Inspirations Residential Care Home Ltd

Inspirations

Inspection report

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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

This unannounced inspection took place on the 19 July 2016. The service was last inspected in April 2014 and was meeting all the regulations. Inspirations provide accommodation for a maximum of 16 people many of whom were living with dementia and who require support with personal care. There were 14 people living at the home when we visited.

The service has a registered manager who was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff were knowledgeable about their responsibilities to keep people safe and knew how to report any concerns they may have. There were sufficient, suitably recruited, staff available to meet people's requests for support.

Staff had a good understanding of the Mental Capacity Act (2005) and could explain how they supported people in line with the principles of this legislation. People were given choices in all aspects of their care. Staff had received sufficient and specific training in order to meet people's individual needs.

People received appropriate, timely support with their healthcare needs and were supported to maintain their nutritional and hydration needs. People were treated with dignity and respect.

People that we spoke with were happy with the care and support they were receiving and told us that staff were kind and caring. People and their relatives were involved in planning care that was centred around the person and their preferences. Staff spoke with affection about the people they supported and could describe people's preferences for care.

There was opportunity for people to take part in activities if they wished to. The service had developed links with external groups who came into the home to provide activities based on people's known interests.

Care was kept under review with people and relatives, when appropriate, to ensure care still met people's needs. The service encouraged and supported people to maintain relationships with people that were important to them.

People and their relatives knew how to raise concerns and complaints and were given both informal and formal opportunities to do so. The service had ensured regular feedback was sought from people and their relatives to monitor people's experience of the service provided.

People and their relatives told us that the service was well managed. The registered manager knew their

responsibilities to the Care Quality Commission and had ensured systems were in place to continuously monitor the quality and safety of the service and seek feedback from people, relatives and staff. The registered manager kept updated on developments in the care sector and had sought guidance from external organisations to drive improvement. The registered provider had systems in place that ensured oversight of the service was gathered from external sources. Staff felt supported in their role, had regular supervisions and felt able to suggest improvements to service provision.

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.

People were supported by sufficient, suitably recruited staff who knew how to keep people safe.

Risks to people had been assessed and in the most part steps put in place to minimise the risk to the person.

Medicines were given safely. Management of medicines given on an 'as required' basis needed improving.

Is the service effective?

Good

The service was effective.

People were supported by staff who were well trained in individual care and support needs.

People were involved in making decisions about their care

People were supported to maintain good health and had their nutritional needs met.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and whom had got to know them well.

People and those that were important to them were involved in planning their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were involved in reviewing their care to ensure it met their on-going needs.

There were systems in place to manage concerns and complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were happy with how the service was managed.

Staff felt supported in their roles.

The registered manager was aware of their responsibilities to the Commission.

There were systems in place to monitor the quality and safety of the service.

Inspirations

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 19 July 2016 and was carried out by one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the local authority who commission services from the provider for their views of the service.

We visited the home and spoke with four people who lived at the home. We met all the other people who lived at the home. Some people living at the home did not have the capacity to speak to us due to their health conditions. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered provider, registered manager, the cook and five staff. We spoke with one relative who was visiting the service and we spoke with a visiting healthcare professional. As part of the inspection we spoke with a further three relatives for their views of the service. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home with one person commenting, "Oh yes I feel safe." Relatives commented that their family member was safe at the home and one relative told us, "Yes, she feels safe… there are no issues." Another relative told us, "She's safe and well cared for."

Staff we spoke with understood the possible types of abuse that people were at risk of and explained the importance of knowing people well so that they could recognise changes in their behaviour that may indicate concerns. Staff told us appropriate action they would take should they have concerns about any of the people living at the home. The topic of safeguarding was discussed regularly with people living at the home including informing people of who they should report any concerns to. The registered manager was knowledgeable about their responsibilities to safeguard people and knew the appropriate people to inform should concerns arise. Records we saw confirmed that safeguarding training had taken place. This meant that people were supported by staff who had received training and understood what to do should they have any concerns.

Individual risks to people had been assessed and steps put in place to minimise the risk for the person. We saw that these risks were reviewed on a monthly basis or earlier if a person's needs had changed, to ensure that guidance was up to date and available to support staff to keep people safe. We observed safe techniques being used to support people with their mobility although, risk assessments did not contain clear assessments or clear guidance for staff to follow. We spoke with the registered manager about this who stated that these assessments would be updated to ensure clear guidance was available for staff.

