

## Inspire Social Care Services

# Inspire Social Care

### Inspection report

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12 January 2022  
21 January 2022

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### Ratings

Overall rating for this service	Good ●
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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 ●

# Summary of findings

## Overall summary

Inspire Social Care Services is a domiciliary care service providing a service to people living in their own home. At the time of the inspection there were 16 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There were sufficient numbers of safely recruited staff available to meet people's needs.

Medicines were managed safely, and staff were appropriately trained. Staff followed infection control procedures to reduce the risks of infection.

People's support needs were assessed regularly and planned to ensure they received the support they needed.

Staff enabled people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led by a management team who were passionate about delivering quality care and achieving the best possible outcomes for people. People, relatives and staff spoke positively about the leadership of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 22 April 2020 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service using our monitoring system and will inspect when this is indicated.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Inspire Social Care

## Detailed findings

### Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people and their relatives to seek their feedback about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 12 January 2022 and ended on 21 January 2022.

#### What we did before inspection

We reviewed any information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We received feedback from five members of staff. We reviewed a range of records. This included people's care records and medication records. A variety of records relating to the management of the service, including audits were viewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. The provider had effective safeguarding policies and procedures in place and staff understood how to manage safeguarding concerns appropriately.
- Staff received training and understood how to recognise and report any concerns about people's safety and welfare. A member of staff commented, "The training offered around recognising signs and symptoms of [possible] abuse are very appropriate and [all staff] are very clear of their [provider's] policy of reporting any concerns."
- The registered manager understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

### Assessing risk, safety monitoring and management

- People's individual risks were assessed by the provider. Care plans were written by the registered manager and senior staff and these identified how to mitigate those risks.
- Staff had access to people's care plans and risk assessments. This meant staff had the necessary information available to them about how to support people safely
- Healthcare professionals were always contacted in a timely way to ensure people received appropriate support and treatment.

### Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- People told us they received support from a regular team of staff who knew them well and who had the training and time needed to meet their needs. One person said, "All the [staff] are very, very good. I think the important thing is they are given time to do the job properly, they are very good."
- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

### Using medicines safely

- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required.
- Staff managed people's medicines safely. The provider monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

### Preventing and controlling infection

- Staff were trained in infection prevention and had access to personal protective equipment (PPE) such as

gloves, masks and aprons to mitigate the risk of cross infection. A member of staff told us, "PPE is always available and communication around any staff requirements is also responded too promptly. Appropriate cleaning materials are readily available and [senior staff] constantly check and replenish supplies.

- Plans relating to COVID-19 had been assessed and risk assessments/processes put in place to help minimise infection risk.

#### Learning lessons when things go wrong

- A system was in place for accidents and incidents to be recorded and analysed for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned in line with best practice. Care plans were detailed and succinct enough to be easily read. Staff used them to guide how they supported individuals.
- People's desired outcomes were included in their care plans. Care plans were regularly reviewed and updated, by the provider, as people's care needs changed.

Staff support: induction, training, skills and experience

- Staff received the required training, and had the necessary skills, to carry out their roles. A staff member told us, "I believe the training is very appropriate to my role and have been asked by management more than once if I feel there is any other training that I feel I need."
- Staff completed an induction at the start of their employment and continued to receive regular training. This helped staff keep up to date with best practice guidance.
- Staff received regular supervision meetings which gave them the opportunity to discuss any concerns or development needs. A staff member said, "[Registered Manager] and the team are an amazing support, the team as whole are there for you whenever you need anything."

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

- People's nutritional needs were clearly documented and a plan of care put in place.
- Where people required support with their meals, this was clearly recorded, including what level of support was needed.

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

- People were supported to access health care appointments and referrals for advice were made when needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived on their liberty to receive care and treatment when this is in their best interests



and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

The service was not currently supporting anyone with authorisations in place to deprive them of their liberty.

- Consent for care was obtained in line with the principles of the MCA 2005. One person told us, "Oh yes they [staff] are always asking me am I okay with everything. They are always checking."
- Staff ensured people were given choice and control over decisions about their day-to-day care. A relative commented, "[Family member] is living with dementia and struggles with some understanding but [staff] always ask their permission [to deliver care]."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us that staff were kind, caring and supportive. One person said, "They [staff] are all very, very good. I think the important thing is they are given time to do the job properly, they are very good." Another person said, "I think they [staff] are wonderful, they really are lovely people."
- Staff spent time with people and their family members to get to know them and build positive relationships. A member of staff told us, "It has been an honour to work with a team so dedicated to improving the lives of the people we care for, which is something I am passionate about."

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

- People and their relatives were involved in the planning and reviewing of their care. The service adapted wherever possible if people asked for changes in their package of care such as accommodating people's preferences for times of their care.
- The registered manager and other senior staff made regular calls and visits to people to discuss their care and seek their feedback.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected people's privacy and dignity when delivering their care. One person said, "Oh yes, they treat me with dignity. I really like being treated as a human being. They are really kind. I feel they are looking out for me." Another person said, "They always make sure the bedroom door is closed and they cover me up." Another person's relative commented, "Couldn't be better really. They [provide personal care] in the shower and they always shut the door and they also shut the bedroom door."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's holistic and care needs were thoroughly assessed and considered as part of their plan of care. People told us staff were very responsive to their needs.
- Care plans contained information regarding their personal preferences, their life history, and people who were involved with their care. This meant staff had up to date information and what was important to people. A staff member told us, "The care plans are relevant and helpful. I feel the care people are helped with is the best you can get. I try to [provide care] how I would want to be treated myself."

Meeting people's communication needs

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

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.

Improving care quality in response to complaints or concerns

- Relatives told us they knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed.
- Since registering with CQC the service had not received any complaints. However, we saw processes in place which would enable the service to record, investigate and take appropriate actions in response to a complaint.
- The registered manager had a register of complaints which included actions they had taken in response to the concerns raised.

End of life care and support

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

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The staff and registered manager supported people in a person-centred way. Each person's care plan was individualised and focused on their abilities and desired outcomes, which had been discussed with them or their representative.
- The registered manager and staff all had a good knowledge and understanding of the people they supported, and they knew them well. One relative told us, "The service had a positive culture."
- Staff told us the registered manager was always supportive and approachable. One member of staff said, "If I was to have a member of family requiring support or care, Inspire Social Care would be my first port of call. I am lucky enough to work with a team and management who all want to be at the job for the right reasons, and who are right for the job role too. Many if not all go above and beyond in helping each other as well as the people we support/care for."
- The registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and relatives spoke highly of the registered manager and told us that they were available and approachable at any time.
- There were systems in place to monitor and review the quality of the service. Audits of the service were completed to ensure the provider was meeting peoples' needs and the service being delivered was to a high standard.
- Where issues were identified the registered manager made sure that these were addressed immediately, and processes put in place to prevent any future re-occurrences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback was sought from people, their relatives and staff on a regular basis. This gave the opportunity to suggest any changes or improvements.
- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

#### Continuous learning and improving care

- Audits were used to identify areas of improvement and an action plan developed in response This was updated at least monthly or sooner if things changed.
- Spot checks on staff took place to monitor how staff were providing care, timeliness of calls and the caring approach to people.