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Inspire (UK) Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Inspire (UK) Care is registered to provide personal care. Support is provided to people living in their own homes throughout the city of Sheffield. The office is based in the S5 area of Sheffield, close to transport links. At the time of this inspection 35 people were receiving support and 15 staff were employed.

Our last inspection at Inspire UK Care took place on 22 August 2017. The service was rated Requires Improvement overall. We found the service was in breach of two of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 18, Staffing and Regulation 17, Good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, responsive and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of one of these Regulations. Further improvements were needed to meet one regulation.

There was a registered manager at the service who was also the registered provider and registered with CQC. 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 and associated Regulations about how the service is run.

We found there were systems in place to protect people from the risk of harm. Staff we spoke with were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people, and these had been reviewed to reduce the risks were in place to ensure people's safety.

We received mixed views from people about the support provided to them. Some people and their relatives spoke very positively and told us they felt safe and their support workers were respectful and kind. Some people told us they received a consistent and reliable service that met their needs. Other people had concerns about the times of their visits and the reliability of the service.

Staff recruitment records were not robust and did not promote people's safety.

We found systems were in place to administer people's medicines safely. The service adhered to the local authority policy for the safe administration of medicines. There were still some improvements to the medicine administration records needed.

Some staff and people felt earlier in the year there were not enough staff to provide an effective service. People and staff said the numbers and deployment of staff had improved over the last two months, so there were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from Inspire (UK) Care.

We found staff were provided with a regular programme of training, supervision and appraisal. Some staff would benefit from more specialised training to enable them to effectively meet the more complex support needs of some people.

People we spoke with made positive comments about their support workers and told us they were treated with dignity and respect.

People's care plans contained information about their care and support, including risk assessments and action plans. These were reviewed and updated in line with the person's changing needs.

Staff we spoke with knew the people they were supporting very well and had developed a positive relationship with them. In our conversations with staff they displayed consideration and respect for people.

People said they could speak with their support worker or the manager if they had any worries or concerns and most felt they would be listened to. Some relatives we spoke with felt concerns they had raised had not been effectively handled or responded to.

We found some records were not adequately maintained and some systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.

We found breaches in two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 19, Fit and proper persons employed and a repeated breach of Regulation 17, Good governance.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff recruitment records were not robust and did not promote people's safety.

Some people told us they felt safe. Some people did say they worried when staff "turned up" who they didn't know. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration of medicines. There were still some improvements to the medicine administration records needed.

Staffing levels had recently improved to meet the needs of people who used the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were provided with relevant training supervision and support to ensure they had the skills needed to support people. Staff would benefit from more specialised training to enable them to effectively meet the more complex support needs of some people.

People had consented to the support provided by Inspire (UK) Care.

Some people and relatives we spoke with told us the service was very reliable and staff stayed as long as they should. Other people and relatives were less positive and had concerns about the times of their visits and the reliability of the service.

Is the service caring?

Good ●

The service was caring

People told us their support workers were caring and kind.

People were treated with dignity and felt respected.

Is the service responsive?

The service was not always responsive.

People said they could speak with their support worker or the manager if they had any worries or concerns and most felt would be listened to. Some relatives we spoke with felt concerns they had raised had not been effectively handled or responded to.

People's care plans contained information about their care and support, including risk assessments and action plans. These were reviewed and updated in line with the person's changing needs.

Staff we spoke with knew the people they were supporting very well and had developed a positive relationship with them.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

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

There were quality assurance and audit processes in place to make sure the home was running safely. The systems in place were a little disjointed and needed unifying to ensure people's views are obtained and actively responded to.

We found quality assurance processes were not effective in ensuring compliance with regulations and identifying areas requiring improvement.

Requires Improvement ●

Inspire (UK) Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 September 2018 and was announced. We gave the service short notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be present in the office. The inspection was carried out by two adult social care inspectors and an assistant Inspector.

At the time of this inspection, 35 people were receiving support and 12 support workers, a team leader, registered manager and two administrators were employed.

Prior to the inspection, we gathered information from several sources. We reviewed the information we held about the service, which included correspondence we had received, and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Sheffield local authority to obtain their views of the service. All the comments and feedback received were reviewed and used to assist and inform our inspection.

