

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Inspire (UK) Care

43 Southey Avenue, Sheffield, S5 7NN

Tel: 01142323333

Date of Inspection: 15 May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Ms Nawal Abdualla Bobakar Taha
Overview of the service	Inspire (UK) Care is a domiciliary care provider based in Sheffield which aims to enable users to be more independent in their own home. Inspire also provide end of life care and can offer support planning.
Type of service	Domiciliary care service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 May 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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Each person we spoke with who used the service told us the staff were friendly and polite. One person said, "They (the staff) have never been impolite or disrespectful to me."

People who used the service told us that the care and support they received was suited to their needs. One person told us "They stay for how long they're meant to do and do what they need to do for me."

The provider had suitable arrangements in place to ensure that people who used the service were safeguarded against the risk of abuse.

People were cared for by staff who were properly trained, supervised and supported.

The service had adequate quality monitoring systems in place.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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We spoke via the telephone with two people who used the service. One person told us they had not been happy with a previous care provider they had used before. They said about Inspire (Care) UK, "they have been a lot better than the others so far. I've not had any problems." Another person told us "They're very good. I'm very happy with them".

Both people using the service said they found the staff to be polite and respectful. One person told us "They have never been impolite or disrespectful to me." Another person said "They're polite enough." They said that they knew the carers who came in due to there being a small number of staff working at the service. Both people preferred knowing the carers as it provided consistency and meant that the staff already knew their needs. One person said of a carer they saw regularly that they "are marvellous" and "they're all very thorough." They appreciated that it was not possible to have the same carers all of the time due to holidays and times of calls and other issues. Both people said they had not had any major concerns with people not turning up on time with one person saying about the staff "they're very punctual." Another person told us that when staff were at their home providing care, "they take good care of my belongings."

We spoke with three relatives of people using the service who told us: "They've been very good. The staff are very nice and friendly". One person said "The carers seem really nice and caring. They're really good at keeping me updated about things". One relative said about the manager that they had been "absolutely super, very professional and very informative. We have had tremendous input and worked on everything together." All of them found the staff to be polite and respectful and said they had no concerns in this area.

All the relatives that we spoke to said they had not received any formal request for any feedback about the service but that this could be because their relative had not been using the service for very long. All said that they could contact the manager whenever they wanted and that they were involved and informed about their relative if there were any

issues they needed to be aware of. One person told us "I am very impressed with what they're doing, particularly with their communication".

We spoke with three support workers and the manager. All were able to clearly explain how they maintain people's dignity and respect. They gave examples of making sure any personal care is done in private, asking the person what they want, explaining what they will be doing, encouraging independence and maintaining confidentiality. They all emphasised that they always respect the wishes of the person using the service and try to ensure they are actively involved in their care.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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Both people using the service we spoke with felt that the staff had enough time to meet their care needs. We were told "They listen to me and they will always ask me if anything else needs doing" and "They stay for how long they're meant to do and do what they need to do for me. They're very good." One person told us that due to their needs changing they were able to make amendments to their care plan so it was better suited to them. This person also told us that they felt the carers respected their independency at times when they preferred to do tasks for themselves. Both people said that they had a folder in their home with their care plan in and that the carers would record information in this when they came.

The three relatives we spoke with told us they were happy with the care their relative received and felt that this met their needs. One person said "they're (the staff) very good at coming in and sorting out what he needs help with." Another person said, "they're very flexible to her needs." All were aware of a care plan that was kept in the home of the person using the service. One person told us "I have a copy of the care plan too." Another relative said "We have been able to alter things in the past without any problems."

We spoke with the manager and three support workers who were knowledgeable about the needs of the people using the service and what care they received. Staff told us that in order to make sure they were providing appropriate care they would read the person's care plan, speak directly with the service user and also get information from relatives/ advocates if required and appropriate. All staff said they tried to encourage the independence of service users. They told us that if they felt that a person's care needs had changed they would discuss this with the person and also inform the manager so that the care plan could be reviewed and amended if required. Staff told us, "At the minute I find we have enough time to support people's needs." Another staff member said that if they felt the time allocated wasn't suitable they would report this back to the manager but that currently "it's all ok".

The manager told us she often visited people using the service and was in contact with relatives and stayed informed about any changes that may be needed.

We looked at three people's care plans during our visit. Each person using the service had a file in their home which contained their care plan. The manager said this was signed by the person using the service and herself. A copy of the care plan was also stored in the person's file at the office. We were shown where these were stored on the computer system that the manager used. Two of the care plans had review due dates on but it was not clear whether these had been reviewed at that time or not and the manager was not able to confirm if they had been or not. She said she did not have a system whereby she recorded centrally when care plans and risk assessments were reviewed.

Due to their being a small number of service users the manager said the care plans got altered accordingly when required and in order to reflect people's changing needs. We saw evidence of an amended care plan that had been revised in order to allow for some changes requested by the person using the service. This was also confirmed by the person themselves that they had been able to make the changes. The provider may find it useful to note that with current system in place it was not possible to tell clearly whether plans were being reviewed at regular periods or not.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People we spoke with who use the service told us that they felt safe. One person said "I wouldn't stand any abuse." Another said "I would ring the manager if I had issues or tell my family and they would sort it for me."

Relatives we spoke with all told us that they would speak to the manager if they had any concerns or were worried about any safety issues. One person told us about the manager "She's very approachable." All said they would be confident in contacting her and felt confident she would be able to resolve any issues. They did not have any concerns for their relatives' safety.

We reviewed the service's statement of purpose which is included within a person's care file. Within this we saw information relating to safeguarding and safety and what Inspire (Care) UK's policy is on this.

