

Inspire You Care Ltd

# Inspire You Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Inspire You Care Ltd is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service supported five people with personal care.

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

Staff had not been recruited safely as the registered manager had not ensured all the required checks had been undertaken before staff commenced work at the service. These checks are required to ensure staff were suitable for their role. This was a breach of a regulation.

Staff had completed training before they had started working at this service with another provider. Assessments had not been undertaken on all staff to ensure they had the required skills and knowledge for their role.

People's needs had been assessed before they started using the service, but the information and records completed was brief in detail which meant staff did not have access to detailed information to refer to. Risk assessments had not been considered in relation to the environment to ensure there were no hazards impacting on the delivery of care.

The systems to check the quality of the service provided for people were not consistently effective and required some improvement.

People were happy with the care provided and felt safe when being supported by staff. People confirmed they received support from a consistent and reliable team of staff. People received the support they needed to take their medicines. Staff were aware of how to keep people safe from potential risk of harm. Staff wore gloves and aprons to ensure they protected people from cross infection.

Staff monitored people's wellbeing. People were supported 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.

People felt staff were caring, respectful and encouraged their independence, protected their privacy and treated them with dignity. People confirmed they were involved in their care and feedback was actively sought about the quality of the care being provided. Staff felt supported in their roles.

### Rating at last inspection

The last rating for this service was 'Inspected but not rated' (published 18 April 2019). This was because the service was only delivering 5.5 hours of personal care, and we didn't have enough evidence to accurately award a rating for each of the five key questions and therefore could not provide an overall rating for the

service.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Inspire You Care Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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 hour's notice of the inspection visit. This was to enable us to make arrangements to speak with people and their relatives and to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 16 October 2019 when we visited the office location. Telephone calls were undertaken with people and their relatives on 23 October 2019.

#### What we did before the inspection.

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). 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 two people and one relative about their experiences of the care provided. We spoke with two care staff, and the registered manager, who is also the registered provider.

We reviewed a range of documents and records including the care records of three people, three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was inspected but not rated. At this inspection this key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Robust recruitment procedures were not followed by the service. We reviewed the recruitment records for three members of staff. We found the required checks had not been fully completed prior to them starting work. This was because the registered manager was not fully clear about the requirements in place.
- Staff are required to have an updated disclosure and Barring Service checks (DBS) before they start work. Three staff members employed had a DBS from a previous employer, but a risk assessment had not been completed to evidence what additional checks had been done to enable the provider to use this DBS. We also saw references from staff's previous care employment had not been validated to ensure they were accurate.

A failure to demonstrate robust recruitment procedures were followed, means the provider did not have the assurances staff were suitable for their role. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action was taken by the registered manager in response to our findings and DBS checks were submitted for these staff and cover arrangements were put in place to ensure the safety of people being supported by the service.
- People told us staff arrived at the times as agreed in their support plan. One person said, "I have never had a call missed and the staff are always on time and stay the required amount of time. I know in advance which staff will be providing my support."

### Assessing risk, safety monitoring and management

- The registered manager had completed some risk assessments in respect of people's mobility, but we found risk assessments had not been completed in other areas such as skin integrity where people previously had sore skin. An assessment of the environment had also not been completed to ensure there were no hazards when providing support to people.
- Staff were aware of any risks when providing support to people. A staff member told us, "I know [person] is at risk of falling so I ensure they have their equipment and I walk alongside them. If I identified any risks or had any other concerns I would raise it. I would monitor people's skin to ensure there are no issues."

### Using medicines safely

- Only one person was currently being supported to take their medicines. A review of the medicine records showed not all the required information had been recorded in respect of the dosage required. This information had been recorded in their plan of care. The registered manager agreed to address this.

- The medicine records had been completed to confirm the person had received their medicines when they needed them.
- Records for staff who administered medicines confirmed they had completed medicines training and an assessment of their competency had been undertaken.

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

- People told us they felt safe when supported by staff. A person said, "Yes I feel safe the staff support me in the way I want them to and I have no concerns about them. If I have any concerns I would raise these straight away with the manager."
- The registered manager and staff understood their responsibilities to safeguard people from risk of harm of abuse. A staff member told us, "I would take action straight away and report any concerns to the manager or to CQC if needed."
- The registered manager was aware of their responsibilities to report any safeguarding concerns to the local authority and to CQC. The registered manager advised there had been no reportable incidents.

