

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

## Inspired Care Ltd

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Gateshead, NE11 9DJ

Tel: 01914937050

Date of Inspection: 13 December 2012

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2013

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

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

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Inspired Care Ltd
Registered Managers	Ms. Andrea Caroline Fox Mrs. Tracy Notley
Overview of the service	Inspired Care is a domiciliary care service that is registered with the Care Quality Commission for the regulated activity of personal care. The service provides care and support to people in their own homes in the North Tyneside area.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
<b>About CQC Inspections</b>	12
<hr/>	
<b>How we define our judgements</b>	13
<hr/>	
<b>Glossary of terms we use in this report</b>	15
<hr/>	
<b>Contact us</b>	17

## 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 unannounced 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 13 December 2012, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We spoke with three family members. They told us they had the opportunity to express their views and were involved in making decisions about their relative's care. One family member commented, "Care was absolutely wonderful, truly was." People were given appropriate information about the service including how to give consent for care, involving people and promoting privacy, dignity and respect.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Family members told us they had no concerns about the care staff and confirmed that they were very efficient. One person said, "They are so reliable, always go the extra mile", and "Very impressed, really bonded with us and incredibly efficient."

The staff we spoke with had a good knowledge and understanding of safeguarding and all staff had completed safeguarding training since April 2012.

Staff received regular monthly supervision with their manager. Staff members commented, "I feel totally supported by management, I feel very happy", and, "I am well supported and can phone the directors at any time for advice."

The provider undertook a comprehensive range of audits and took action to ensure action plans were developed and improvements identified. One family member commented, "No complaints at all, they are excellent."

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

The provider was meeting this standard.

People's privacy, dignity and independence were respected. 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

We spoke with three staff members about how they involved people in their care. They told us people or their families are asked for their opinions and are involved in everything that is done. Due to the nature of the service, which is mostly palliative care, the provider operates a 'fast track' referral system with the NHS. A referral is usually received by secure fax and provides essential information about the person such as contact details, family details and their medical condition. Staff told us people and their families were visited as soon as a referral was received. Family members said they met with two managers from Inspired Care and a social worker to discuss their relative's care needs. We saw from care records people and their families signed care plans to give their written consent to their care. This meant people had the opportunity to express their views and were involved in making decisions about their care.

We saw each person and their family had spent time with staff to develop their care plans. Staff told us they go through the initial care plan with people to check it was correct and whether anything needed to be changed. Care plans covered a diverse range of needs including communication, social interaction and culture. We saw care plans contained details of people's personal preferences and how they wanted to be cared for. For example one person wanted a daily bath and to be fully involved in all decisions about their care. Family members told us they were kept informed and involved. They said staff rang them if there were any concerns. One family member commented, "Care was absolutely wonderful, truly was." This meant care was personalised and delivered to meet people's individual needs.

Each person was given a copy of the provider's statement of purpose. This contained appropriate information about the service including how to give consent for care, involving people and promoting privacy, dignity and respect. People told us they were given information about complaints and compliments when the service began. They said they felt confident about expressing their views and would speak to the manager if they were unhappy with their care. This meant people who use the service were given appropriate information and support regarding their care.

Family members told us staff were very respectful and they felt listened to. They said the staff team were very efficient and interacted very well. Family members also said staff just blended into their home which allowed them to maintain their privacy. One family member said, "They not only cared for my husband but also me and the whole family." This meant people's privacy and dignity was protected.

**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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People's needs were assessed and care was planned and delivered in line with their individual care plan. We saw from care records staff work closely with other health professionals involved in a person's care, such as district nurses, to ensure continuity of care. Details of health professional's visits and the outcome from the visits were recorded in people's care files. We saw a detailed assessment was carried out when a person started to receive a service. The assessment linked to a range of detailed and personalised care plans. Care plans were kept up to date, through daily reviews for the first seven days and then weekly reviews. We saw from care records people and their families were involved in care plan reviews and their views recorded. Each care plan identified clear outcomes expected from the care delivered. This meant everyone involved, including people who used the service, families, staff and other health professionals, clearly understood the purpose of the care plan.