Where accidents had occurred the service had taken immediate action to check on the person's well being. The registered manager regularly monitored any incidents that had occurred to determine if there was any action that could be taken to prevent a similar incident occurring again. The service had developed guidance for staff to follow in the event of a person experiencing a fall, to ensure that consistent appropriate action was taken to support them.

People who used the service, and staff, told us there were enough staff available to meet people's needs. When asked if there were sufficient staff to support them, one person commented, "I think there's enough. The staff often (have time to) chat with me," and another person told us, "There's enough staff, and we always have staff in the room." We saw that staff were available to meet people's requests for support promptly. Staff we spoke with told us that the registered manager was always available to provide additional support when needed. The registered manager explained that staffing levels were determined by the needs of people living at the home to ensure safe care could be provided.

We reviewed the registered provider's procedure for recruiting staff. We saw that processes were in place for safe staff recruitment including obtaining Disclosure and Barring Service (DBS) checks to ensure that people employed were safe to be supporting people. Further steps had been taken such as obtaining references from the staff members' previous employers to ensure that staff were suitable to support people who used the service.

People were happy with the support they received with their medicines. We observed that people were supported to receive their medicines in a dignified, calm and sensitive way by staff who explained to people what medicines they were having and sought their consent beforehand. Only staff who had received training in medicines administration were allowed to support people with their medicines. The registered provider also carried out competency checks to check that staff understood and were capable of carrying out this procedure. The registered provider was currently sourcing further training for staff in medicines management to ensure staff were aware of current practice. Staff had access to guidance about people's medicines which included details of how the person preferred to be supported to take their medicines. Although this information was present we noted that there was no specific guidance available for people who had 'as required' medicines. This is important so that staff are aware of the signs of a person needing this medicine and to ensure a consistent and appropriate approach is taken. The registered provider assured us this guidance would be put in place immediately.

We could not determine if medicine amounts matched what had been given for two people as the amounts of some boxed medicines had not been carried forward from the previous month. However, regular monitoring of medicines took place to check that medicines had been given correctly and audits of medicines were carried out monthly.

Good

Is the service effective?

Our findings

Relatives that we spoke with told us they thought staff had the knowledge and skills to support their family member. One relative told us, "Obviously, they are very used to dealing with people [living] with dementia." Another relative commented, "I feel they do understand dementia, the senior staff are very understanding."

Staff that we spoke with told us they had received sufficient training to carry out their role although they were aware of the need to continually learn and develop their knowledge. One staff member told us, "There is always more to learn in care, you can never have enough training." Staff told us they had carried out an induction when they first started to work at the service which included working alongside a more experienced member of staff. Staff told us that if they were unsure in certain areas of their role, then the management team would support them to develop the required knowledge and gain more confidence. We saw that staff had received specific training for their roles and the service had systems in place to ensure that staff were kept up to date with knowledge of best care practice in key areas of their role. The service was in the process of introducing the Care Certificate for new staff. The care certificate is a nationally recognised induction course aimed at providing new staff with knowledge of good care principles. Staff received regular supervisions to further improve their knowledge.

Some people at the home were living with dementia. The service had ensured that staff had received training in this area and the staff we spoke with demonstrated a knowledge of what this meant for people living at the home. The atmosphere in the service was calm and there was plenty of different parts of the home that people could access which contributed to reducing tensions that arose between people. Visual aids were present around key parts of the service to support people with their understanding and orientate themselves around the building. Some people were unable to verbally share with staff how they wanted to be supported. However, staff were aware of how to interpret people's non-verbal communication and what it meant for the person. One staff member described this as, "She will communicate in her own way." We observed staff providing reassurance and care to people when they became distressed. This meant that the specific support needs of people living with dementia had been considered and met effectively.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us they were offered choices in their care and we saw this in practice throughout our visit. One person told us, "I know what I want to wear and I say." Another person told us, "I let them know what I'd like and I get what I like." Staff told us they offered choices in all aspects of care and could describe the different ways people made choices. We saw that communication aids had been developed to support some people with making choices and that these were used. Whilst people had been supported in line with the principles of the MCA in practice we found that records did not always reflect this. Records showed that the capacity of people had been considered but there was a lack of detail about how capacity had been assessed or in concluding which parts of the decision the person could or couldn't make.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. Where people had restrictions on their care the service had applied for a DoLS and some applications had been approved. We found that the service had not followed the principles of DoLS in some parts of their assessments and that capacity had not been initially assessed to determine if the person had the capacity to make the decisions regarding restrictions on their care. However, the registered provider was able to inform us that they had sought advice from a local team who had provided the service with guidance. We observed that care was provided in the least restrictive way and people were able to freely move around all areas of the service. We saw that the service had discussed the topic of DoLS in a residents' meeting whereby information was shared with people and their relatives to aid their understanding of the topic.

