

Ms Nawal Abdualla Bobakar Taha

Inspire (UK) Care

Inspection report

41 Southey Avenue
Sheffield
South Yorkshire
S5 7NN

Tel: 01142323333

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Inspire (UK) Ltd is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing care and support to 28 people.

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

People and their relatives were generally happy with the care and support they received. However, most people and their relatives told us call schedules were poorly managed, which sometimes lead to late or missed visits. Since the last inspection the provider had moved many of their record keeping and quality assurance systems to an electronic system. Due to poor integration of the new system, it was not always effective at monitoring the quality and safety of services provided and we found a number of record keeping gaps in people's care files.

People told us they felt safe in the company of staff and practices which promoted safer recruitment decisions had improved. Staff were trained to administer people's medicines and most people received their medicines as prescribed. People were supported by staff who were competent and skilled. Staff asked people for their consent before providing them with any care. People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People consistently told us staff were kind and they mostly received support from the same core group of staff, which promoted good continuity of care. People's care plans provided clear instructions for staff to follow on how to meet their needs. Staff provided personalised support and actively encouraged people's independence whilst delivering care. However, information contained in people's care plans did not always support staff with this practice, such as recording which tasks people could do for themselves and what they needed support with.

Most staff told us the registered manager was supportive and operated an 'open-door' policy. The registered manager and staff were keen to deliver a high-quality, person-centred service. During and after the inspection the registered showed they were committed to addressing our concerns.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 16 October 2018) and there were two breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/sustained, and the provider was still in breach of one regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three inspections.

Why we inspected

This was a planned inspection based on the date of registration of the service.

Enforcement

We have identified breaches in relation to the systems of governance.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Inspire (UK) Care

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 carried out by one inspector.

Service and service type

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

The service did have a manager registered with the Care Quality Commission. This means 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 October 2019 and ended on 28 October 2019.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority.

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.

During the inspection

We spoke with the two people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager. We reviewed a range of records. This included care records and staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and what actions they had taken in relation to feedback.

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 requires improvement. At this inspection this key question has remained 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.

Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment procedures were established and operated effectively. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider followed safe recruitment procedures. They completed pre-employment checks to ensure new staff were suitable and of good character.
- There were enough staff employed to ensure people's needs were met. However, most people and their relatives spoken with said call schedules were not always well-managed. Comments included, "The main issue I have with Inspire Care Ltd is time keeping", "[Staff] were turning up at whatever time they want. We have reduced the calls now. We are not happy" and "[Staff] have not turned up, turned up late, turned up early, things like that. I get the feeling they are trying their best, but something is just not quite right. Staff are all lovely but Inspire UK Ltd are just not that organised."
- People and relatives also commented when calls were late or missed, these changes were not always consistently communicated to them. This was discussed with the registered manager and they assured us the service will continue to improve in this area.
- People recognised that staff continuity had improved since the last inspection and there were less changes to people's care team. One person said, "It was happening all the time before, staff were coming and going. There was no continuity. I am getting the same staff now. I now get told who is coming in the last month or so."

Assessing risk, safety monitoring and management

- Risk to people's health, safety and well-being were assessed and measures were in place for staff to reduce or remove the risks. These were specific to individuals. Risk assessments were reviewed and amended to ensure they reflected people's changing needs.
- Since we last inspected the provider had implemented an electronic system, which enabled the office team to monitor people's care in real-time. Each carer used their mobile telephone to log when calls were started, finished and what care tasks they had completed. The system generated alerts when calls had not been attended or support tasks were incomplete.
- The provider employed a dedicated staff team based at the office to monitor people's care and respond to

alerts. We found as not all staff were using the new system appropriately, it was not always effective at monitoring care delivered. For example, we saw not all staff were recording on the system when calls had been completed.

- The registered manager explained they were still in the process of supporting staff to integrate the use of new technology into their caring role and once completed, monitoring systems would be effective.

Using medicines safely

- Most people received their medicines as prescribed and staff were trained to administer them safely.
- Staff recorded when they administered people's medicines through the mobile application. We saw instances where staff had failed to log on to the mobile application, which lead to gaps in administration records. Through the provider's monitoring system, the office team were alerted to any missed recordings and most gaps had been followed up by the office team.
- The registered manager assured us gaps in administration was a record keeping issue. We found no evidence of serious harm, but we expect further improvements in this area.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- We saw a policy on safeguarding vulnerable adults was in place and the management team were clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.
- There were no recorded safeguarding concerns since the previous inspection.
- The provider had systems in place to ensure accidents and incidents were recorded and reviewed to identify any learning which may have helped to prevent a reoccurrence.

Preventing and controlling infection

- The provider had a policy and procedure in place for controlling the risk of infection spreading. Staff confirmed they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people in line with infection control procedures.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager assessed people's needs before they started using the service, to check the service was suitable for them. A personalised care plan was then written. People and their relatives were involved in this process, so care could be delivered in accordance with their needs and preferences.
- When call schedules were well-managed people and their relatives were generally happy with the care they received from Inspire (UK) Limited. Comments included, "Every need I have asked for my mum they have met. To be honest, they put my mind at rest, as I am particular about my mum's care. We had a bad service before this one and Inspire are nothing like that", "No complaints with the staff, they are really good" and "I've had good care from all the carers. They have always been pleasant. I couldn't fault them really."
- For people who received support with eating and drinking, feedback confirmed they were happy with the support they received. They told us staff prepared meals of their choice and provided them with encouragement to eat and drink enough. People's eating and drinking care plans lacked detail about their likes and dislikes.

