

Inspiration Care Limited

Inspiration Care Domicilliary Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 23 and 30 November 2017 and was announced.

The service was last inspected on 22 June 2015, when it was given an overall rating of Good. At this inspection, we identified clear improvements in the service in relation to how the provider ensured the care and support people received was Effective, Caring and Responsive.

Inspiration Care Domiciliary Care is registered to provide personal care to people living in their own homes. There were seven people using the service at the time of our inspection.

This service provides care and support to people living in seven 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service is required to have a registered manager and there was a registered manager in post at the time of our inspection. 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 strong person-centred culture within the service empowered people, enabling them to live full, vibrant lives and achieving exceptional outcomes for individuals. People and their relatives agreed, and received, a bespoke package of care and support, reflecting their diverse needs and requirements. Personalised support plans emphasized people's strengths, abilities and what was of greatest importance to them. Through adhering to these, and embracing the use of new technologies, staff provided consistent, person-centred support that enhanced people's health, well-being, and independence. People's involvement in their local community was actively encouraged, along with their access to a wide range of work opportunities and leisure activities. The person-centred support people received included help to adapt their homes to better suit their individual needs, and to identify additional sources of help and advice that may be of benefit to them.

Staff and management maintained open communication, and worked in close partnership with people, their relatives and the professional team to fully benefit from their expertise, insights and experience. Their ongoing involvement in assessment, care planning, care reviews and staff training was actively encouraged. People and their relatives felt respected, valued and listened to. Staff and management used a range of communication strategies and accessible materials to ensure people were able to fully express their views and have full involvement in decision-making that affected them.

People experienced close, trusting relationships with staff who were highly motivated, exceptionally caring and who knew them well. Staff and management demonstrated their empathy and compassion for people in their consistent willingness to go the extra mile. Staff received the training, supervision and ongoing support needed to fully succeed in their roles and to continually improve their knowledge and skills. Respect for people's privacy, dignity and human rights was at the heart of the service. Staff were alert to any form of discrimination and actively supported people in challenging these issues. Guided by clear procedures, risk assessments and safety protocols, staff understood and fulfilled their individual responsibilities to protect people from abuse and avoidable harm.

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 Good.

Comprehensive systems, procedures and staff training was in place to protect people from avoidable harm and abuse. People's involvement in safety training, and their rights to take informed risks were promoted. Detailed plans and protocols were in place to minimise the identified risks to individuals. People were actively supported to raise any concerns they may have about their safety or wellbeing.

Good 

Is the service effective?

The service was Outstanding.

Through close working relationships with the multi-disciplinary team, the provider ensured staff were trained to follow best practice. People benefited from a holistic assessment of their care and support needs. People were actively encouraged to eat and drink well, and to follow a healthy lifestyle. People were actively involved in adapting their home environment to better suit their needs.

Outstanding 

Is the service caring?

The service was Outstanding.

The management team promoted a strong person-centred culture within the service. Staff were highly motivated in their work, and demonstrated exceptional compassion for people. The provider anticipated people's distress and sought to address this at the earliest opportunity.

Outstanding 

Is the service responsive?

The service was Outstanding.

People received person-centred care which resulted in exceptionally positive outcomes for them. People enjoyed a wide range of social activities and work opportunities, enabling them to live a full and rich life. People and their relatives knew how to

Outstanding 

complain about the service, and felt comfortable doing so.

Is the service well-led?

The service was Good.

The management team promoted an open and inclusive culture within the service. People and their relatives had confidence in the overall management of the service. Staff felt well supported and were clear what was expected of them. The provider monitored, and sought to improve, the quality of the service through effective quality assurance.

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 checked 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.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

The service was last inspected on 22 June 2015, when it was rated as Good.

Inspection site visit activity started on 23 November 2017 and ended on 30 November 2017. It included visits with people in their homes on 30 November, and visits to the provider's office location, on both dates, to see the management team, speak to staff and to review care records and policies and procedures.

Before the inspection site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service. The provider completed a Provider Information Return (PIR) prior to our inspection visit. 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 used this information in the planning of our inspection.

