

Inn Care Limited

# Inn Care Ltd

## Inspection report

342a Summer Lane  
Birmingham  
B19 3QL

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Inn Care Ltd is a domiciliary service which provides personal care to adults with a range of support needs in their houses and flats. At the time of this inspection the service was supporting two people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider's auditing processes needed improvement to ensure records contained enough information to guide staff about people's support needs. People and their relatives were able to give feedback about their care in a variety of ways. Examples included satisfaction surveys and spot checks monitoring staff performance.

People were protected from abuse and relatives told us their loved ones received safe care. People received support from a regular staff team and staff were recruited safely.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. People told us that staff wore PPE when coming into their homes. At the time of the inspection the service was not supporting anyone with the administration of medicines.

People's needs were assessed and staff with the right skills helped to meet these. Staff received appropriate training to assist them in their role. There were enough staff to support people's needs and relatives told us they saw the same care workers who were usually on time. Staff supported people with their eating, drinking and to access healthcare support.

There was an enthusiastic, positive and caring culture amongst staff at the service. Staff had good knowledge about the people they supported and told us they enjoyed working at the service. People were cared for by staff with sincerity, kindness and compassion and in a calm unhurried manner. People's independence was promoted and respected.

People 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.

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 19 March 2018 and this is the first inspection.

#### Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was 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 well-led.

Details are in our well-Led findings below.

# Inn Care Ltd

## 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 people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. A registered manager with the Care Quality Commission 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 May 2021 and ended on 28 May 2021. We visited the office location on 25 April 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections .

During the inspection

We spoke with the relatives of two people who used the service about their experience of the care provided. We spoke with five members of staff including the nominated individual, recently recruited manager, the provider and care workers.

We reviewed a range of records. This included two people's care records. We looked at two 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.

# 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 inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding and understood how to recognise and report abuse.
- Staff told us they would always report any concerns such as, unexplained bruising or change in a person's behaviours.
- Relatives confirmed they felt people received safe care.
- Policies and procedures in relation to safeguarding and whistleblowing were in place.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed, including an assessment of the home environment where care was provided.
- Risks to people's safety were assessed and plans put in place to minimise risk of harm and to provide safe support. Some assessments in relation to pressure care and use of the hoist needed further detail. The nominated individual told us they would ensure this was addressed.
- Staff were able to tell us how they supported people safely and understood people's risks.

Staffing and recruitment

- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff to support people's needs and relatives told us they saw the same care workers who were usually on time. One relative told us, "They are always on time, but if they are going to be late, they let us know."

Preventing and controlling infection

- The provider had systems, procedures and policies in place that helped promote good standards of infection prevention and control (IPC).
- Staff had regular IPC training and updated guidance based on how to manage risks associated with COVID-19, including regular testing for COVID-19
- Staff confirmed they had enough personal protective equipment (PPE). The provider had systems in place to ensure they used this effectively when in people's homes. Relatives confirmed that staff wore appropriate PPE when providing care to people.
- We saw that IPC measures were in place at the office and staff wore the appropriate masks.

#### Learning lessons when things go wrong

- The service had a system in place so it could analyse any occurrence and learn lessons should things go wrong. Due to the small size of the service there had not been any significant incidents.

#### Using medicines safely

- Staff had received training in administering medicines safely and systems were in place to complete competency checks to ensure staff followed safe practices.
- At the time of our inspection the service was not supporting people with medicine administration.



# 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 inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed and regularly reviewed as and when required if a change occurred.
- People's preferences, likes and dislikes, past life histories and background information were recorded in their care documentation.
- People and relatives were involved in developing their care plans.

Staff support: induction, training, skills and experience

- Staff we spoke with told us the training was thorough and provided them with the skills to undertake their role.
- An induction was in place to support new staff. This included on-line training and shadowing more experienced staff. One care worker told us, "The support has been brilliant."
- Relatives informed us that they felt staff had the right skills and knowledge to support people.

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

- People who used the service did not require frequent support with eating and drinking as they received support from their relatives.
- At the time of inspection no one was identified as nutritionally at risk or in need of a modified diet, such as pureed or thickened fluids.

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

- People were supported by staff who were aware of their healthcare needs. People's care plans included information about people's health conditions.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed.

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

- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.
- Staff were able to describe how they sought peoples consent and offered choices to people during their care.

# 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

- Relatives spoke positively about the caring nature of staff. One relative told us, "Staff always do what is asked of them."
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know people well.
- Staff had received training on equality and diversity issues.
- The service was committed to meeting the cultural and religious needs of people with specific protected characteristics. Staff demonstrated an understanding of people's care needs and the importance of respecting diversity. Where it was part of the care plan, staff supported people to attend their chosen place of worship.

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

- Care plans were developed with input from people and their family members.
- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

# Is the service responsive?

## Our findings

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

This is the first 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 care that was person centred and responsive to their needs. Staff confirmed they had sufficient time on care calls to meet people's care needs.
- People's care records included information about their preferences and wishes to ensure support was provided in the way the person wanted.

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 on people's individual methods of communication was included in their care plan.
- The nominated individual was aware of the AIS and the service could provide adapted information for people, and information in different formats such as large print if required.

Improving care quality in response to complaints or concerns

- Information was provided to people how to raise concerns or make a complaint, if needed.
- Relatives told us they had not had to make any complaints they felt able to raise any concerns. One relative told us, "If I telephone the office with any issues they are always sorted."
- The complaints log indicated that no complaints had been received. The nominated individual told us that if any complaints were received, they would be used to help improve the service.

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care. However, the management team and staff told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

# 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; Continuous learning and improving care

- A condition of this registration is the Registered Provider must ensure that the regulated activity Personal Care is managed by an individual who is registered as a manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider did not have a registered manager in post since November 2019 but had recruited a new manager the week before our inspection. We were informed the newly recruited manager would be applying for registration.
- The provider had systems in place to monitor, assess and improve the quality and safety of the service being provided but this needed development.
- Staff had good knowledge of people's current care needs but care documents did not consistently reflect this knowledge. For example, records lacked enough detail about the support needed for pressure care and use of the hoist.
- The provider had introduced numerous measures to protect people and staff in regard to COVID-19 but had not completed individual written risk assessments for staff. The nominated individual informed us they would ensure written assessments were completed.
- Records showed appropriate action and improvements were made when needed and staff were committed to continuously improving the service.
- Senior staff carried out audits including care. This included spot checks and observations on staff to monitor staff performance and competency.
- The provider and nominated individual understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 nominated individual and staff were passionate about providing people with a high quality, personalised service. This was evident throughout our inspection and from the positive feedback we received.
- Through our discussions with the nominated individual we determined that they were aware of and acted in line with the duty of candour requirements.

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

- We saw evidence of the provider asking people's and relative's views about the service through care reviews.
- Staff were encouraged to raise concerns about the care provided, including whistleblowing. Staff told us that they would feel confident raising any concerns or issues with the management team and that action would be taken to address these.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with social workers to ensure the service supported people's needs.
- We were informed that the provider was intending to introduce an electronic call log system. This will help the provider to improve monitoring systems to ensure that staff attend calls on time, complete the required support and stay for the duration of the visit.