People were happy with the meals they received. One person told us, "I can't grumble about the food. I like anything they cook." We saw that meal times were calm and people were not rushed. People had easy access to drinks to stay hydrated and we saw staff approaching people regularly throughout the day offering people both hot and cold drinks. People were given the opportunity to contribute to menu choices during residents' meetings and the cook confirmed that menus were devised based on people's likes and dislikes. People's care plans detailed the types of food and drink people liked. The service had developed communication aids to support people in their decision making and to serve as a prompt to people of what meal they were going to eat. We saw that where people required support with their meals staff interpreted a pace that was dictated by the person. However, we observed one occasion where one member of staff was supporting two different people at the same time. This did not promote good dignified practice. We raised this with the registered manager who assured us they would look into this and ensure it didn't happen again.

People saw healthcare professionals at regular intervals to maintain their health. Relatives were happy with the level of healthcare access and support that people received. One relative commented, "They are particularly on the ball with alerting the doctor to visit. It is dealt with very quickly." The service was taking part in an initiative being run by the local health service which meant the service had access to a rapid response team who would attend the home to assess and advise on healthcare matters. Although this initiative was developed to reduce hospital admissions, the benefit for people living at the home was that care and treatment could be provided more quickly and the need for attending hospital was reduced. The service worked proactively to monitor people's healthcare needs and referred people for support in a timely manner. We spoke with one visiting healthcare professional who told us that staff were quick to alert them when people's healthcare needs changed and acted promptly on any advice given.

Good

Is the service caring?

Our findings

People told us they were happy living at the home and one person commented, "I'm comfortable here." Another person told us, "It's a very nice home." People informed us that staff knew them well and one person told us, "They know my little habits, they know what I like, where I like to go out, what I eat." Another person told us, "The staff are marvellous."

Relatives were happy with the caring nature of staff and told us that staff knew their relative well. One relative told us, "I think the home is fantastic. The staff are excellent. Even when there is a change of staff they are just as nice." Another relative told us, "Oh yes they know her well." Through observing care practice we saw that staff were kind, patient and respectful when supporting people. Some staff had worked at the service for many years and had got to know people well. Staff were able to tell us parts of people's life histories and the service was working on putting this information together into a comprehensive record. Staff we spoke with enjoyed their role in supporting people and spoke with affection when describing the people living at the home. One staff member told us, "I love my job. I love working with the elderly."

People had been involved in developing their care plans wherever possible. When this was not possible we saw that relatives had been involved to plan care based around people's known preferences. Care plans were person centred and contained information about people's likes, dislikes and preferences for care. People's individual conditions had been considered in their care plan and the specific support the person required was documented.

People told us that their relatives could visit with no restrictions and one relative told us, "I come whenever I want." Another relative informed us, "I appreciate the hospitality they show me." Another relative told us, "It's a comfort for us that we can visit when we want to with no restrictions." People had been supported to maintain contact with people who were important to them either through visits or through telephone calls. Relatives were happy that the service kept them informed of any changes to their relative's care and one relative told us, "They keep me involved with care. We ring each week and they keep me updated." Another relative told us, "If anything crops up that's worrying they will ring and let us know what's happening." People's relationships with relatives were encouraged and respected by staff and people's privacy was respected at this time.

Relatives told us that they valued the way the service supported their relative and themselves. One relative explained the importance of this and told us, "I appreciate that I can visit to keep in touch. I can still partake in her life and know she's been cared for when I leave." Relatives described an approach of working closely with the service to ensure their relative received care based on their preferences.

Staff told us that they tried to support people to remain independent wherever possible. One staff commented, "We encourage them to do whatever they can." People living at the home had their dignity maintained and staff had taken care to support people with their appearance. People told us that staff treated them with dignity when supporting with personal care tasks. One person commented staff left them to shower independently but that they were nearby should the person need support. This person

commented, "I do most things, except a shower but they leave me in the shower room which I like. They keep knocking to make sure I'm okay - that I don't slip." We saw that people could access their bedrooms when they chose to should they wish to have some privacy.

Good

Is the service responsive?

Our findings

People told us they were involved in their care. We saw that staff were available to meet people's requests for support.

The service worked proactively and responded appropriately to people's requests for support. One person was being supported to access a 'befriending' service to enable them to have friends of a similar age and interests to socialise with. This demonstrated an approach to care that was person centred and responsive.