On 17 September 2018, we visited three people who received support at their homes to ask their opinions of the service and to check their care files. We also spoke with a member of staff and two relatives during these visits. We spoke with three staff on the telephone. We also telephoned and spoke with six people and two relatives of a people receiving support to obtain their views. Three people and one relative declined to provide their views.

On 18 September 2018, we visited the service's office to see and speak with the manager, administrator, team leader and four support workers.

We reviewed a range of records, which included care records for four people, three staff training, support and employment records and other records relating to the management of the domiciliary care agency.

Is the service safe?

Our findings

We looked at the procedures for recruiting staff.

We checked three staff recruitment records of staff who had been employed by Inspire UK Care since our last inspection and found none of the three contained all of the documents required by regulation. All the files did evidence a Disclosure and Barring Service (DBS) checks had been undertaken. A DBS check provides information about any criminal convictions a person may have. These help to ensure people employed were of good character and had been assessed as suitable to work at the service. However, the staff files did not meet the regulations because, one staff file only contained one referees details when the application form asks for two. Another staff file was incomplete. The Information on the staff members CV relating to previous work history did not detail the most recent employment listed on the same staff's application form. The Information provided about previous employment was given in years leaving months of potential gaps in employment which were not discussed at the person's interview. Another file did not contain the reference from the last employer or evidence that the reference had been sought. The application form was not fully completed, the health declaration not signed, there were no names of referees on application form. No full employment history and no reference from the previous or last employer.

This showed the registered provider had failed to ensure recruitment procedures were operated effectively. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulation 19, Fit and proper persons employed.

Most people receiving support said they felt safe with their support workers. Comments included, "I feel very safe with them" and "They are nice people, nothing to worry about." Some people did say they worried when staff turned up who they didn't know or where English wasn't the staff members first language. One person said, "Sometimes it goes smoothly but sometimes it doesn't" and "There's been several incidents where people haven't turned up or where they can't speak English. Most of them (staff) are alright but it is a problem when they can't understand me".

Most relatives of people receiving support also felt their family member was safe with their support workers. Comments included, "I have known the staff for a while now I trust them all" and "We feel [name] is very safe. We know [name] is visited everyday so we don't worry". One relative said they were unhappy with one member of staff who provided support 'some time ago' but this member of staff no longer visited after they raised concerns with the registered manager about the staff's manner.

All the staff spoken with confirmed they had been provided with safeguarding training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff said they would always report any concerns to the registered manager and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important

information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

The registered manager knew how to report any safeguarding concerns and told us they worked with the local safeguarding authorities in completing investigations when needed. Local safeguarding authorities we spoke with confirmed this.

We looked at four people's care plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. We found risk assessments had been reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We found systems were in place to administer people's medicines safely. The service adhered to the local authority policy for the safe administration of medicines.

People said, "Staff make sure I take my medicines every morning and then sign a chart". A relative said, "[Name] has not missed their medicines staff know where they are kept and the procedure for giving them".

We looked at three people's MAR and daily record notes. We found either the MAR had been signed or staff had recorded in the person's daily record to confirm medicines had been administered. We discussed with the registered manager the potential risks of medicines being missed if staff were not clear where to record medicines administration. The registered manager and team leader confirmed that all staff should sign the MAR if one was in place and staff would be reminded of this in supervisory sessions or at the team meeting. We found systems were in place to monitor safe medicines administration. Each month completed MAR were returned to the office and audited for gaps and errors. This showed safe procedures had been followed by staff.

Staff confirmed they had been provided with training in the safe administration of medicines and had been observed to make sure they were competent. The training records checked showed all staff had undertaken medicines training. This showed safe procedures were promoted.

We looked at staffing levels to check enough staff were provided to meet people's needs. At the time of this inspection, 35 people received a service and fifteen support workers were employed.

People and staff said the numbers and deployment of staff had improved over the last two months, so there were appropriate numbers of staff employed to meet people's needs and provide a flexible service. One staff said about two months ago they were, "Too stretched and it wasn't safe". They said they had raised these concerns with the team leader and registered manager and "things were better now". Staff told us they currently had regular schedules.

Most people receiving support told us staff stayed for the agreed length of time. One person said staff didn't and were 'quick to rush off'. In view of the comments received the provider and registered manager should monitor staff levels closely to ensure staff can continue to effectively meet the needs of people they are supporting.

