

Inspire Support Workers Limited

Inspire Support Workers

Inspection report

Unit 37
The I O Centre, Armstrong Road
London
SE18 6RS

Tel: 07988068237

Date of inspection visit:
12 March 2020

Date of publication:
01 May 2020

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 ●

Summary of findings

Overall summary

Inspire Support Workers provides personal care support to people living in their own homes. The service supports people living with mental health and learning disability. At the time of this inspection four people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People were complimentary about the service and told us it was well led. People received care and support which was safe and personalised to their needs. Staff understood their responsibility to protect people from abuse and to report any concerns to ensure people remained safe. Risks to people had been assessed, identified and had appropriate risk management plans in place to minimise the risk of harm. People were supported to take their medicines safely and there were enough staff available to support people. Staff followed appropriate infection control procedures to minimise the spread of infections.

Before people started using the service, their needs were assessed to ensure they could be met. People received care and support from staff who had been supported through induction, training and supervision. People were supported to maintain good health; eat healthily and access healthcare services when required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring, respected their privacy and dignity and promoted their independence. Staff understood people's diverse needs and supported them in a caring way. People were involved in making decisions about their care and support needs. People's communication needs had been assessed and met. People were supported to participate in activities of interest and knew how to complain if they were unhappy.

The service had effective systems in place to assess and monitor the quality and safety of the service. The service worked in partnership with key organisations to plan and deliver an effective service. People and their relatives' views were sought to improve on the quality of care and support provided.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

This service was registered with us on 6 November 2017 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Support Workers

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. This service also provides care and support to people living in a supported living setting, so that they can live 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 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 in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed information we held about the service. This included information received from the provider as required by law to report certain types of incident and events. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two people using the service to gather their views about the care and support provided. We spoke with five members of staff including the registered manager, a deputy manager and three care workers.

We reviewed a range of records. This included care and risk management plans and medicines records for four people. We looked at four staff files in relation to recruitment and staff supervision. We also looked at various records used in the management of the service including policies and procedures, minutes of staff meetings and audits.

Is the service safe?

Our findings

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

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 protected from the risk of abuse. People said they felt safe using the service. One person told us, "I am safe and a lot happier now."
- The provider had safeguarding policies and procedures in place which provided staff guidance on abuse and reporting procedures to relevant authorities.
- Staff had completed safeguarding training and knew the types of abuse that could occur. They told us they would report any concerns of abuse to the registered manager. Staff also knew the provider's whistleblowing policy and told us they would escalate any concerns of poor practice.
- The registered manager knew their responsibility to protect people in their care from abuse. Where there had been concerns of abuse, the registered manager reported this and took appropriate actions to ensure people remained safe.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Risks to people had been identified, assessed and had appropriate risk management plans in place.
- Risk assessments covered areas including personal care, medicines, mobility, continence, nutrition, communication and their home environment. For each risk identified there was clear guidance for staff on how to reduce or prevent the risk occurring. This included risks relating to people's health conditions such as epilepsy.
- Staff understood potential risks and knew of the level of support people required to reduce or prevent identified risks such as choking from occurring.
- The registered manager informed us, where required, other professionals such as dieticians were involved in assessing and training staff to reduce risks safely.

Staffing and recruitment

- There was sufficient staff available to support people's needs. People confirmed there was appropriate staffing levels in place. One person told us, "Staff are always here when I need them."
- Staff were well deployed to ensure people's needs were safely met. Staff we spoke with confirmed there were enough staff available and they had no concerns relating to staffing levels or arrangements.
- The service followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed to work at the service. These checks included two references, right to work in the United Kingdom and criminal records checks.

Using medicines safely

- Medicines were managed safely. People told us they were happy with the level of support they received with their medicines.
- Where people were supported with their medicines, staff completed a medicines administration record (MAR) to document the support they had provided. Where people were prescribed 'as required' medicines (PRN) such as pain-relief appropriate protocols were in place for staff and these medicines were kept under regular review.
- The MARs included each person's photograph, a list of medicines, dosage, frequency and the reasons for taking each medicine. MARs were completed without gaps. Where people had refused to take their medicines, this was appropriately documented, and healthcare professionals informed.
- All staff had completed medicines training, and staff told us they felt confident supporting people to manage their medicines and they had received appropriate training.

