Inspired Care Limited

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Inspection report

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Ratings

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

Overall summary

This was an announced inspection which took place over two days, 21 and 23 December 2015. The last inspection took place in November 2013. The service was meeting the regulations in force at the time.

Inspired Care is a domiciliary care service that is registered for the regulated activity of personal care. The service provides care and support to people in their own homes in the Tyneside area. The care offered varied from short support visits to 24 hour care. A number of people were receiving end of life care.

There were three registered managers in post, two since 2012 and one since 2014. They had applied to reduce the number of registered managers to two. 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

We found that people's care was delivered safely and in a way of their choosing. People were supported in a manner that reflected their wishes and supported them to remain as independent as possible. Staff were aware of signs of potential safeguarding alerts and raised them with the service. The service had responded positively to recent whistle-blower's raising concerns externally and internally.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed. People and their family carers were encouraged and supported to manage their own medicines if they wished to do so.

Staff felt they were well trained and encouraged to look for new ways to improve their work. Staff felt valued by senior staff and this was reflected in the way they talked about the service, the registered managers and the people they supported.

People who used the service were matched up with suitable staff to support their needs, and if people requested changes to staffing or hours these were usually facilitated quickly. People and relatives were complimentary of the service, and were included and involved by the staff and registered managers. They felt the service provided met their sometimes complex needs well.

There were high levels of contact between the staff and people, staff seeking feedback and offering support as people's needs changed quickly. People and their relatives felt able to raise any questions or concerns with senior staff and felt these would be acted upon.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships and kept them involved in activities that mattered to them. Relatives thought that staff were open with them about issues and sought their advice and input regularly.

The registered managers were seen as reliable leaders, by both staff and people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs, supporting staff and developing a better service.

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?

Good

The service was safe.

Staff knew how to work to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about potential abuse or harm, and that these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated systems were in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines as required.

Is the service effective?

Good

The service was effective.

Staff received support to ensure they carried out their role effectively. Regular formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Arrangements were in place to request support from health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff had a basic awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where they did not have capacity, or had fluctuating capacity. However there was not always records to evidence where staff were acting in best interests.

Is the service caring?

Good

The service was caring.

Care was provided with kindness and understanding. People could make choices about how they wanted to be supported and staff listened to their views and this was reflected in their care plans.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

The staff knew the care and support needs of people and took an interest in people and their family carers to provide personalised care.

Is the service responsive?

Good

The service was responsive.

People had their initial needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service, changes in need and following advice from external professionals.

Summary of findings

People could raise any concerns and felt confident these would be addressed promptly through regular meetings with the registered manager. There was scope for improving learning from complaints and concerns raised by people.

Is the service well-led?

Good

The service was well led.

The service had registered managers who had regular contact with people and staff. There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce potential risks to the people who used the service and helped the service to improve and develop.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

The people, relatives and staff we spoke with all felt the registered managers was caring, approachable and person centred in their approach.

Inspired Care Ltd

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 21 and 23 December 2015 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector and an expert by experience who telephoned people using the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted local commissioners of the service for feedback, they had no concerns.

During the visit we spoke with seven staff including the registered managers. We spoke to one person who used the service and two of their relatives via phone.

Four care records were reviewed as was the staff training programme. Other records reviewed included, safeguarding adult's records and accidents/ incidents. We also reviewed complaints records, five staff recruitment files, four induction/supervision and training files, and staff meeting minutes. The registered manager's quality assurance process was discussed with them as was learning from accident/incident records.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when supported by Inspired Care staff. One person told us, "I have a lot of machinery to keep me going staff know how to use it and I feel safe". A relative told us, "I am confident (relative) is safe, the staff are trained to use the hoist and other equipment. I would say they are very competent at what they do". People and relatives told us they had a core group of carers that they knew. They were usually introduced to new staff who would work alongside a regular member to understand the needs of the individual before working alone. People and relatives told us staff helped with medication which was given on time and in the correct manner.