We found policy and procedures were in place for infection control. 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. People receiving support did not have any concerns about infection control. They confirmed support workers always used gloves and other appropriate protective wear. We saw a

member of staff was wearing protective footwear and PPE during our visits to people's homes.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 22 August 2017, when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because some staff were not sufficiently skilled and competent as is necessary to enable them to carry out the duties they are employed to perform. At this inspection we found improvements had been made to meet the requirements of Regulation 18.

We asked people and their relatives if they felt support workers were trained and knowledgeable in what they did. The comments we received were positive and included, "Yes they're very kind and they're good at what they do", "There's nothing wrong with staff, they know what they're doing" and "The staff who do come I have to say are very good".

We checked three staff files, and a staff training matrix which showed staff were provided with relevant training, so they had appropriate skills. Staff spoken with said they undertook an induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as health and safety, safe handling of medicines, safe moving and handling and safeguarding was provided. The staff files showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example supporting people with Percutaneous Endoscopic Gastrostomy (PEG) tubes. This meant staff had appropriate skills and knowledge to support most people.

Some people and staff we spoke with felt some staff would benefit from more specialised training to enable them to effectively meet the more complex support needs of some people. We discussed this with the registered manager who said they were already making enquires for staff to access training on areas such as mental health and supporting people with epilepsy.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their role. The records showed support workers had been provided with regular supervision and, where they had been employed for over a year, an annual appraisal for development and support. All the staff spoken with said they received formal supervisions and could approach the registered manager or team leader at any time for informal discussions if needed. This showed staff were appropriately supported.

We received mixed comments about the effectiveness of the service in relation to visit times and a regular team of support staff.

Some people and relatives, we spoke with told us the service was very reliable and staff stayed as long as they should. Comments included, "[Named relative] has a regular team of carers. They are reliable", "I am ok with my visits and the times staff come", "I get regular carers, they come on time and stay" and "I have never

had a missed visit".

Some people told us visit times were not reliable or consistent. People said, "Staff don't stay the allotted time and they come whenever they like" and "Staff are always late and delayed, every time".

We spoke with the registered manager about people's support contracts and timing of visits. The registered manager said these had been agreed with stakeholder and funding authorities and were identified the people's support plans. There were three levels of call times from 'Time critical'. Calls made that need to be made in a short time frame, when, for example, a person needs assistance to take certain medicines that must be given at the same time each day to other calls can be made within a three-hour time window. We saw these visit assessments in people's support plans we checked.

In view of the mixed responses and perceptions of visit times the provider clearly needs to revisit and liaise with people what each assessment means as to when people should be visited by staff.

The care plans checked showed people's dietary needs had been assessed and any support people required with their meals was documented. People and relatives said, "I had to tell staff how I liked my food and they do that now" and "Some (staff) are better than others but they make sure I get a hot meal".

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.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA, so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

People and relatives gave mixed views on whether their choices were respected. Comments included, "I would say I am in control but I do most things myself, "Staff always ask me how I want things doing" "I do most myself but if I needed help with this I'm sure they would" and "I said I don't mind, but really I'd like to get female carers but I don't always get them to come".

Is the service caring?

Our findings

All the people receiving support and their relatives we spoke with made positive comments regarding the care staff. Their comments included, "The staff who visit me I cannot fault", "I think the carers who come are really nice" and "They (staff) are good. I have got to know them, and we often share a joke together".

Staff we spoke with could describe how they promoted dignity and respect and were caring and compassionate in their approach. Staff told us, "I like looking after people. I miss some of the ladies I care for when I have to cover another round of calls" and "I have got to know my ladies. I love looking after them".

People receiving support told us staff were always respectful and maintained their privacy. Relatives of people receiving support also told us they found care workers respectful. They told us, "They are respectful. I found them polite" and "[Name of support worker] is very good. We like her, she is nice with [name of relative]."

The service had relevant policies and procedures in place to advise staff on confidentiality and data protection. All the staff spoken with were aware of the requirements to keep information about the people they were supporting confidential. People receiving support and their relatives told us the care workers never discussed anyone else they were visiting with them and confidentiality was respected. This showed people's rights were upheld.