This inspection team consisted of one inspector. Over the course of our inspection, we met with four people

in their homes. We spoke with six people who use the service, four relatives, an occupational therapist, a speech and language therapist, a support manager, an advocate, a case manager and assistant case manager, a neuro-physiotherapist and a dietician. We also spoke with the registered manager, deputy manager, two senior care staff ('team leaders') and three care staff.

We looked at two people's care files, medication administration records, incident and accident records, three staff recruitment records, staff training records, selected policies and procedures, and records associated with the provider's quality assurance.

Our findings

At this inspection, people continued to be protected from abuse and avoidable harm. The rating continues to be Good.

People told us they felt safe receiving care and support in their homes from staff employed by Inspiration Care. One person said, "In the past, I was afraid inside." They went on to explain they now felt safe because they knew staff so well. People's relatives had confidence in the safety of the care and support provided. One relative said, "I can sleep again knowing [person's name] is in a safe environment." People were clear how to raise any concerns about their safety and wellbeing with staff or the management team. One person told us, "[Registered manager] is really good because if I have any problems, I can always go and speak to them."

The provider actively worked towards developing people's understanding of how to keep themselves safe, through providing support and accessible information on personal safety from the outset of their care. For example, 'Social Stories' were used to help one person with autism stay safe in their local community. Social Stories are short descriptions of a particular situation, event or activity used to help individuals with autism know what to expect.

All of the staff we spoke with had received training in, and understood, how to recognise and report abuse or any other breaches of people's human rights. The provider had safeguarding procedures in place to ensure any abuse concerns were reported to the appropriate external agencies, such as the local authority, police and CQC, and thoroughly investigated.

Management and staff assessed the risks associated with people's care, support, therapeutic input and day-to-day activities, to keep people and others as safe as possible. They fully encouraged the involvement of people, their relatives and the 'professional team' in this process. The 'professional team' consisted of the privately or publicly-funded health and social care professionals supporting each individual. One relative told us, "They (provider) even brought me in to meet with the staff team and to draw up the risk assessments and the care package, based upon our previous experiences." In assessing and managing risks, we saw, and people told us, staff and management promoted people's right to take informed everyday risks.

Risk assessments and safety protocols were kept under monthly review, to ensure they remained effective, accurate and up to date. Staff were also kept up to date with any changes in risk through regular updates from management, and use of the handover sheets, daily care notes and communication books in people's

homes. In the event people were involved in accidents, incidents or 'near misses', staff recorded and reported these events. The management team, including the provider's health and safety manager, analysed these reports to identify any learning and to take action to prevent things from happening again.

Staff received comprehensive safety training, tailored to the individual needs of the people they were supporting. The provider actively encouraged the involvement of people, their relatives and the professional team in safety training. For example, one person helped to train staff in the moving and handling techniques used to meet their mobility needs, explaining to staff their associated preferences.

The provider employed sufficient numbers of suitable staff to ensure people received a consistent, reliable service from familiar staff. Staffing requirements were kept under ongoing review by the management team. All staff were required to undergo pre-employment checks to ensure they were suitable to work with people. These included employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

People and their relatives were satisfied with the support staff gave people to manage and take their medicines safely and as prescribed. Accurate and up-to-date medicines records were maintained by staff who had undergone medicines training and associated competency checks. The provider actively promoted people's independence in relation to the management and administration of their medicines. One person described the benefit of the text reminders they received from management to take their medicines, which they might otherwise forget.

The provider had taken appropriate measures to protect people from the risk of infection. For example, where people were at increased risk of infection, staff had additional practical training and clear written guidance on how to manage this risk. This included guidance on managing the risk of infection associated with PEG feeding tubes. A PEG tube is a tube passed into a person's stomach through the abdominal wall to provide a long-term means of providing food and fluids when they are unable to swallow or eat and drink enough.



Our findings

At the last inspection, we found people's care and support achieved good outcomes for them and promoted a good quality of life. At this inspection, we found improvement had been made and we have changed the rating to Outstanding.