Staff we spoke with all felt that any safeguarding or other safety issues would be dealt with appropriately by their managers. All the staff we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these. They felt confident that the registered managers would respond quickly to any concerns they raised. Staff told us that keeping people safe was a core principle of their work. Inspired Care staff had previously used whistleblowing procedures and contacted external agencies with concerns as well as raising them internally. The registered managers had responded positively to this raising the concerns promptly and cooperating fully with external agencies.

The service had a safeguarding alert raised whilst we were visiting. They prioritised this work contacting the appropriate external agencies and taking immediate action to make sure people were safe. Previous safeguarding alerts had been managed well, investigated and any learning incorporated into the service.

Each person's care records had risk assessments for their home environment, as well as risk assessments covering people's activities of daily living and their care. These were detailed and where risks had been identified the care plans then identified what steps had to be taken. For example one person had been assessed as at risk at night. This had been reviewed with the person and whilst the risk continued staff were aware of the risks and monitored the situation for any changes.

Some of the people receiving the service had a history of complex family relationships and behaviours. Staff we spoke with felt the high levels of contact between the registered managers, office staff and people receiving the service and their families helped to ensure these issues were discussed and resolved quickly. This work often involved seeking external professional advice and input.

We looked at how staffing was assessed for each person. We saw that the service assessed each person prior to working with them and drafted an initial care plan. One registered manager told us they refused work where they did not have the right staff available to meet people's needs. New staff would work alongside existing staff before they were able to work alone. We saw from records that where people had asked for a change of staff this had been accommodated. Some people's needs were assessed as needing two staff at key times for moving and handling. These were all risk assessed and the staff deployed had been trained in the correct procedures and safe use of equipment.

Staff we spoke with told us they how they ensured that all visits were covered. If they had to stay late with someone as they were unwell for example, they would contact the office. Office staff could either cover the calls or out of hours and on call could support. We met senior staff who were going out to check on visits that day. They took supplies of gloves and aprons to ensure that stocks were replenished if needed.

We looked at how staff were recruited and saw that the process was the same for all staff. All staff were subject to a formal application and interview process. Two references were taken and a criminal record and barring scheme check (DBS, disclosure and barring service) made. One registered manager told us where staff performance or discipline had been poor they had worked to improve this through extra supervision and training.

We looked at how medicines were managed by the service. Some people had family carers and as part of the initial assessment agreement was reached with them about how medicines would be managed. Where people or their relatives chose to manage their own medication this was risk assessed and kept under review. Where the service had responsibility for medicines this was carried out by suitably trained staff. Records of medicines were kept and subject to regular review by the registered managers or senior staff to ensure the arrangements were effective. Staff who handled medicines had attended the providers training and regular refreshers.

Good

Is the service safe?

Staff told us they had all attended appropriate infection control training, and that the service always ensured that disposable gloves and aprons were supplied to the person's home for their use.

Good

Is the service effective?

Our findings

People and their relatives mostly told us they felt the service was effective at meeting their needs. One person told us, ""The staff sometimes prepare my meals, they will ask what I would like to eat or see what's in and we talk about the meal of the day." A relative told us how the staff had been flexible about shopping. They told us, "I would normally give them the cash to go and fetch something extra, like milk and they would bring me the receipt and change. However sometimes they (the staff) will fetch it in themselves and I give them the money. The staff are very obliging." However one person told us they felt the carers could be rushed in the mornings. But they did tell us that the carers did complete all the tasks required in the time allotted.

From records of staff induction we could see that all staff went through a common induction process. All staff had attended training in key areas identified by the provider such as moving and handling. The registered manager kept a record of all staff showing when refresher training was needed. Regular observations of staff were carried out by senior staff to ensure they were following care plans. Staff told us they were always attending training and that it was relevant to their work. One staff member told us, "I have worked in similar places in the past and the best training I have had to date is with Inspired Care."

People told us they felt the staff had the skills and knowledge to meet their needs. One relative told us how there had been in change in their relative's needs. They told us their relative had been visited by the Speech and Language Therapist (SALT) who had recommended they be given thickened fluids and liquidised diet. The staff were now supporting the person with their dietary intake in the correct manner making sure they followed the plan laid down and instructed by the SALT. The relative said "The girls make sure (relative's name) gets the right consistency of drinks and meals they (the staff) know what they are doing." There was evidence in care plans and other records that the staff were proactive in requesting occupational therapist input where people needed equipment in their homes for their safety. This included such things as hoists.

