

Inspire You Care Ltd

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Inspection report

46 Grove Road
Sparkhill
Birmingham
West Midlands
B11 4DE

Tel: 07891721615

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service:

Inspire You Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection one person was receiving support.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

People who used the service told us staff were kind and caring. People were supported to have 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's healthcare needs were being met. However, we couldn't assess whether medicines were managed safely as support in this area was not being provided at this time. People were mostly protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place. However, more detail was required for the moving and handling assessment to show what actions were required to mitigate identified risks. A risk assessment needed to be implemented for when staff supported people to access the community.

People's likes, preferences and dislikes were assessed, and care packages met people's desired expectations.

Staff were being recruited safely and there were enough staff to take care of people. Staff received appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

There was a complaints procedure and people knew how to complain.

The person spoke highly of the registered manager who they said was approachable and supportive. The provider had some systems in place to monitor the quality of care provided. However, they had not highlighted the areas of concerns we found.

Rating at last inspection:

This was the service's first inspection. At the time of our inspection the provider was delivering 5.5 hours of personal care to one person each week. On this occasion we were unable to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. This was because we didn't

have enough evidence to cover the key lines of enquires (KLOE's) 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.

Follow up:

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

For more details, please see the full report which is on the CQC website at 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 inspected but not rated.

Details are in our Safe findings below.

Inspected but not rated

Is the service effective?

The service was inspected but not rated.

Details are in our Effective findings below.

Inspected but not rated

Is the service caring?

The service was inspected but not rated.

Details are in our Caring findings below.

Inspected but not rated

Is the service responsive?

The service was inspected but not rated.

Details are in our Responsive findings below.

Inspected but not rated

Is the service well-led?

The service was inspected but not rated.

Details are in our Well-Led findings below.

Inspected but not rated

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides services to people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people and younger adults.

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:

The inspection was announced. We gave the service three days' notice of the inspection site visit because we needed to be sure someone would be present.

We visited the office location on 6 March 2019 to see the registered manager and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we looked at one person's care records, and records relating to the management of the service, including staff training records, audits and meeting minutes. Following the inspection, we spoke with one person who used the service and one member of staff.

Is the service safe?

Our findings

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

The service was inspected but not rated.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe and they felt safe when staff visited.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- The registered manager told us there had been no safeguarding incidents in the last twelve months.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management

- Before admission to the service an initial assessment form was undertaken to assess whether the service could meet people's needs. However, this was basic and required more detail.
- People's care files included assessment of risk which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment, and manual handling. However, moving and handling needs had not been adequately risk assessed and required more detail. The person was supported to access the community using public transport but there were no risk assessments in place for this.
- The care documentation set out some risks and control measures in place to mitigate the risks, but it lacked detail for some aspects of care provision.

Staffing and recruitment

- The service was adequately staffed. However, if the staff member was absent from work there were no other contingency for the service to provide staff.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely

- At the time of inspection the service was not supporting with medicines.
- There was a medicines policy in place which reflected recommended guidelines.
- Staff were trained in administering medication and competency had been assessed, in case the needs of the service changed.

Preventing and controlling infection

- Staff completed training in infection prevention and control. The registered manager completed observations of staff practice which confirmed staff followed correct procedures.
- Staff had access to personal protective equipment such as gloves, aprons and shoe covers.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for use for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong. However, there had been no accidents or incidents to see if the system was effective.
- Staff members were aware to call the office to report any issues if there was an accident or incident.

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

The service was inspected but not rated.

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

- Assessments of people's needs and outcomes were identified, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us they were provided with good training. Comments included, "The training was very informative, very different to what I've had before. We also covered the company's vision and how this impacts on the customer. We also talked about how to support people in a positive environment. There was a more creative feel to it."
- Staff were trained to be able to provide effective care.
- When new staff joined the service, they completed an induction programme.
- We saw staff had regular supervision and appraisal, which they told us they found useful. They also described spot checks in people's homes, which focused on issues such as professional appearance, confidentiality, manual handling and infection control.

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

- The service only supported with a light snack in an evening. This was documented within the care plan.

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

- The service worked with other agencies and professionals to ensure people received effective care.
- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact the office and update them.

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.
- Records showed people signed to consent. Care plans reflected that staff should always ask for consent before providing care to people.

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.

The service was inspected but not rated.

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

- One person told us, "They involve me in all the plans and care. I've attended meetings with them regarding my care. We have looked at how the service is going to develop. They ask for my feedback regarding that. This is encouraging for me. They also promote my own independence. My experience has been completely positive. It's quite refreshing that a care agency is reliable and flexible to my needs. In terms of continuity of carers. I'm extremely happy."
- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care.
- Staff we spoke with were positive about their role. They told us, "I know (person) really well. We have built a really good relationship, we watch sport, we have a lot of common ground, this definitely helps. It makes sure the support is delivered with dignity and respect. I never rush (person) I let (person) be in control of the support."

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- Records showed people who used the service and relatives were involved in care planning and reviews.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. They explained to people what was happening at each stage of the process when delivering personal care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us, "When I'm undressing (person) we talk about it. I ask (person) is it ok? are you ready? It's the little things that makes a massive difference."
- The service promoted people to live as independently as possible.

Is the service responsive?

Our findings

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

The service was inspected but not rated.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- One person wanted to read and sign the records made by staff. However, they did not want to do this daily. They requested on a weekly basis notes be typed and returned so the person could read and sign them. There was evidence of this happening, the person also confirmed this is what happened.
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in all staff we spoke with. One person using the service told us, "I've had a really positive experience with this care agency, their outlook is refreshing. They put me at the heart of everything."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service told us they would feel able to raise any concerns with the registered manager. One person told us, "I am confident that if I had cause to complain I would be listened to. However, I've never had cause to complain."
- The complaints procedure highlighted how people could make a formal complaint and timescales within which it would be resolved

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other professionals to meet people's 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

The service was inspected but not rated.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post who provided leadership and support. We found the registered manager to be open, honest and committed to making a genuine difference to the lives of people using the service.
- The quality assurance systems were in place to monitor the service and identify areas for improvement. However, the provider had not identified the concerns we found in relation to risk management of moving and handling and support in the community.
- When people's paper records were returned to the office at the end of the month, these were typed and printed to enable the person to read them and sign to say they agreed with what had been recorded.

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

- People who used the service were positive about the registered manager.
- People who used the service received good quality person centred care.
- It was evident staff knew people well and put these values into practice.
- The service conducted regular spot checks which included visiting people in their home. Records confirmed this. The spot checks topics included punctuality, personal appearance of care staff, respect for service users, ability to carry out care, knowledge and skills, and health and safety.

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

- The registered manager and the staff team knew people and their relatives well which enabled positive relationships to develop and good outcomes for people using the service.
- The quality of the service was also monitored using surveys as well as review of care to gain feedback.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development.
- Staff meetings took place. These meetings covered updates about the service, people receiving the service, policy updates and any other business.

Working in partnership with others

- The service worked in partnership with another care provider to provide joined up care.

- The registered manager attended provider meetings held by Birmingham council. This provided the registered manager with a wide network of people they could contact for advice.