Staff and management worked in close partnership with the professional team supporting each individual to achieve the best possible outcomes for them. The membership of these teams included occupational therapists, neuro-physiotherapists, dieticians, speech and language therapists psychiatrists and neuropsychologists. Some of these professionals formed part of the provider's private professional team, others were publicly-funded.

Staff attended training led by these professionals, to ensure they were able to make effective use of evidence-based therapeutic techniques and, more broadly, adhere to current best practice. This included gastrostomy training with the dietician, chest compression training with the neuro-physiotherapist and mindfulness training with the psychologist. Where necessary, the registered manager had forged new links with individuals, teams and organisations to source specific additional training and support. This included contact with the Epilepsy Society, a UK epilepsy charity, to access training on epilepsy and medicines used to treat seizures.

A member of staff told us, "The training we get helps us be the best we can be across the board." An assistant case manager explained, "It (training) is made more real when it's about the individual and staff can see how it affects them." A speech and language therapist said, "They (provider) are absolutely excellent. They put time aside for training, and let us know if anything's not right." New staff received a structured induction aimed at helping them fully settle into their new roles. This included initial training, the opportunity to work alongside more experienced colleagues, and reflected the requirements of the Care Certificate. Staff benefited from regular one-to-one meetings and appraisals with their line manager, enabling them to receive regular feedback on their work performance and identify any additional support or development needed to improve their existing knowledge and skills. The management team and provider's team leader also provided out-of-hours on-call support to respond to any urgent requests for guidance and advice staff may have.

The management team encouraged and facilitated the involvement of people and their relatives in staff training, to draw upon their insights and experience. For example, family members were invited to speak about people's personal history, strengths and interests at the bespoke training days organised before

people's care started. One person was involved in training staff how to support their use of a 'Bliss Board'. A 'Bliss Board' is a communication system used to help people communicate without speech.

In addition to calling upon the expertise of the professional team, the provider was also a member of a number of professional associations, including the British Association of Brain Injury Case Managers (BABICM) and the British Institute of Learning Disabilities (BILD) and was accredited by Living Autism. This ensured they remained abreast of current best practice guidelines, in order to fully incorporate these into the care and support provided.

The provider adopted a holistic and person-centred approach towards the assessment, planning and delivery of each individual's care, addressing the whole person and fully utilising the expertise of the professional team. In seeking to enhance people's quality of life and independence, the provider embraced the use of new technologies. For example, with support from the management team, one person obtained extensive modifications to their specialist wheelchair. The 'environmental controls' fitted enabled the person to navigate their home environment, control their television and satellite TV box and request assistance from staff independently, through head movements. This person told us, "They (provider) have changed my life." The management team had supported another person to access a handheld 'vein viewer' from the Thalidomide Trust, enabling them to have blood tests with greater success and comfort. A 'vein viewer' is a piece of equipment which uses near-infrared light to obtain a real-time accurate image of a person's blood vessels.

The provider placed a clear emphasis upon people eating and drinking well. Staff supported people to plan balanced meals and a shopping list for the week ahead. A relative explained, "[Person's name] always has a shopping list drawn up with care workers with very nutritional ingredients." Staff supported two people's choice to attend a local slimming club. One of these people talked to us excitedly about their choice of clothes that day, having lost significant weight. Staff helped another person follow current dietary advice for people with diabetes, such as choosing sugar-free puddings. A relative told us, "They (staff) help [person's name] maintain a good body weight. They do manage their food and nutrition well."

The dietician and speech and language therapist we spoke with told us the provider managed people's nutritional needs and any associated risks extremely well. The dietician said, "They (provider) are absolutely excellent. They send staff for regular gastronomy training. Staff are always professional and extremely well-led." Although they did not currently support anyone with specific cultural, religious or ethical needs round their food, the provider had previously successfully managed issues of this nature, and had the capacity to do so moving forward.

The professional team spoke highly of their interactions and collaboration with staff and management. They described the successful coordination of efforts that enabled them to achieve the best possible outcomes for people. The provider also encouraged a coordinated and person-centred approach when people left Inspiration Care. For example, when one person had expressed the desire to move back closer to home, the provider had helped them identify a suitable property and domiciliary care service. They had then worked with this service to recruit suitable staff and develop a training package to reflect the individual's needs.