We looked at staff supervision and appraisal records and saw there was day to day contact with staff where the registered managers or senior staff visited people and spoke with staff. Records were kept which showed that formal supervision took place regularly and in line with the provider's policy. Supervisions looked at staff training needs and gave staff feedback on how well they were meeting people's needs as well as identifying areas for potential improvement. Staff we spoke with told us supervisions were helpful, they felt able to discuss any personal or work issues that affected them, and they felt supported by a quick response.

People's consent to care was normally sought at initial assessment and throughout the care planning process. We saw that one care plan had not been signed by people or their representative. We brought this to a registered manager's attention who agreed to rectify this.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. From talking to staff and the services records, we saw that staff had attended training on the MCA. We saw from records that not all people receiving a service had mental capacity to consent to their care. For some people care was being provided in their best interests to ensure their continued wellbeing. Not all day to day care records could demonstrate that the principles of the Mental Capacity Act (MCA) had been followed. We could see from talking to staff and written records the decision that had been taken, but the process followed to reach this decision was not consistently documented in care records."

We recommend that the provider ensure that records demonstrate the process that staff take to gain peoples ongoing consent or where they are acting in peoples best interests.

People told us they were supported to eat and drink. We saw from records that some people's weights were monitored by staff. We saw from records that people had access to support from health care professionals including GP's, district nurses and the speech and language therapy team. From care plans there was evidence of regular liaison and joint working with external healthcare professionals

Good

Is the service effective?

such as district nurses. Staff we spoke with told us how they supported people to seek this external support and then assisted in communication and updating them on changes in people's needs.

Good

Is the service caring?

Our findings

People and their relatives all told us they felt the staff were caring towards them. One relative told us, “Although my (relative) can’t speak, staff can communicate with (relative) to understand their needs”. Another told us, “I can’t fault the staff they make sure my (relative) is dressed well and their hair is done. They are very good at paying attention to details. My (relative) would hate not to look their best.” People receiving 24 hour care told us that staff were caring and courteous. They knew people well and would often do extra things like shopping for them. Everyone said they or their relative was treated with respect and dignity.

Care records helped to identify people’s preferences in their daily lives, and important facts about their previous occupation and interests. This helped staff to be able to provide support in an individualised way that respected people’s wishes. Staff we spoke with knew the details of people’s past histories and their personalities. We saw that written details of how people wanted to be cared for and supported were clear and had been written in plain English.

Some of the people were receiving end of life care. People and their families told us they felt respected by staff, that they could direct the care to meet their needs and the staff responded positively to their requests. We saw that staff had been trained or supported via supervision to be aware of how to best to offer emotional support to people and their families whilst receiving end of life care.

The registered manager told us how they supported people to access healthcare services, sometimes supporting family carers to ask for additional support or advice if this was not forthcoming, such as hoisting equipment. Staff were aware of advocacy support that could be accessed to support them with any conflicts or issues. We saw that issues of behaviour had been referred for external support to ensure that the needs of the each individual were recognised.

People told us that staff respected their privacy and confidentiality. People described how personal care was carried out with staff ensuring they were always kept warm, being covered by towels or blankets and doors of rooms being closed. Staff and people told us they always sought permission before doing anything for the person.

We saw that people had been supported to make advance decisions, such as ‘do not attempt resuscitation’ orders and these were reviewed regularly. We saw that staff continued to provide practical help and support to family carers after people had passed away. Staff liaised with community health professionals to seek their input and advice, and people were supported to have dignified end of life care. Records showed how people wanted to be supported and gave details of how they wished to be cared for in a way that respected their personal preferences and beliefs.

Good

Is the service responsive?

Our findings

All the people and relatives we spoke with knew who to speak to if they needed to give feedback regarding something they were not happy with. They told us they felt the service responded to their changing needs and requests. One person told us they had in the past needed to speak to the manager regarding an issue with a member of night staff. This person said "I rang (registered manager) and explained the situation and that I wasn't happy. (Registered manager) said they would speak to the member of staff. They must've done that as the staff member still comes and the issue has never arisen again". A relative told us, "If I have a problem I just ring and they listen."