#### Preventing and controlling infection

- People told us staff wore protective personal equipment such as gloves and aprons to prevent the spread of infections.
- Staff confirmed they had completed training in relation to infection control and food safety. Records we reviewed confirmed this. This ensured staff had the knowledge to prevent cross contamination and infection.

#### Learning lessons when things go wrong

- The registered manager confirmed there had not been any incidents or accidents to report at the time of our inspection visit. The registered manager advised us he would record and monitor all accidents and incidents to identify any patterns and trends and take action to reduce risks.
- Staff understood their responsibilities to raise concerns in relation to health and safety.

# 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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The staff employed at this service all worked for another provider and had completed key areas of training with that provider. Evidence of training completed was available in staff files.
- Although the registered manager told us he shadowed staff as part of their induction, to ensure they had the skills for their role, there was no evidence of this, or of a service specific induction. An assessment of staff members' competency was also not completed on all staff to demonstrate they had the skills for their role, before they worked with people independently. Spot checks had been completed for one member of staff.
- The registered manager told us he was in the process of purchasing a training programme which would be implemented in the next few weeks.
- People and a relative told us they felt staff had the skills and had no concerns about the support provided. One person said, "I think the staff have the skills and training to meet my needs, they seem to know what they are doing. I have no concerns about their abilities."
- Staff confirmed they had the skills for their role and felt supported by the registered manager.
- The registered manager had started to implement support systems such as supervisions and appraisals with staff.

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

- People's needs had been assessed but the information recorded was brief in detail and focused on the tasks the person required support with. Information was considered in relation to people's protected characteristics, as identified in the Equality Act 2010. This included people's needs in relation to their gender, sexual orientation, age, culture, religion, ethnicity, and disability.
- People and a relative confirmed they were involved in their assessment. One person said, "The manager visited me, and we discussed the areas I needed support with, and what my preferences were. The manager took into consideration my choices, and thoughts and these have been respected. The staff meet my needs."

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

- People and a relative told us they received the support they needed to have enough to drink and to maintain a balanced diet. A person said, "The staff sometimes make me a drink or a snack of my choosing, they always ask before they leave if I need anything."
- Information about people's dietary requirements, preferences and any allergies were recorded for those people that required support.

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

- People and a relative told us they arranged their own healthcare appointments but felt confident staff would provide support if required. One person said, "I access all healthcare services myself, but I am confident if I needed the staff in an emergency or to call a GP they would act without hesitation."
- Staff told us they monitored people's general health during their visits and if necessary would share any wellbeing concerns with relatives or healthcare professionals as required.

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 of 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. We checked whether the service was working within the principles of the MCA and found they were.

- People confirmed their consent was obtained before staff provided support. One person said, "Every time staff visit they ask first what support I would like and wait for me to reply. They always gain my consent first."
- Staff confirmed they had previously completed MCA training before working for this service. Staff had an understanding of the MCA and how this related to their role. A staff member told us, "It is about promoting people's rights and ensuring they consent to the care provided."

# 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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has been rated as 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 a relative provided positive feedback about the staff and the service provided. A person said, "The staff are very respectful, of me and my diverse needs and they treat me well and are caring. I am very happy with the support I receive." A relative told us, "The staff are kind, gentle, and very polite to [relative]. We are happy with the support provided."
- Staff knew people well, and one staff member told us, "I have got to know the people I support by talking with them, and taking an interest in their lives, and the way they like things to be done."
- People's records included some details about their background, wishes and preferences. The detail varied in each file, and this was something the registered manager was working towards to improving.