Staff and management worked closely with a wide range of healthcare professionals to help people maintain good health and a good quality of life. A relative explained, "If there are any signs of health issues, they (staff) are straight onto the local GP, who they have a good working relationship with. Health support is really good; it's first class." They went on to say, "We know how lucky we are with Inspiration Care. I think the care plans they've got keep [person's name] in tip-top health at all times." An advocate said, "They (provider) have a very full appreciation of all [person's name's] health needs." A neuro-physiotherapist praised the

systematic approach staff took to carrying out one person's physiotherapy exercises, adding, "They (provider) are definitely among the top two or three organisations I've worked with."

We saw that, through close working relationships with healthcare professionals, the provider had been able to achieve positive outcomes for people with complex health needs. For example, prior to receiving support from Inspiration Care, one person had been hospitalised twice yearly with respiratory problems. Through improved management of their acute asthma by staff, they had had no further admissions for the last seven years.

Staff and management actively encouraged people's involvement in the management of, and decision-making about, their health. For example, the personal goals agreed with one person encouraged them to tell staff if the site of their PEG tube was sore, or if they were finding their physiotherapy exercises too tiring. Another person was encouraged to take the lead in deciding when they may need to treat their hay fever.

The provider supported people in adapting their homes to suit their individual needs and actively involved them in any related decision-making. For example, the doorway into one person's bathroom had been significantly widened enabling them to directly access their jacuzzi bath using their ceiling track hoist. A 'ceiling tracking hoist' is an overhead hoisting system which runs along a track fixed to a ceiling or wall. Another person's bathroom had been converted into a walk-in shower, reducing their risk of falls and enabling them to wash themselves independently. This person explained how much more convenient their new facilities were, adding, "It's easy; I just press the blue button and go!" Staff had supported them to choose the colour scheme and flooring for their new walk-in shower. Staff had helped a further person alter the use of rooms in their two-storey house, creating a first-floor lounge. This reflected their preference to remain upstairs, whilst discouraging them from isolating themselves. This person informed us they were shortly due to move into a new house. They had, with the support of the speech and language therapist recently chosen the furniture and soft furnishings for this property. Their relative explained, "The new property is brilliantly designed. There's been lots of discussion around it."

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.

We checked whether the service was working within the principles of the MCA. We found the management team and staff had a clear understanding of people's rights under the MCA, and actively sought to promote these. Staff had undergone training and completed competency checks to support their understanding in this area. We saw staff consulted with people and sought their permission during their routine care. People's care files set out their ability to make their own decisions, and the support they may need from others to maximise their decision-making. Where people lacked mental capacity to make a specific decision, best-interests meetings had been held, recorded and the decisions taken kept under review. These decisions related, for example, to an individual's understanding of the implications of a new medical diagnosis.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager had, through assessing people's individual care arrangements, identified whether they were potentially being deprived of their liberty. Where this was the case, they had brought this to the attention of the local authority in order that they could apply to the Court of Protection for authorisation of that deprivation. At the time of our inspection visit, three such authorisations had been granted.



Our findings

At the last inspection, people received care and support that was provided with kindness and compassion. At this inspection, we found further improvement had been made and we have changed the rating to Outstanding.

People's relatives, staff and community professionals praised the strong person-centred culture within the service, and the high level of empowerment people experienced as a result. An occupational therapist told us "They (provider) are second to none in terms of their client-centeredness for [person's name] who has the ability to live as full a life as they can. It's all about them and enjoying their life." People described the close, trusting relationships they had with exceptionally caring staff who they knew well. One person told us, "They (staff) are brilliant. I don't know where they (provider) get such good staff. There's none of them that I wouldn't trust with anything." A further person said, "I love all the staff; they are like family."