All the staff we spoke with told us they felt able to make changes quickly to respond to how people felt. They told us they used the written care plans and daily records as a way of ensuring these were communicated to other staff. For example a change to someone's medicines.

We looked at four people's care records, including support plans about their care needs and choices. We saw the quality of recording was consistent and provided clear information about each individual. We saw that there were regular reviews of these care plans and that information from external professionals was added quickly. The records contained details about peoples past occupation and interests and gave the reader an insight into the person's lifestyle and preferences. These records were written in plain English. Where technical or medical language was used this was explained or information was included in the care records to inform the reader.

People told us they helped to develop their care plans and had been consulted about how best to work with them. For example by giving details about how they wished to be bathed. They told us they and their relatives had been encouraged to make comments and suggestions and they had been asked to sign and approve their care plans.

Records showed that each person's care plan was reviewed monthly. We saw that reviews of peoples care involved external professionals and staff kept records of these meetings so that they were able to quickly incorporate any changes into the care plans. An example being where a GP had given a new prescription and staff quickly sourced the medication and made changes to the medicines records.

People were encouraged and supported to keep doing the activities and interests they enjoyed. Peoples preferred interests were documented, and with careful matching to staff they were able to support them to continue these where possible. For example, one relative told us how staff had afforded them a chance to have a regular break from their caring role and meant they felt able to continue having their own separate interests.

The registered managers had regular contact with people via face to face or telephone contact. People told us they felt able to raise any concerns and that these were quickly responded to. The registered manager showed us records where complaints or concerns had been raised. They had responded positively to them and had made changes to peoples service or care plans. People we spoke with about their complaints told us some carers had come late, or they had different carers due to staff leave. From reviewing complaints records we could see there was limited review of the common causes of complaints, each one being responded to individually. We discussed this with the registered managers who agreed to review complaints and feedback and identify common themes which emerged.

Good

Is the service well-led?

Our findings

People and their relatives all told us they thought the service was well led. One person said, "I think they are a very professional company. We had issues with the previous one. So far so good." Staff we spoke with also told us they felt they had good leadership and guidance from the registered managers. They told us they set the tone about valuing people and keeping their needs at the centre of all decision making.

When we talked to the registered managers they were clear about the vison and values of the service. In their annual quality assurance report they clearly set out the aims and values the organisation holds. They were listed as consult, compare, challenge, compete, collaborate and communicate. When we talked to staff about these values they were able to tell us how they influenced their day to day work. For example, challenge, staff were able to tell us how they passed a number of issues through the formal complaints process to ensure openness. Staff were all very clear that they did not hold all the answers and that by collaborating with other staff and external professionals they could share best practice.

Staff also told us they felt supported and encouraged to improve the service. One staff member told us "The registered manager goes that extra mile to make sure you're doing okay and encourages you to train and develop." All the staff we spoke with said they would like to continue to work for the service.

We saw records of staff meetings, and office meetings. These clearly set out how the registered managers used the meetings to gather information about possible improvements and make changes to how the service was delivered in the future. The service was looking to hold senior meetings more frequently in 2016 as it was felt that would ensure a prompt response to issues.

The managers were able to highlight their priorities for developing the service in the future and were open to working with us in a co-operative and transparent way. They were able to supply us with records requested quickly, and the office was well organised and records maintained.

We discussed notifications to the Care Quality Commission (CQC) with one of the registered managers and clarified when these needed to be submitted. They were clear about their role as a registered person and sought advice from the CQC regularly to ensure they were meeting their statutory requirements.

We saw that the registered managers undertook a number of monthly audits, particularly of care plans and records. We saw these checks had led to improvements in the clarity of some documents for example by adding in details. The service also sought feedback from people, staff and professionals. This was largely positive and was published in the annual quality assurance report. This showed improvement had been made in customer satisfaction.

From care plans there was evidence of regular liaison and joint working with external healthcare professionals such as district nurses. Staff we spoke with told us how they supported people to seek this external support and then assisted in communication and updating them on changes in people's needs.