Staff support: induction, training, skills and experience

- Staff received appropriate training and support to undertake their jobs effectively. Ongoing support was also provided to staff through supervision, observations and appraisals. Most staff told us they felt supported by the registered manager.
- New staff received a comprehensive induction when they started working at the service.

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

- Staff worked with other organisations to support people to maintain their health. Staff sought advice from health and social care professionals, such as GPs, social workers and district nurses, when required. When we asked one staff member about the new electronic care plans they said, "I like it. I think it is actually a better system as all the information is there, like GP and nurses' details."

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 a person's deprivation of liberty.

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

- People had signed their care records to show they consented to their care and support, if they had the capacity to make this decision. People also told us staff obtained their consent before providing care.
- Assessments of people's capacity to make decisions about their care and support were completed where this was appropriate. Where people lacked capacity to make decisions about their care, staff consulted with appropriate individuals such as people's family members to ensure decisions were made in their best interests.
- Staff had undergone training in the MCA and clearly demonstrated their practical awareness of the need to gain consent before providing care. We were satisfied the service was acting within the principles of the MCA.

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 good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff were kind and caring. They felt well treated by staff who listened to them and were friendly and approachable.
- People told us they knew their regular carer workers well and said they had built positive relationships with them. Comments included, "[Family member] has the regular four to six staff, which they get on really well with. [Family member] likes them coming round" and "When the carers do come my mother does like them", "You get to know the carers like they are friends" and "I've found all the staff to be very helpful and willing."
- People were involved in developing their care plans. The registered manager visited people in their homes to assess their needs and draw up a plan of care. People confirmed they were actively involved in this process, and where appropriate, people's relatives had also been consulted. One person said, "Yes, I feel involved in care planning. The manager came out a few weeks ago."
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- People's care records did not always promote people's ongoing independence by clearly recording which tasks people could do for themselves and what they needed support with. For example, in one person's care plan it said staff were to support them to shower twice a week to wash their hair, but the care plan did not provide staff with the information necessary to know how much or how little support they preferred with this task. Although care plans needed to improve, people told us staff supported them to remain as independent as possible.

Ensuring people are well treated and supported; respecting equality and diversity

- Through talking to people and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met.

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

- People's care plans contained some person-centred detail and described the support staff needed to provide during each care visit and they were easy to follow. People's care plans could be further improved by including more information about their life history and their preferences.
- Despite our concerns about the quality of people's care plans, staff clearly knew the people they were supporting well and therefore were still able to provide person-centred care.

Meeting people's communication needs

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

- People's communication needs were assessed when they started using the service and their care plans provided clear guidance to staff about how to communicate effectively with people.
- The provider was able to provide information to people in alternative formats if this was required.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- We were satisfied complaints had been appropriately investigated by the registered manager. The registered manager maintained an overview of any complaints received via a complaints log.

End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care. The registered manager told us they had systems in place to document a person's preferences and priorities for care when they reached the end stages of their life and health professionals would be consulted as part of this process.

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 requires improvement. At this inspection this key question has remained requires improvement. This meant the service management was inconsistent. Leaders 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- Since we last inspected the service the registered manager had improved their recruitment practices and training program for staff. However, we found continued issues with calls-schedules, care plans and medicine administration records.
- This was the third consecutive inspection where we received feedback about people's call-schedules being poorly managed. We saw instances where this placed people at an increased risk of not having their needs met. This shows management actions taken to date to improve this aspect of the service have not been effective.
- The provider moved a number of their record keeping and quality assurance systems to an electronic system. The registered manager told us the new system once embedded, would provide the office team with real-time information about people's care and through the alerts system, it would enable the service to be responsive to risk. One staff member said, "The system is good and more person focussed because you are more concerned about the individual's well-being. Before there was no real monitoring system in place so you won't know if there is a problem until after the fact, which wasn't really good enough. The new system means we are more responsive."
- However, at the time of inspection it was evident the new system was not always being operated effectively by staff, which lead to inconsistencies in people's care records. Due to record keeping gaps on the system this meant many of its key benefits could not be fully realised by the registered manager, such as generating accurate performance reports or finding out how many care calls were missed within a specified period.
- The provider understood the service needed to improve and demonstrated they were committed to addressing areas of concern.
- Most staff said they felt supported by the registered manager and they felt confident raising concerns

should they need to. One staff member said, "I'm in touch with [registered manager] all the time. The communication is good. If you have any problems, she is very supportive." Another staff member said, "If I wasn't sure I can always ask [registered manager]. [Registered manager] has a good hands-on teaching approach which suits my learning style."

- We received some comments where staff had not always communicated effectively with each other and did not feel supported by the registered manager. We discussed these comments with the registered manager during the inspection. The registered manager assured us they maintain an 'open door policy' to all staff and through regular supervisions and team meetings they promote a safe and person-centred culture at the service.

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

- The registered manager understood their role and responsibilities in relation to the duty of candour. This is a set of expectations about being open and transparent when things go wrong.
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

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

- The provider had mechanisms in place to gather feedback about the service. The registered manager consulted with people and their families before they transitioned to an electronic system. For people who favoured hard-copy records, the registered manager arranged for staff to complete both hard copy and electronic records.

Working in partnership with others

- The provider had links with the local community and key organisations to the benefit of people who used the service and to help with the development of the service.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided.</p>