Staff were highly motivated and described their work for Inspiration Care with a clear sense of pride and enthusiasm. One staff member told us, "You know some companies mean it and some don't. They (provider) do; it's all for them (people)." Another member of staff said, "From top to bottom, we all feel passionate about people's care. Nothing's too much trouble for people." They went on to say, "It's all about getting people the best life they can have: the life they deserve."

The management team and staff discussed the people they supported with affection, respect and clear insight into their unique personalities, needs and requirements. This included knowledge of people's personal backgrounds, their hobbies and interests and the emotional support they needed on a day-to-day basis. The empathy and compassion staff and management had for people was clearly visible. For example, one person described the crucial role the registered manager had played, over an extended period, in supporting them to regain access to their children, and what this meant to them. They told us, "It wouldn't have happened without [registered manager's] support. They cut through the paperwork. They have engaged far more than they are paid to. I've never felt abandoned." The provider had supported this person to attend parenting courses, and had organised specific additional training to enable them to safely respond to their child's medical needs. The provider had, similarly, supported two other people in re-establishing positive relationships with their children.

Staff and management were committed to developing and maintaining open and honest relationships with people, their family and friends, and the community professionals involved in their care. A relative explained, "We had an open day at first at a local pub. [Person's name] introduced themselves to the staff team, and we

talked about their needs and likes. It was a good starting point and ever since we've kept up that openness."

The bespoke training days, organised for each person before their care started, were used innovatively to give staff a sense of the whole person and their journey through life up until that point. The management team then matched people with staff with whom they were likely to have most in common, to promote positive, caring relationships. The management team and provider's team leaders invited people's feedback about their care staff at regular intervals, to ensure things were still working well, and to make any necessary changes.

Staff and management used a wide variety of communication strategies, aids and tools to help people express their views, preferences, wishes and choices to the fullest extent. For example, we saw staff were adept in supporting one person's use of a 'Bliss Board': their primary means of communicating with others. 'Talking Mats' were used to support another person's decision-making about their new home. 'Talking Mats' are a communication symbol tool to help people with communication difficulties express what matters to them. Staff used pictorial 'now and next' cards with a further person to help them achieve a greater sense of control and predictability in their life, and reduce associated anxieties.

An assistant case manager praised the efforts the registered manager had made to fully involve one person in the initial meetings about their care and support, and to allay their related fears. They said, "The [registered manager] worked on every word and phrase to make the meeting as accessible to them as possible." We saw the provider had developed their 'service agreement', along with other key documents, in easy-read formats to ensure people had the accessible information they needed about the service and what they could expect from it.

Staff and management actively supported people in identifying potential sources of additional help and advice, including access to independent advocacy services. For example, at the time of our inspection visit, the management team were helping one person to more fully benefit from the support available to them from the Thalidomide Trust, which included a befriending service.

Respect for people's privacy and dignity was fundamental to the culture of the service. People told us they felt respected and listened to by staff and management. One person described to us how they had felt overlooked and ignored in a previous placement, where they been left to "sit in a window". They went on to say they now felt "like an adult". A relative explained, "They (staff) listen to [person's name] and respect them. They support [person's name] if they express strong views on something." We saw the provider, staff and management took their responsibilities to protect people's confidential information seriously. The provider had policies and procedures in place to safeguard such information, and ensure it was only accessible to authorised persons.

Staff and management anticipated those periods when people may need additional support in the face of particular challenges in their lives, in order to be able to respond at the earliest opportunity. For example, once aware that one person's close relative was approaching the end of their life, they supported them, over a two year period, to come to terms with this fact. Their sensitivity, empathy and successful liaison with the multi-disciplinary team, resulted in this person being able to better cope with this loss, and feeling able to attend their relative's funeral.

People's relatives and community professionals emphasized staff and management's commitment to promoting people's human rights and protecting people from any form of discrimination. A senior member of staff had written to the manager of an entertainment venue to challenge assumptions made about one person's capacity due to their physical disabilities. This had prompted an apology from the establishment in

question and unhampered use of the venue. A relative explained how staff had also supported this person to complain when they were allocated a seat with an obscured view at a comedy event. This had led to them having the opportunity to meet the comedian in question after the show.

