

Inspiration Care Limited

Inspiration Care Domicilliary Care

Inspection report

West Lodge Chambers, Rainbow Street, Leominster
Herefordshire, HR6 8DQ

Tel: 01568616540

Website: www.servicemngr@inspirationcare.co.uk

Date of inspection visit: 22 June 2015

Date of publication: 02/09/2015

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?

Good 

Overall summary

This inspection was carried out on 22 June 2015. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people within their own homes. At the time of our inspection eight people received care and support from this service.

There was a registered manager in post. 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.

Summary of findings

When we last inspected the service in October 2012 we found the service met all of the requirements of the regulations we assessed them against. During this inspection we found they continued to be meeting the requirements of the regulations.

People said they felt that the staff and management were approachable and listened to their views about the care they received. They told us that nothing was done without their consent. Staff told us that all care was person centred and could only be given if the person consented.

People told us that there was enough staff to meet their needs. The staff we spoke with also felt that there was

enough staff to manage people's needs safely. Staff told us what they would do if they saw or suspected abuse and demonstrated knowledge of safeguarding people from abuse.

People we spoke with told us that staff were kind and caring and knew their needs.

Staff told us that they did not start working with people until checks had been made to make sure they were suitable to support people in their homes and keep them safe.

The registered manager monitored the quality of the service by completing a range of checks and by also gaining regular feedback from people that used the service and their families or carers.

Summary of findings

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.

People felt that staff knew their needs and had the skills to keep them safe and protect them from harm. People told us that they had enough staff support to enable them to access their interests and hobbies safely.

Good



Is the service effective?

The service was effective.

Staff told us that they were given good training and support; they also said that they received regular supervision. Staff supported people to access different health professionals when they needed them and followed any guidance provided to them.

Good



Is the service caring?

The service was caring.

People felt that they were treated with dignity and respect. Staff told us that all of the care was person centred and individual to the person.

People were supported to be involved in planning and reviewing their care. They told us that they felt involved in their care and were able to raise any concerns or suggestions about their care at any time with the staff and the registered manager.

Good



Is the service responsive?

The service was responsive.

People told us care staff responded to their needs. When people's needs changed the staff worked with other professionals to ensure that people's needs continued to be met.

People said that they were able to raise concerns and they felt listened to.

Good



Is the service well-led?

The service was well led.

People felt that the registered manager listened to them and took time to make sure they were happy. People felt confident and able to raise any issues with the registered manager.

Staff felt they had good support from the registered manager. There was an open culture where people that used the service and the staff that supported them were encouraged to express their views and be involved in developing the service.

Good



Inspiration Care Domicilliary 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 was an announced inspection which took place on 22 June 2015 by two inspectors. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding. We refer to these as statutory notifications and providers are required to notify us about these events.

We asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with three people who used the service, five care staff, and the registered manager. We also spoke with a social work professional by telephone.

We looked at the care records for three people including care plans, training records and other records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe because they received care and support from staff who knew them and who they liked. We observed positive interactions between people that used the service and the staff that supported them. We asked if people knew who to contact if they had any concerns about their safety. They told us that they would talk to the manager, and felt that this would not be a problem. One person told us, “No worries, the staff are always there and any worries I just speak to [manager’s name].” All staff had received training around safeguarding and were able to tell us about how they would deal with any suspected abuse, and about their knowledge of the whistle blowing policy. We spoke with staff about safeguarding, they knew where the safeguarding policy was and what they would do and who they would contact if they suspected abuse. The registered manager had a good understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

Staff explained to us how they responded to changing risk and supported people to better manage the risk themselves. One example was a person whose levels of anxiety appeared to be increasing. Staff and the registered manager had reviewed the person’s levels of staffing and they were increased to reduce risk. Also the person themselves was taught to use different techniques to better control their anxiety and therefore reduce the risk to themselves or others. Staff told us that this had a positive effect on the person’s wellbeing.

People told us that they had regular staff who they knew well. We saw that the registered manager had a contingency in place to cover staff sickness and holidays. Staff told us that they had time in the visit to chat with people to make sure they were well, and they said that they felt there was enough staff to meet people’s needs safely.

