provider in sourcing housing for one person in crisis. In addition, the service had benefited both local dentist surgeries and the public by providing them with easy read information about oral healthcare. This helped raise awareness and accessibility for people and their dental surgeries.
- The management team regularly attend local forums and network groups where initiatives and best practice are shared.