We saw staff actively supported people to develop their independent living skills through for example, taking greater responsibility for household chores, paying bills, managing their medicines and making purchases in the local community. A relative explained, "It's supported living to the fullest extent. [Person's name] is as independent as they can be, and that's down to Inspiration Care understanding their needs and supporting them to the full." An assistant case manager said, "They (provider) go above and beyond, and want to do the best they can to help people be as independent as possible."



Our findings

At the last inspection, people received care and support that reflected their individual needs and requirements. At this inspection, we found further improvement had been made and we have changed the rating to Outstanding.

People, their relatives and the professional team supporting each individual praised the manner in which staff and management involved them in care planning and care review meetings. They felt fully consulted, listened to, and reassured that their contribution to decision-making was welcomed and valued by the provider. One relative explained, "We go to any reviews, including the annual review. They (provider) will always try to involve us in meetings involving [person's name] by giving us notice and checking our availability beforehand."

In engaging with people and their relatives, staff and management actively explored, and recommended to people, any new ideas, products or services, which they felt may enhance people's quality of life. For example, the management team had identified, and helped one person to access, a specialist service manufacturing bespoke wheelchair moulds, to maximise the benefit they gained from, and the comfort of, their specialist wheelchair.

The resulting support plans, agreed with people and their relatives, reflected the provider's strong commitment to person-centred care. Support plans placed a clear emphasis upon the individual's strengths, abilities, independence and their overall quality of life. They provided staff with detailed guidance about what was most important to people, including their likes, dislikes, hobbies and interests, and their preferred daily routines. Drawing upon their insight into people's individual needs and requirements, staff met with people, on a regular basis, to discuss, identify and review personal goals aimed at promoting their health, independence and wellbeing. These were geared, for example, towards promoting healthy levels of physical activity and social interaction.

Following the support plans enabled staff to adopt a person-centred approach to their work, and to support people to live full, vibrant lives. For example, one person's support plans emphasised their love of live sport, including football, rugby and tennis. We saw how staff had fully supported this person to pursue their passion for sport. Their home had, with staff assistance, been decorated with the flags of their favourite football team. Within the last year alone, they had attended Manchester United football matches, Welsh rugby matches, Wimbledon and a darts weekend at Butlins. This person told us, "They (provider) have changed my life."

The provider offered a bespoke care package, and equality of care and support, to people with diverse needs and individual requirements. People, their relatives and professionals praised the provider's commitment to person-centred care and the exceptional results this achieved. An advocate said, "They (provider) are very, very person-centred and [person's name] has had a vast improvement in their quality of life since being at Inspiration Care." One person described how the flexible, tailored nature of the service had enabled them to successfully manage the home paperwork associated with living independently, and spend time with their children at short notice. They explained, "I'm regularly popping in here (provider's office) with paperwork I don't understand. I've never been told that I've had my hours. The flexibility has been absolutely crucial, for example, when staff have had to support me with my kids at short notice." They went on to say, "They (provider) are so different to any other care company." On this subject, a relative told us, "They are a unique service and give the best quality care to people. I've never known another service like them."

A central focus of the service was to support people to fulfil valued roles as members of their local community, and to enable them to freely access local services and facilities. The provider had forged strong community links with, for example, the local post office, banks and shops, to support their work in developing people's presence and independence in the community. We saw staff and management supported people to identify and access a broad range of work opportunities, social activities and therapies. One of the people we spoke with had just returned from selling the food they made at a local market. They told us enthusiastically, "It's really good when it's busy; it's brilliant!" A further person was looking forward to a hydrotherapy session later that morning, followed by a meal at their hairdresser's house. An assistant case manager told us, "They (provider) do an amazing job, They have helped [person's name] integrate well into the community and offer them a breadth of activities." They went on to say, "They are always thinking of ways to change and refresh, and make sure it is constantly thought about." An occupational therapist told us, "If you were to write down what they (provider) should ideally provide and how [person's name] should be living their life, they do that. They go above and beyond what is expected and do it with concern for what's best for [person's name]."