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

- People felt involved in their care. One person said, "I feel in control which is important to me. I am involved throughout. The staff work with me, and value my opinion and me. I make the decisions about my care and how this is provided."
- Care records showed people and their relatives were involved and consulted about how they wanted their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People and a relative confirmed staff maintained their privacy and dignity and promoted their independence. One person said, "The staff are very good, they ensure doors and curtains are closed so people cannot see in. They leave me when I ask them to and they always encourage my independence by ensuring they only do what I need them to do. They don't rush me."
- Staff told us how they considered people's privacy and dignity when providing support by ensuring they asked people about how they wanted the support to be provided and ensuring people had privacy when they requested it.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was inspected but not rated. At this inspection this key question has been rated as 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 and a relative confirmed they received support from a core team of staff. A person told us, "I think the service I receive is personable to my needs. I do get the same staff supporting me which is important to me to build a rapport. My needs are met in the way I want them to be."
- The service has only recently expanded to provide care to more people, and therefore formal reviews had only been completed with one person. People told us they had informal discussions with the registered manager about the support provided. One person said, "The manager is always asking how the service is going, so the support provided is constantly reviewed. We are happy with everything."
- Care records varied in detail and some were more personalised than others. The registered manager acknowledged this and agreed to update the care plans to ensure they all provided the same level of detail and were person centred.

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.

- Information about how people communicated was included in the assessment process and care plan. The registered manager advised people currently using the service did not have any specific communication needs.
- One person currently had their well being notes typed up to enable them to read these and they signed them in agreement with the content.

Improving care quality in response to complaints or concerns

- People and a relative knew how to raise concerns and confirmed they had received a copy of the complaint's procedure. A person told us, "I have no complaints but if I did I would just raise these with the manager and I am confident these would be addressed."
- A complaints procedure was in place. The registered manager told us they had not received any complaints to date.

End of life care and support

- The registered manager told us they were not currently supporting anyone on end of life care. He told us if they did support someone in the future they would work in partnership with the person their families and other agencies to ensure people received care in line with their needs and wishes.



# 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.

At the last inspection this key question was inspected but not rated. At this inspection this key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We saw some audits were in place to monitor the service, such as reviewing the daily records, and medicine records. However, audits were not in place for the recruitment of staff to ensure all required checks and legal requirements were met. The registered manager confirmed an audit would be put in place and all shortfalls would be addressed.
- The registered manager had met their regulatory requirements to submit a provider information return. However, we were unable to use the information provided as it did not reflect our findings at this inspection and referred to another service.
- The registered manager worked closely with staff and provided direct care to people, which gave them oversight of the service. However, there was limited systems in place to monitor the delivery of the service. For example, systems to monitor missed or late calls. The registered manager advised there had not been such instances occur. The registered manager advised he had purchased an electronic system which he had hoped to implement in the next few months. This will enable him to monitor the service delivered more effectively.
- The provider had met their legal responsibilities ensuring their current inspection rating was displayed at the office. The registered manager advised us there had not been any notifiable incidents to report to CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and a relative told us they were happy with the way the service was provided and the care delivered. One person said, "I would be stuck without this service, they enable me to remain independent. I think the manager is doing a good job and managing the service well and he is approachable and open, and I know I could go and discuss anything with him."
- Staff told us they felt supported and involved with the way the service was provided. A staff member told us, "The service is developing, and the manager is managing it well, he is keen to learn. The manager asks for feedback and is open to suggestions."

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; Continuous learning and improving care

- The registered manager understood his responsibilities in relation to the duty of candour regulation. The registered manager advised there have been no incidents where he has had to fulfil these responsibilities

but commented he would be open and honest in responding to such instances.

- The registered manager took on board our feedback during this inspection visit and was keen to learn from the shortfalls identified and make the required improvements. The registered manager told us he was passionate about ensuring people received care that made a difference to them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and a relative told us they felt fully involved in the delivery of their service and feedback was sought. One person said, "The manager is always asking if I am happy, he often calls and asks me if everything is okay and for feedback or suggestions for improvement. I have none to offer as I think the service is brilliant for me."
- Although discussions with people confirmed feedback was sought, records to support the ongoing engagement with people was not recorded. The registered manager had plans to send out formal surveys to collate people's views and advised he would start recording contact and feedback provided.

Working in partnership with others

- The registered manager told us how they worked in partnership with a local authority to ensure people's support needs were met.
- The registered manager advised us he attends local authority managers meetings and is a member of a care association. This enables him to keep up to date and informed with current information and resources.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider failed to establish and operate effective recruitment procedures.  Regulation 19 (2) (3)