People had opportunity to take part in activities based on their interests. Activities were planned out for the week with people's input. Some people despite being encouraged did not want to take part in the activities offered to them. One person commented, "I never join in. I don't want to, I can but I don't." We observed that there was music playing in the main lounge area providing people with stimulation. The service had sourced activities from external groups who came into the home. This included a florist, theatre company and a musician. People had the opportunity to take part in a monthly outing to a local restaurant. People were supported to maintain their interests on a group and individual basis.

Care was reviewed regularly and care records updated with any changes to support needs. One person told us, "They try to tell you things you don't know about, they ask if staff are good to me, if they do things properly." Each person had a keyworker who had got to know them well and involved people in reviewing their care, although some care reviews did not reflect the person's experience of care and instead focussed on care tasks they had been supported with. Keeping a record of people's involvement in their care reviews would further aid monitoring of people's well-being and satisfaction with their care provision. Relatives informed us that they were happy that the service kept them updated and involved in decisions about their family members care outside of the normal review period.

There were systems in place for staff to share important information and updates about people's risks and needs. This included set times during the day where staff could handover any current information related to people's care needs to the next group of staff starting work.

People that we spoke with were aware of how they could raise concerns or complaints and felt able to do so. One person told us, "I've no reason to complain. If I'm unhappy about something, a polite word usually makes it right." Relative's commented that although they hadn't had to raise complaints they knew how to should the need arise. People had been provided with a copy of the complaints procedure when they first moved into the home. The registered manager investigated any concerns or complaints raised and had effective systems in place to review and respond to the person raising the concern.

Good

Is the service well-led?

Our findings

People and their relatives were happy with how the service was managed and when asked about the registered manager one relative commented, "I get to speak to her. She's excellent." Relatives consistently spoke of satisfaction with the service provided and one relative commented, "I would recommend it to anyone looking for a home."

Staff told us they felt supported in their role and felt able to make suggestions for improvements to the service. One staff commented, "I've had support from the manager's," and another staff member told us, "The manager's really nice. It's easy to talk to her about things." Staff informed us that regular meetings took place with the staff team to share information about people's changing needs and to update them on any developments in the care sector. Staff felt able to speak with the registered manager at any time and one member of staff said, "If we have anything on our minds, we can express it."

The service had a registered manager in post who was involved in the day to day management of the service and often supported people with their care needs. As well as providing support for the staff team, this also gave the registered manager the opportunity to monitor the culture of the service and ensure it met their expectations. The registered manager was aware of their responsibilities to notify the Care Quality Commission of specific events that had occurred at the service and had a clear understanding of what changes in regulations meant for service delivery.

There were regular opportunities for people to feedback their opinions to the service in resident's meetings. During these meetings current affairs were discussed and people had the option to raise any concerns they may have. Set topics that were discussed every meeting included menu choices, safeguarding and activities.

The registered provider had introduced a regular meeting for relatives to meet each other to update them on developments within the service and for relatives to feedback any ideas for improvement. These meetings were chaired by a person not employed by the company so that relatives had the opportunity to freely discuss any areas for improvement which would in turn be fed back to the registered provider.

The registered provider had sought the services of a nationally recognised association whose expertise are in dementia care. The registered provider had organised for this association to attend the home to provide information to relatives of people living with dementia to aid their understanding of the condition and how best to support their relative. This demonstrated an approach to care that was inclusive and supportive of families whose loved ones living with dementia were residing at the home.

The service had maintained links with organisations that provide services with information about best care practice in this particular field of care. Information gained was used to drive improvement within the service and to ensure that quality care was provided based on best practice.

The registered manager had systems in place to monitor the quality and safety of the service. There were

regular monitoring checks carried out on the premises, equipment, systems within the service and on people's experiences of the care received. The provider had carried out satisfaction questionnaires of people living at the service and had analysed the results gathered. The responses generally indicated a high level of satisfaction with the service. Although these results stated that where people had raised concerns these had been addressed with the person, there was no record of the action taken or monitoring checks to see whether the action taken had been effective. This would further aid in the monitoring of the quality of the service.

Prior to the inspection we were informed through the provider information return that the service had a quality assurance programme which was externally reviewed. During the inspection we viewed the quality assurance programme and discussed this with the registered provider who informed us that they had sourced for people external to the company to carry out quality audits in some aspects of service delivery. This gave an unbiased view of the service and served as a further tool the provider used to monitor the quality of the service and determine whether it was meeting the expected standard. We found that the majority of quality monitoring systems were effective although the systems in place to monitor some aspects of records management were not always robust.