Staff and management actively supported people to maintain valued relationships with family and friends, and to have regular opportunities to form new friendships. One person explained how staff helped them keep in touch with a long-term friend, in addition to their regular visits from family members.

People and their relatives were clear how to raise complaints and concerns with the provider. They told us they would raise any such issues with staff or management. We saw the provider had a complaints procedure in place to encourage fair and consistent complaints handling, although they had not received any formal complaints to date. An easy-read and pictorial version of this procedure had been made available to support people's understanding of the complaints process.

Staff and management had met with people and their families to discuss people's wishes about their care at the end of their life, and how these were to be accommodated. In so doing, they had respected people's wishes to discuss these matters at a later date. The outcomes of these discussions were recorded on people's care files.

Our findings

At this inspection, the service continued to be consistently well managed. The rating continues to be Good.

The management team promoted a positive and inclusive culture within the service. A clear vision, mission statement, and set of 'service principles' had been developed to guide staff and management's actions and decisions. These reflected the provider's commitment to person-centred care and the promotion of people's quality of life. The management team monitored the day-to-day culture of the service through, amongst other things, open communication with people, their relatives, community professionals and staff. They made regular visits to people's homes to obtain their feedback, and to provide direct care and support.

Staff spoke about their work for Inspiration Care with clear enthusiasm. They felt supported, valued, fairly treated. One staff member told us, "I would never move onto another care company. I'm in the best place. Others are not a patch on this place!" Another staff member said, "Quite often you'll get a 'thank you' card or a bottle of wine in your tray. It makes you feel appreciated." Staff were clear what was expected of them at work, and felt able to request any additional support or advice needed from the management team at any time. One staff member explained, "They (management) are perfect. You ring up and you get a response straightaway." They went on to say, "It's service users first, but they are also great to us." Staff meetings were held, on a regular basis, to consult with staff as a group. The provider had a whistleblowing policy in place, and staff told us they would follow this, as necessary. Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

Staff felt a sense of shared purpose with the management team and provider, and experienced successful teamwork with colleagues. One staff member told us, "I think it's brilliant; everybody will help everybody if they're stuck with anything." Another staff member said, "We've got a good team relationship. We all muck in and help each other. Team morale is pretty top at the moment."

We met with the registered manager and the deputy manager who were responsible for the day-to-day management of the service. The management team demonstrated a clear understanding of the duties and responsibilities associated with their posts. They recognised the importance of treating staff in a fair and equal manner, and the need to promptly address any staff conduct issues. They also understood the need to submit statutory notifications to CQC in line with their registration with us. The provider's current CQC rating was clearly displayed at their office, as they are required to do.

People, their relatives and community professionals spoke positively about the overall management of the service, and their experiences of working with the management team to date. One relative explained, "I think they (management team) are really good at understanding the complex care needs of the people they support, and how best to meet these." They went on to say, "We have a good working relationship with [registered manager]. They understand where we are coming from and reply to our calls and emails." Another relative told us, "I get on with them (management team) really well. They keep me informed about everything." An assistant case manager told us, "They (management team) work in a really coordinated and supportive way. They are always aware of what's going on, and are hands-on."

The staff and management team completed a range of quality assurance activities to assess, monitor and improve the quality of the service people received. These included comprehensive monthly checks by the provider's team leaders in relation to the safe management of people's medicines, learning from any incidents, accidents or 'near misses', the condition of mobility equipment and progress towards people's personal goals. Staff and management also met with members of the multi-disciplinary team supporting each person, at regular intervals, to identify whether their recommendations were being fully implemented, and whether staff required any additional support or training.

The provider's quality assurance had resulted in a number of improvements in the service. These included improvements to the staff induction programme, to bring it fully in line with the requirements of the Care Certificate and give staff greater opportunity to absorb new learning. The Care Certificate is a set of minimum standards that should be covered in the induction of new care staff. More robust record-keeping in relation to the support and advice given by on-call staff had also been introduced, to improve internal communication. In addition, the daily care documentation staff were required to complete had been reviewed and simplified, in order to reduce time away from people's direct care and support.