We saw there was a system in place to make sure people's confidential information was only seen by the appropriate people and only limited information regarding visit times and people they would be visiting was sent to staff. This promoted people's privacy.

We looked at people's care records during the home visits and during the visit to the Inspire (UK) Care office. The care records showed people supported and/or their relatives had been involved in their initial care and support planning. We saw care plans contained signatures, evidencing that people agreed to their planned care and support. Each care plan contained details of the person's care and support needs and how they would like to receive this. The plans gave some basic details of people's preferences, likes and dislikes so that these could be respected by care staff.

Is the service responsive?

Our findings

People receiving support and their relatives were aware they had a care plan and felt they were involved with their care and support. People spoken with said the team leader or registered manager had visited them in their home to discuss their care needs and agreed their care plan before support was provided. People told us they had been involved in subsequent reviews of their care plans. However, there were mixed comments about the responsiveness of reviews or changes to people's care plans. Comments included, "[Named team leader] comes and talks about my care and renews my records", "[Named staff member] came and checked everything was up to date", "It was a long time ago but someone did come to see me" and "Nothing has changed to the care plan despite us trying several times to get it changed".

We checked four people's care plans, three during visits to people's homes and one at the office visit. We found the care plans seen contained information about the care and support identified as needed. They contained some information about the person's life history, culture, health and support needs. They had been recently reviewed and updated in line with the person's needs.

The care plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

The support staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the CQC and the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service.

People said they could speak with their support worker or the manager if they had any worries or concerns and most felt would be listened to. Some relatives we spoke with felt concerns they had raised had not been effectively handled or responded to.

We received mixed responses from people on how the service dealt with any concerns. Comments included, "All the staff including those in the office are very approachable. We have a good relationship. Any worries I need to raise are sorted", "My relative has complained for me The manager never called them back", "We've complained (about late visits) so many times and nothing has changed, we're at the end of our tether with them" and "We have complained about visit times and over the last two months and there has been some

improvements".

We saw a system was in place to respond to complaints. We checked the complaints record and found the action taken in response to a complaint and the outcome of the complaint was recorded. We saw records of two concerns that were with the provider to action. We also saw the provider was reporting any late calls to the local authority as requires as part of their contractual arrangements. The local authority told us "We believe Inspire are working hard to rectify these concerns (late calls). There has been a massive decrease in the last few months".

The registered manager said Inspire (UK) Care staff had supported some people being cared for at the end of their life. The registered manager told us they had been involved with a multi-disciplinary team of healthcare professionals and worked together to support the person in line with the person's personal wishes.

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 2 August 2017, when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because we found some records were not adequately maintained and some systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people. Whilst we found improvements had been made the registered provider was still in breach of Regulation 17 because we found some recruitment records were not adequately maintained.

We received mixed comments about the communication from the office staff. Some people told us communication from the office was sometimes poor, and they did not always get a response to requests for someone to call them back, or a response to any discussions they had held with office staff.

Some people were very happy with the service they received others and their family were not. We observed, and some people, staff and stakeholders felt there had been improvements overall with the service in the last two months. These improvements now need to be imbedded and sustained to ensure Inspire (UK) Care provide a safe, effective, caring, responsive and well led service which meets all the regulations.

Stakeholders said, "The provider does really want to provide a quality service and recently they have been achieving this, however sustainability will be the next item with Inspire".

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed the registered manager and team leader undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found the team leader undertook some spot checks to people's homes to check people were being provided with relevant and appropriate support.

We found evidence the provider was seeking the views of people who used the service. Some people said they had received questionnaires to complete, other people said they had received no contact from the provider at all. Overall though we found the systems in place to monitor quality were a little disjointed and needed unifying to ensure people's views are obtained and actively responded to. This will ensure lessons learned can be identified and acted upon.

There was a manager at the service. The manager was registered with CQC as manager and provider.

Staff told us, and records showed monthly staff meetings were held to share information. All the staff said communication was open and they were encouraged to contribute to meetings.

The registered manager said they had recently introduced an out of hours on call system, so any emergencies could be dealt with and any potentially missed or late calls could be identified, and action taken to keep people safe.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.

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 failed to ensure systems were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider had failed to ensure recruitment procedures were established and operated effectively. Information as set out in Schedule 3 of the regulations had not been confirmed before a person was employed.</p>