Staff told us that they had to have appropriate checks completed before they started working for the provider. This included reference checks and also checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The manager told us that staff were not able to work with people until all of the checks had been completed.

People told us that they were supported by staff to take their medicines. The amount of support depended on the person’s individual needs. Some people needed medicines to be administered by staff and other people just needed prompting. We could see that people were involved in managing their medicines, for example one person had requested a text message to be sent to remind them about their medicines. This was during the times they did not have staff with them. This person told us, “I will forget my medicines so I spoke with the staff and now they text me every day. It’s a lot better and helps me a lot.” All staff told us that they had received medicines training and that there were clear procedures in place for supporting people with their medicines.

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet their needs. We observed good communication between the staff and the people that used the service. For example staff used a communication board to enable a person with no speech to communicate with other people. We could see that staff were skilled in the use of this communication aid. We saw other examples where staff used gestures and prompts. What we observed demonstrated to us that staff had been trained in that people's specific individual communication methods. The staff confirmed with us that they received extensive training around people's individual needs. One staff member told us, "You never stop learning things here. We have someone with a need; the manager gets us trained by the people involved. We can then meet that person's needs. It's great."

Staff told us that they went on a variety of training including safeguarding and medicine training. More specific training including managing people's anxiety safely, pressure area care and epilepsy was also provided for staff. The records we looked at confirmed this. All of the staff we spoke with were positive about this and spoke about how it improved how they carried out their roles with people. Staff were able to tell us about managing a person's epilepsy, another member of staff told us about managing a person's anxiety. What they told us matched what we read in people's care records. People told us that their wishes were always

respected. We spoke with staff about what needed to happen if a person did not have the capacity to make choices. Staff were able to explain about best interest meetings and the Mental Capacity Act 2005 (MCA). We saw in the records an example of a person who had been assessed as lacking capacity to make certain choices and decisions. As a result an advocate for the person together with the registered manager, staff and other professionals had carried out best interests meetings and from this care plans and risk assessments had been put in place.

People told us that they had support with their meals. People needed varying amounts of support, from staff helping them to make informed choices around what they ate, to some people requiring specialist approaches to ensure they had adequate nutrition and fluids. Some people were unable to eat so they needed to be tube fed. We found that all staff that carried out this procedure had regular training to make sure they supported the person correctly. We observed this procedure and what happened matched what was written in the care plans.

People told us that they were supported to keep well and where needed staff had arranged and supported them to health appointments. The care records showed lots of examples where this had happened. For example we could see where people had attended urgent doctor appointments with support from staff when people had appeared to be unwell.

Is the service caring?

Our findings

We observed that staff had good relationships with the people that used the service. Communication was warm and kind and all of the people we spoke with were happy with the staff that supported them. One person said, “It’s like a family.” All of the staff we spoke with were positive about the people that used the service and spoke fondly about them. One person told us about how they had recently moved into their own home. They told us that this had meant they were now doing more for themselves. Also they told us about how the staff had been working with them to promote their involvement and independence, and teaching them key life skills to enable them to manage their own home.

People told us that they were always treated with dignity and respect by staff. One member of staff said, “It’s all about person centred care. You treat the person as you would want to be treated. It is as simple as that.” All of the staff we spoke with told us that dignity and respect was

central to everything they did. The registered manager said that all staff received training around dignity and respect, but felt that all of the staff consistently demonstrated this in their approach to working with people.

People told us that staff took the time to make sure that they were given opportunities to be actively involved in what they did with staff. For example someone who loved to watch tennis had been to a tennis tournament for a number of years and were due to go again. This person told us that they had chosen to do this again this year and that staff had been available to make sure that this happened. We saw other examples in the care records we looked at where people were involved in key aspects of their care and in the writing of their care plans. All of the care records that we looked at included information directly from the person receiving the care including their likes and dislikes.

We observed staff using a tailor made communication system to enable a person to communicate. We saw that the approach of staff was patient and we were able to have a full conversation with somebody who could not use verbal communication. We observed that choice was central to what they did. This person told us that he felt able to make the choices they wanted.

