

C & V Inspire Training and Development

Inspire Care professionals

Services

Inspection report

Suite 47
48 Rye Lane
London
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23 February 2023

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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 ●

Summary of findings

Overall summary

About the service

Inspire Care Professionals Services is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there were 2 people using the service.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right support: Model of care and setting maximises people's choices, control and independence

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.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

The provider completed checks to ensure suitable staff were employed at the service. Checks included suitable conduct in previous social care employment and workers right to reside or work in the UK.

Care workers spoke of being supported by the registered manager.

The provider had a range of quality assurance audits and checks to monitor how care was being provided. The registered manager is actively involved in delivering care and sees the people being cared for regularly.

New care workers receive an induction and are introduced to people before they begin to deliver care.

Processes were in place to ensure safe management of medicines. Risk assessments were in place to guide staff on how to care for people safely. There were systems in place for reporting incidents if required. Preventative measures and lessons learned were suitably documented.

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.

We have made a recommendation about documenting equality and diversity in care plans.

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

Rating at last inspection

The service was registered with us on 22 December 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Care professionals Services

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of 1 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] [and] [specialist housing].

Registered manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave 24 hours' notice of the inspection. This was because we needed to ensure that the provider or registered manager would be in the office to support the inspection.

The inspection activity started on 23 February 2023 and ended on 23 March 2023.

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 of this newly registered service. This key question has been rated as good.

This meant that people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, Systems and processes to safeguard people from the risk of abuse

- There were appropriate risk management plans in place to guide care workers to provide appropriate support to people. The registered manager said they are planning to make care plans and risk assessments available on mobile devices alongside the paper formats they currently have.
- Care plans included known risks to people physical and mental health and included assessments of people's risk of falls.
- Risk assessments were completed to ensure the home environment of people were safe and suitable for care to be provided.
- There were established safeguarding policy and processing in place.
- Staff had training in safeguarding and understood how to protect people from the risk of harm and abuse.
- There were appropriate risk management plans in place to guide staff. Risk assessments were carried out before people received care and measures were put in place to minimise risks.
- Risk assessments were completed to ensure people's home environment were safe and suitable for care to be provided.

Staffing and recruitment

- Recruitment procedures were safe. Appropriate pre-employment checks were carried out, including Disclosure and Barring Service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The providers recruitment processes were being followed, which included a record of the applicant's qualifications and references from previous employment.
- The rota showed that there were sufficient staff available to complete people's visits. The registered manager was on the rota to provide care when there was a shortage of staff to cover visits. One care worker said, "If I was running late, I would call the office straight away."

Using medicines safely

- At the time of the inspection, no staff were administering medication to people. Family members supported 1 person with medication. There was a medicines administration chart in place for this person.
- Staff had received training in medicine administration. Refresher training is available for when the service begins to support people who need support with medication if required.

- Preventing and controlling infection
- The provider had an infection control policy and process in place. We were assured that the providers infection prevention and control policy was up to date.
- Staff had access to personal protective equipment (PPE) to help reduce the risk of infection. Staff confirmed that they always had sufficient supply of PPE to keep people safe.
- The provider supplied gloves, masks and uniforms to help protect people from the risk of cross infection.

Learning lessons when things go wrong

- The registered manager said there were no safeguarding issues reported in the last twelve months prior to the inspection. There were processes in place for the recording and monitoring of accidents or safeguard allegations.
- Staff understood their responsibility to report incidents and allegations promptly. One care worker said she would contact the manager immediately if a safeguarding concern arose.

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 of this newly registered service. This key question has been rated as good.

This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to the start of the care package. Information gathered from people, relatives and health care professionals were used to develop care plans and risk assessments.
- People were involved in their assessments and made choices about how they received care and support.
- One care worker said, "I speak to people with respect and communicate to involve them in their care."

Staff support: induction, training, skills and experience

- People were supported by staff who had the training and information required to care for people.
- Records showed that staff completed an induction when they began their employment. The induction included completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had access to regular training, upskilling and supervision. The training provided covered areas of care including moving and handling, Mental Capacity Act, challenging behaviour, fire awareness, medication, infection control and health and safety.
- Care workers received regular appraisals and spot checks on care were carried out. Appraisals gave staff the opportunity to discuss any concerns or additional training requirements.

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

- The provider worked with social care professionals to ensure people continued to receive relevant care and support.
- The registered manager worked with health agencies such as Parkinson's UK. Meetings with local authorities were attended. The registered manager also worked with the local church to facilitate people's participation in creative workshops.
- The provider worked with the local pharmacy and was able to aid people to be supported to access healthcare professionals when needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 interest 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, the service was not supporting anyone who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess and record people's capacity when required.
- The provider had a mental capacity policy in place. Care workers demonstrated understanding of the principles of the Mental Capacity Act. One care worker said they understood the Act "Protects vulnerable people who can't make decisions for themselves."