We spoke with the manager and the staff. We saw that the service had a current safeguarding and whistleblowing policy in place. Staff we spoke with were able to describe the different types of abuse and what action they would take if they suspected or witnessed any abuse.

We saw evidence that staff had undertaken Safeguarding training but this had not been organised by Inspire (Care) UK. They told us that their training had taken place via other organisations where they were currently employed.

We looked at the personnel files of the three staff we spoke to and saw evidence of this in the form of copies of their training certificates. However, the provider may wish to note that for one new staff member we did not see evidence of any safeguarding training. This person did tell us that they had undertaken the training with another employer. The manager told us that she was aware this person had some further training coming up with their other employer but there were no details to evidence what this was and when it would take place. As a result it could not be evidenced that this person had received recent safeguarding training.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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We spoke with people who used the service but what they told us did not relate to this outcome.

We spoke with the manager and three staff members. Staff were employed on an 'as and when required' basis. Some staff had other employment in addition to working for Inspire (Care) UK and/or were on health and social care courses.

The manager told us that when someone was employed as a support worker, if they had previous experience within the sector they would obtain evidence of relevant training, experience and qualifications. The person would then complete a period of shadowing with other colleagues before being able to work unsupervised. The manager said feedback about the person's competence would be obtained by speaking to people who used the service who had received support from the new staff member, observations and feedback from other colleagues.

We were told that new staff members with little or no relevant experience would also undertake shadowing but additionally would go on an eight day accredited induction program at a local training centre. The manager said that there were currently two staff due to attend this course in the next month. We saw the training prospectus which gave details of the course content.

We spoke with three staff who told us that they had not received any formal training through Inspire (Care) UK. One person told us "We can have extra training if we want." All of the staff we spoke with told us they felt they already had the skills to perform their role from training and experience they had received previously or from other current employment as well as from their time spent shadowing. The manager told us about various e-learning that she made staff aware of that they could undertake on their own. She also told us that there were various courses at the training centre that staff could attend if it was something they required and was relevant to the role.

The staff we spoke with described to us how they had undertaken a shadowing period when they started within their role. They told us that they met with the manager who told

them about the service and other information they needed to know. Not all staff we spoke with were aware of what policies were in place at the service. One person was unsure if there was a complaints policy "I think there will be but I am not sure where it is." The provider may find it useful to note that the staff spoken with said that they had not received an induction provided by the agency which covered training and an introduction to the company's policies and procedures.

We did not see any documentary evidence relating to inductions in the staff files we looked at. We were shown a copy of an induction file that the manager had previously trialled with some staff members who were no longer at the service. This contained detailed comprehensive information about the service and copies of current policies and procedures however was not currently being used for new staff. The manager told us that she was soon getting a new staff member to act as a co-ordinator who would be assisting with running the service. She told us that part of this role would be looking at formalising the induction process.

We asked about staff supervisions and appraisals and two staff members told us they had formal supervisions but were not sure how often these occurred. Two staff members were aware of the appraisal process but had not received one. They said it could be that they had not yet been employed for a year. Another staff member had only recently started and therefore said they had not received any supervision or appraisal but said, "I know about them and I will be having them at some point". Staff told us that they felt they were able to speak to the manager at any time about any issues and would not wait until a formal meeting to highlight any concerns.

The manager told us that she did have supervisions and discussions with staff as well as team meetings but that she did not always document these. We looked at staff files and saw evidence of supervision notes in one file and for one meeting. The manager said that documenting such meetings was something she needed to address and was going to implement when the new co-ordinator started.

There was also a 'training room' located at the office that the manager said she used occasionally for group training and was hoping to set up something more regular for use of the room in the future. We were told that they had recently had a demonstration here on how to use a certain piece of equipment. Staff confirmed to us that they had attended this session and it had helped them to share good practice.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People we spoke with said they had not received any formal request for feedback about the service, however they had not been with the service for very long. All of the people we spoke with said they had no concerns and that if they did have they would speak to the staff or the manager. One relative said "I can call the manager if there are any problems." Someone using the service told us "I'm strong minded and if I've got anything to say I will tell them." Another person said that the manager visited regularly, "and goes into things with me."

The manager told us that she conducted 'spot checks' on a random basis with service users where she would make contact to get feedback about their care. She did not formally record when this had happened although said that there was a spot visit form in existence. As such, we were not able to assess the frequency of these visits and what information was obtained during them. The manager told us that any issues that required action would be dealt with accordingly and documented in a person's file. Ensuring all visits/ contacts were documented was another area which she told us was going to be revised in future once the new co-ordinator was in place.

The manager said that due to the size of the service and the small number of people using the service, which was currently ten people, she was in contact with most people frequently and would be up to date with any relevant issues. We saw evidence in people's files where certain incidents or concerns had been documented and that appropriate action had been taken in relation to these. We saw where one issue had been followed up involving the use of specific equipment for a person using the service. Other professionals had been involved and various meetings had taken place and the outcome and extra training had been fed back and delivered to the team as a result of this.

The manager told us that at initial meetings with people who potentially would be using the service and their relatives she would make it clear how they could complain and that they could contact her. We saw a copy of the Statement of Purpose which we were told is included in a person's care file at their home. This provided details of how a person can make any compliments, comments and complaints and who they are able to contact.

We saw a file which contained 'Survey of quality assurance forms' that were sent out to family members when someone was no longer with the service. These included responses from 2011 up until currently and the ones we looked at all gave positive results. We also saw a collection of thank you cards where some relatives had written in to express their gratitude.

The manager told us that she told staff to report any complaints they may receive back to her and that it would be her responsibility to deal with these accordingly and she would try to ensure all complaints were resolved to the satisfaction of the complainant.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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