Is the service responsive?

Our findings

People told us that they felt important and central to the care they received. One person said, “The care fits around me. It’s support that you want.” Another person said, “What has been needed has been done.” We saw examples in the care record where there had been changes to reflect people’s wishes. For example staff had been changed at a person’s request. A person told us, “Inspiration Care makes the effort to get the staff you want and do the things you want to do.” We could also see other examples where care routines and tasks had been altered so that they could remain individually tailored to what the person wanted.

People told us that they knew how to complain. Some people indicated they would see the manager and other people told us they would tell staff. Staff told us that the focus of communicating with people was to make sure that they had their say in how their care was managed. For example a person had requested a change of staff and this had happened. In another example a person with limited communication had indicated to the registered manager that certain staff were struggling with the communication tools in place to aid communication. This had resulted in additional training and support for the staff.

People felt that they were listened to and that staff and the registered manager took time to make sure they were happy. The team leaders and the registered manager checked with the people and families/carers how things

were going regarding the care on a regular. We spoke with the manager about the handling of concerns and complaints. Although they had not received any complaints we could see that there was a system in place to respond and investigate concerns appropriately.

Care records showed us that people’s views on the care they received were regularly recorded. Care records provided detailed assessments of people’s complex health needs with information from a variety of different health professionals. We could see that the provider had requested support or guidance from other professionals in order to meet individual needs. For example staff had extra training and support around pressure area care due to some of the complex physical health of some of the people that used the service. Staff told us that the registered manager was quick to respond to any changes and to identify what needed to be in place.

Staff told us that they were responsive to people’s changing needs. For example in a person’s care records we could see where care approaches had been adapted to meet a person’s changing health needs. These changes had been made in consultation with other professionals, the person themselves and their carers. One person told us that as they became increasingly forgetful, the staff had started sending reminders about aspects of their care they wanted to do themselves but sometimes forgot. The person said that this was at their request and it made sure that they remembered “The important things to keep me safe.”

Is the service well-led?

Our findings

People who used the service told us the manager was kind and friendly and that they could talk to them at any time. We observed the manager interacting with people and we saw that people were relaxed and happy with them. People told us that they knew the staff that supported them well, and by talking with staff we could see that staff recognised that it was important for people to have consistent support. The registered manager told us that where they rarely had to use agency, but where they did they made sure they were appropriately trained and experienced. They also said that the agency staff shadow shifts and get to know the person before working alone.

There was a clear management structure and out of hours on call system to support people and staff on a daily basis. People told us that they had they saw the registered manager on a regular basis and felt that they knew their needs and views. All people told us that that they would be able to contact the manager if they needed to.

Staff told us that it was a supportive place to work and the manager was always accessible. One staff member said, "The management are approachable and open. They listen to ideas and are open to changes in hours and support if you think it better reflects a person's needs or wishes." Another member of staff said, "Management are great. They have a good relationship with all of the staff." We could see that staff had access to regular supervision and staff told us that they felt it was useful. Staff talked to us about feeling valued and part of a team that included the registered manager.

We found that the registered manager was able to maintain an overview of how well the service was performing. This was done using a variety of checks and audits. The team leaders did regular spot checks, where they would go out unannounced to a visit that staff were attending, observe the care and also ask the person if there were any concerns. The registered manager said that these went really well and were a way of making sure that no concerns or changes were missed. Staff were positive about this as they felt it gave the opportunity for them to give the registered manager reassurances about what they were doing.

People who used the service had regular care reviews which involved themselves, their carers or family and any professionals involved. We could see from the care records that any actions that were identified from these were put into place. The registered manager said this was an opportunity to review the service that was being delivered was still meeting people's individual care needs and if any changes were required.

Staff told us that the service was well led and they felt involved in the service. They said that they felt the staff meetings were useful and a way of bringing the whole team together. One staff member said, "The culture here is open and you can always get support when you need it."

Staff and the registered manager were clear that the vision of the service was to be as person centred and inclusive of the people that used the service as it could be. From the people that we spoke with, our observations and the way that care records were written it was clear that this was their focus.