Preventing and controlling infection

- People were protected from the risk of infections. People told us staff wore gloves and aprons and washed their hands before supporting them.
- The provider had policies and procedures on infection control and prevention which provided staff guidance on how to prevent and minimise the spread of infections.
- All staff had completed infection control and food hygiene training. Staff told us they followed appropriate infection control practices including hand washing and the use of personal protective equipment such as gloves and aprons when supporting people to prevent the risk of cross contamination and the spread of infectious diseases.

Learning lessons when things go wrong

- There were systems in place to record and report accidents and incidents. The provider had accident and incident policies and procedures in place which provided guidance to staff on how to report and record accidents, incidents and near misses.
- Staff understood the importance of reporting and recording any accidents and incidents and had followed the provider's policy where required.
- Where an accident or incident had occurred, appropriate actions were taken to ensure people were safe and lessons learnt were shared with staff to prevent reoccurrences.

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.

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. 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.

- People's rights were protected because staff sought their consent before supporting them. People confirmed staff asked for their permission before supporting them.
- Where people could make decisions for themselves, they had signed care and support records for example in finance and medicine to demonstrate they had given their consent.
- Where people were unable to make specific decisions about their care and support needs, a mental capacity assessments was carried out and with best interest decisions.
- A local authority monitoring check carried out in January 2020 identified that where MCA was completed for example in relation to voting, appropriate best interest decisions were not carried out in line with MCA. The registered manager informed us the person was unable to understand and retain relevant information presented and was therefore not encouraged to vote.
- At our inspection, the registered manager informed us they had reviewed and updated their MCA practices and all staff had completed MCA training to update their knowledge and understanding. They said there had not been a need to carry out another MCA assessment and a best interest decision. However, they would ensure to apply the principles of MCA where required. We will follow-up on this at our next inspection.

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

- People's needs were assessed before they started using the service. This was to ensure that the service was suitable and could meet their needs.
- Initial assessments included people's physical, mental and social care needs. They also included people's health conditions, any known allergies and the level of support they required. Information from these assessments along with referral information from the local authority was used to help develop people's care and support plans.
- Where required, appropriate healthcare professionals such speech and language therapists (SALT) were involved in assessing people's needs to ensure staff delivered safe care and support.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to support people's needs. New staff were supported through an induction programme to familiarise themselves with the provider's policies and procedures, complete mandatory training and shadow experienced colleagues. Where required, staff also completed the Care Certificate which is a bench mark for the induction standards of new health and social care workers.
- Staff files and a training matrix showed staff had completed training courses in areas including safeguarding adults, medicines, infection control, health and safety and food hygiene. Staff had also completed training courses in areas specific to individual needs including epilepsy, dementia, learning disability and autism to ensure people's needs were safely met.
- Staff were supported through regular supervision in line with the provider's requirement and staff said they felt supported in their role.

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

- People were supported to eat and drink sufficient amounts for their health and wellbeing. People told us they had food and were supported by staff to prepare meals.
- People's nutritional needs had been assessed and their support plans included guidance on the level of support staff should provide.
- Where people required modified foods, for example soft diets, due to their needs staff knew the support to provide. The service involved people's relatives and worked in partnership with professionals including dietitians and SALT teams to ensure people's dietary needs were met safely.
- Staff knew the level of support each person required to eat and drink safely. Monthly weight checks were maintained, and staff told us if they had any concerns about a person's nutritional or hydration needs, they would report this to their managers or to a healthcare professional.

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

- People were supported to access healthcare services where required including GPs, occupational therapists, pharmacists, dieticians and a nurse from the community learning disability team.
- Staff booked and supported people to attend healthcare appointments including annual health checks where required.
- Staff worked in partnership with other agencies to plan and deliver an effective service. Each person had a hospital passport which included relevant information about their health conditions, communication, medicines, any known allergies, likes and dislikes and behaviours. This information was shared with relevant healthcare services including emergency and hospital teams to ensure people received safe care and treatment.

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 were supported by staff who were kind and caring towards them One person told us, staff were "lovely", and another said they were "kind".
- People received care and support from staff who understood their needs. A staff member said, "There are different categories of people and you have to work in different ways so their needs are met."
- Staff understood people's diverse and cultural needs and supported them in a caring way. People were supported to practice their faith and to attend places of worship which were culturally relevant and met their needs.
- Care plans included information about people's life history, their cultural backgrounds and what was important to them.