Staff talked about care being person centred and everything was about the person who needed care. We saw from care records staff had signed all care plans to confirm they had read and understood them. Staff told us because the care delivered could sometimes be short term they constantly assessed needs as people's health changed. We saw from training records staff completed specific care plan training and had their competency assessed. Family members told us they had no concerns about the care staff and confirmed they were very efficient. One person said, "They are so reliable, always go the extra mile", and "Very impressed, really bonded with us and incredibly efficient." This meant the staff we spoke with had a good knowledge and understanding of meeting people's needs and families were satisfied with the care their relatives received.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw from care records risk assessments, including medication, behaviour, physical and mental health, had been done when a care service started. We also saw these were reviewed regularly. We saw families were consulted about potential risks and their comments were recorded. Risk assessments clearly identified potential risks and included action plans to minimise and manage risks. Risk assessments were recorded sensitively and took account of people's vulnerabilities due to their health condition. We saw from training records staff had completed specific risk assessment training. This meant systems were in place to ensure people were cared for safely.

**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 who used 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. We saw the statement of purpose, intended for people who used the service, included information about safeguarding including various types of potential abuse. The provider operated a 24 hour on-call system so that people who used the service and staff had access to support and advice at all times.

The provider's safeguarding policy had recently been developed. The provider had a system for logging accidents, incidents and safeguarding concerns. To date there had been no safeguarding concerns raised. We saw a lone working risk assessment had been done and this also considered potential risks to people from lone working situations. This meant the provider was aware of potential risks to people who used the service and had systems in place to monitor any future safeguarding concerns received.

The staff we spoke with had a good knowledge and understanding of safeguarding. All staff had completed safeguarding training since April 2012 and this is to be updated every 3 years. Staff described various types of potential abuse and gave examples of possible warning signs such as unexplained bruising, changed behaviour and unpaid bills. Staff told us they were aware of the provider's whistle blowing procedure and would use the procedure if they needed to. This meant staff had the appropriate knowledge and information to help protect people and keep them safe.

**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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Staff we spoke with told us they were well supported and have opportunities for further development. They said the directors are approachable and operate an open door policy. One staff member commented, "I feel totally supported by management, I feel very happy", and another staff member commented, "I am well supported and can phone the directors at any time for advice." Staff told us and records confirmed that staff received regular monthly supervision with their manager and discussed their personal and professional development during supervision meetings. We saw the provider had an appraisal system which included on-going personal development. The provider held full staff meetings twice a year and service meetings every three months. We saw suggestions made during meetings were acted on, for example sign-posting for using advocates and 'Independent Mental Capacity Advocates' (IMCAs) was developed. This meant staff felt well supported to do their job effectively.

We saw all staff kept a 'People Learning Continuously' (PLC) log. This allowed staff to record all of their learning opportunities and experiences and any training they completed. PLC logs were used as part of the supervision and appraisal process and used as a tool to identify any areas for extra learning. We saw the provider carried out regular training quality audits to check all core training was up to date. At the time of the inspection all core training was up to date. This meant the provider encouraged and supported staff to take responsibility for their own learning.

Staff were able, from time to time, to obtain further relevant qualifications. Staff told us the provider was very supportive about working towards further qualifications and encouraged staff to attend additional training and education. For example we saw all staff had completed end of life training. Other staff were enrolled on various other training courses including dementia and challenging behaviour and some were enrolled on various health related NVQ qualifications. This showed the provider was positive about training and encouraged staff to develop.

## 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 who use the service were asked for their views about their care and they were acted on. The provider has not yet formally consulted with people and their families as the service has only been operating for ten months. However plans have been developed to gather people's views and experiences of the care they received. Families told us they speak to staff in person all of the time and confirmed staff regularly contact them to provide updates on their relative's care. The provider told us questionnaires had been issued to staff to gather their views but these had not yet been returned. We were told the results would be collated and a report on the findings from the survey developed. This meant the provider is taking action to develop a number of ways to give people and other stakeholders the opportunity to express their views about the service.

We saw a comprehensive range of audits were undertaken monthly. This included an audit of all care files to ensure care plans were updated following any changes to people's health. Where required action plans were developed and improvements identified. We saw these were followed up and changes suggested were implemented. For example we saw the format of care plans was totally changed following findings from care plan audits. We saw the provider had received a high number of positive comments about the service and families we spoke with also only had positive comments. One family member commented, "No complaints at all, they are excellent." The provider told us there had been no complaints received about the service. They also said all comments are reviewed to identify any lessons learned. This meant the provider has comprehensive systems in place to ensure that people receive quality care and acted on any shortfalls identified.

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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