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

- People had their nutritional and hydration needs met. Their requirements were documented in their care plans and risk assessments.
- Staff had received food hygiene and food and nutrition training on their induction. They had the necessary training to prepare people's meals and the skills to support people with their food.
- One care worker said, "I ensure that people are consulted about with their food preparation."

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 that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are treated and supported: respecting equality and diversity; Respecting and promoting people privacy, dignity and independence

- Care plans did not have a specific section covering religious and cultural needs. There was no evidence to support that this impacted the care provided to people and staff knew people's preferences and needs well.

We recommend the provider revises the care plan to ensure religious, and cultural needs are captured for each person they provide care to ensure equality and diversity information is fully documented.

- People said staff were caring towards them. A relative said [family member] has been very happy with her present carer."

- Care workers received training in equality and diversity, working in a person-centred way and privacy and dignity. One care worker said, "I speak to people with respect and communicate to make sure they are involved with their care."

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

- People were involved in decisions about their support and care package. The registered manager had regular contact with people being supported with care and was able to discuss any concerns when required.

- At the inspection we saw an example of positive feedback to the provider about the care they had received.

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 that 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

- Care plans ensured that care delivered was personalised in relation to personal goals for health and promoting of their independence. People had an input in creating their own care plans and risk assessments. Information about people's daily routines and support required to maintain this was included.
- Care workers had time to review care plans before visits. The care co-ordinator contacted staff before visits if there was a notification of any last-minute update or change to care reported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand. It also says that people should get the support they need in relation to communication.

- We were assured that the provider could meet the requirements of AIS if needed.
- Accessible Information Standard policies and procedures were in place. At the time of our inspection, the service was not supporting anyone with any specific communication needs

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

- The provider had measures in place to avoid people being socially isolated and to allow people to take part in activities.
- At the inspection, we saw evidence of an event where the provider worked with the local church to hold a creative activity session for people and wider members of the community.
- The registered manager attended meetings and liaised with local charities to find out about events which people might be able to attend if they wished.

Improving care quality in response to complaints or concerns

- We saw evidence to support the provider responded appropriately to complaints or concerns.
- We saw evidence of how the registered manager managed a complaint received. We also saw information of how the investigation was carried out, and communication with people of how the issue was resolved. The provider had a complaint policy and procedure in place. People told us they knew how to contact the office if they needed to make a complaint.

End of life care and support

- At the time of the inspection no one required end of life care. The provider had an end-of-life policy in place.
- Care plans had a section for people to document their end-of-life preferences if required.
- End of life training was available, and training events would be arranged if required.

Is the service well-led?

Our findings

Well Led – this means we looked for evidence that the service, leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and 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

- Due to the size of the service, the registered manager had regular communication with people. The registered manager completes visits with care workers to people each week.
- People told us they are happy with the service they receive. One relative said [Family member's house is always clean and [family member] is happy with the care they receive.
- Care workers were positive about the culture and were happy with the support they received from the registered manager and care coordinator. One care worker said, "I do feel supported and am able to contact the office if I have any concerns."

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 understood their responsibility around reporting to the Care Quality Commission (CQC)
- The registered manager sent the CQC notifications of events or changes to registration as required.
- The management team were aware of the duty of candour regulation, and they were aware of their responsibilities of making sure they were open and honest with relatives.

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

- The provider had a range of quality assurances in place which included business continuity plans, infection control audits and safeguarding audits to ensure ongoing quality performance and regulatory requirements were being met.
- The registered manager was proactive in improving the quality of the service. Care workers confirmed there were regular spot checks and supervisions to ensure they were delivering care to people in accordance to care plans.

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

- The registered manager and care co-ordinator contacted people and care workers regularly by phone and in person to ensure that appropriate care continued to be delivered.
- Regular meetings were held with staff. Minutes of meetings were emailed to staff to ensure important messages and updates were not missed. Staff said they were happy with their employment.

Continuous learning and improving care

- The registered manager had measures in place to ensure continued learning and improvement of care.
- The registered manager attended meetings with health care professionals and the local authority to ensure they was up kept up to date on issues and initiatives within the community. Information gathered was passed on to people or staff as required.

Working in partnership with others

- The provider worked in partnership with a variety of agencies to ensure people's needs were met.
- The registered manager worked closely with the local authority and relatives to ensure good outcomes for people.