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

- People and their relatives were involved in planning their care and support needs. People confirmed they were consulted about the care and support and their views were taken into consideration.
- People were supported to make day-to-day decisions for themselves and were provided with choices. People told us staff asked them regularly how they would like to be supported and their views were respected.
- People were provided with information, including a service user guide so they could make informed decisions for themselves. The service user guide also provided people with information about the level of support they should expect.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, their right to confidentiality upheld and their independence promoted. People told us staff treated them well and they were happy using the service.
- Care records included instructions for staff on promoting privacy and dignity and respecting people they support. Staff told us they promoted privacy and dignity and upheld these principles when supporting people. This included knocking on people's doors and respecting their privacy when in the bathroom.
- Both management and care staff told us information about people was kept confidential and only shared on a need to know basis
- People's independence was promoted. Staff told us where possible, people were encouraged to do things they could do for themselves. For example, people could access the local community independently, prepare a meal and self-medicate where this was possible.

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 received care and support that met their needs. Each person had a care plan in place which provided staff guidance on how their care and support needs should be met.
- Care plans contained information on people's medical, physical and social care needs; likes and dislikes and the level of support required. Staff knew people they supported well and told us about the support they provided to ensure individual needs were met.
- People had choice and control over their lives and staff respected their choices. People told us they spent their day where and how they liked and ate foods of their choice.
- Care plans were kept under review and daily care notes showed the care and support delivered was in line with the care and support planned for.

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.

- People's communication needs had been assessed and met. Where required people had a communication passport in place which provided staff with guidance on how to communicate with them effectively.
- Information was available to people in easy read and pictorial formats. Staff told us they used words, objects and body language to communicate with people where this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where required, people were supported to access activities of choice and or interest. Each person had an activity planner in place and some people were supported to attend day centres, clubs and educational institutions to acquire and improve on their knowledge and skills. Staff supported people to access activities in the local community including shopping, bowling, dining out, music sessions, exercise classes, libraries, markets and some people travelled abroad for holidays.
- People were supported to maintain relationships with those important to them. Where required relatives could visit people in the supported living scheme without any restrictions and people were supported to visit their relatives where this had been planned for. Where relatives did not live local, people were supported to use video and telephone calls ensuring contact with people that mattered most was maintained.

Improving care quality in response to complaints or concerns

- There were effective systems in place to handle complaints. People told us they knew how to make a complaint if they were unhappy.
- The provider had a complaints policy and procedure which provided guidance on how complaints would be dealt with and timescales for responding.
- The service had not received any complaints since registering with CQC in November 2017. The registered manager told us they would follow their complaints policy to ensure people and their relatives were satisfied with the standard of the service.

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 registered manager showed a willingness to provide meaningful, high quality person-centred care and had acted on feedback from people, their relatives and professionals to improve people's experience of using the service.
- People were complimentary about the service. For example, one person told us, "[Manager's name is a lovely lady."
- The registered manager shared a clear set of values which included respect, compassion and to provide safe and good quality of care. Staff knew of these values and told us they upheld them when supporting people.
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

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

- There was a registered manager in post who understood their responsibility to meet the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and had notified CQC of significant events that had occurred at the service.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. Staff told us they felt supported in their role. A staff member told us, "The manager is nice and friendly, and she gives professional guidelines."
- There were systems in place to assess and monitor the quality of the service. Regular unannounced checks were carried out on staff practices to ensure they adhered to best practice guidelines. Care plans and medicines records were regularly checked and where issues were identified these were rectified immediately.
- There were systems in place to promote continuous learning. For example, where there was a medicines error, effective systems were put in place to improve medicines management.

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

- Feedback was sought from people, their relative's and professionals involved in their care and support. The results of the feedback questionnaires completed were positive, and people and their relatives said they

would recommend the service to others. Feedback from professionals were also positive.

- Regular staff meetings were held to update staff about best practice and to gather their views about the service. Minutes of staff meetings included topics such as policies and procedures, records management, the support delivered, and activities people participated in. Staff told us they found these meetings useful as they were used to develop their knowledge and skills and their views were listened to.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care.
- The local authority had carried out monitoring checks at the service and where they had given recommendations in areas such as risk assessment and quality assurance these had all been actioned at the time of our inspection.