

Inspire Neurocare Limited

Inspire Neurocare

Worcester

## 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

### About the service

Inspire Neurocare Worcester is a specialist neurological care home providing personal and nursing care to 18 people aged 18 and over at the time of the inspection. The service can support up to 43 people. The home is split across two floors and one flat.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

### People's experience of using this service and what we found

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.

People were supported by staff that understood their individual needs.

People's care needs were appropriately assessed. Staff had received specialist training to meet their individual needs such as epilepsy care.

People were supported by staff who had been trained and understood how to protect people from abuse.

Safe practices were followed to reduce the risk of infection. Staff wore personal protective equipment (PPE) in line with current guidance.

The manager reviewed any accidents and incidents ensuring any lessons learnt were acted on and shared with the staff team.

Safe arrangements were in place for the administration and management of people's medicines.

People were supported to access healthcare professionals where required.

People were supported to be as independent as they could be. People were actively encouraged to choose what they wanted to eat and drink.

People chose what pastimes they wanted to do.

People and their relatives had access to information on how to raise any complaints. Procedures were in place for the manager to monitor, investigate and respond to complaints in an effective way.

The provider had governance systems in place to drive improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected

This service was registered with us on 30 January 2020 and this is the first inspection.

Follow up:

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led

Details are in our well-Led findings below.

Good 

# Inspire Neurocare Worcester

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Inspire Neurocare Worcester is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training records and quality audits were reviewed.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe. One relative told us, "I would recommend anyone to go there [Inspire Neurocare Worcester]."
- People said staff were kind and supportive. One person commented, "Staff so good, friendly and accommodating, it helps me feel safe living here."
- Staff had received training in how to keep people safe and staff told us how they would report safeguarding concerns. When safeguarding concerns were identified these were reported to the Care Quality Commission and the local authority in line with legal requirements.

Assessing risk, safety monitoring and management

- Prior to moving into the service people told us they had a pre-admission assessment to ensure their needs could be met safely. One person said "I met with the manager whilst I was in hospital before I came here. They went through all my needs, likes and dislikes."
- Risks to people were identified with comprehensive assessments and support plans in place to minimise risks. For example, specific risks associated with falls had been considered and guidance for staff was available for them to follow to mitigate those risks.

Staffing and recruitment

- We saw there were enough staff to respond to requests for assistance and call-bells without unreasonable delay.
- The provider told us they monitored and adjusted staffing levels in response to people's current care needs.
- The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with people using the service. Agency staff were used to cover shortfalls in staffing numbers. The provider tried to use the same agency staff to provide consistency for people and to minimise infection control risks.

Using medicines safely

- Medicines were stored and administered safely.
- Topical creams were applied by staff, as prescribed. Body maps showed where creams needed to be applied. Where people had as necessary medicines prescribed [PRN] such as for pain relief, we saw staff asked people if they required any as per their written protocol.
- Regular checks on medicine records ensured any errors were minimised. Daily tally amounts of medicines were recorded and checked against the electronic recording system. This system assisted in staff identifying any medicine discrepancies to ensure these were rectified without delay.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Accidents and incidents involving people were recorded and reported by staff and monitored by the management team to learn from these.
- Patterns, themes and trends were reviewed at clinical and provider governance meetings to ensure improvements were taken when needed.



# 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 for this newly registered service. This key question has been rated Good. This meant 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, monitored and reviewed regularly following changes or increased risks to their health.
- Assessments and care planning were carried out where appropriate in partnership with nearest relatives or those legally authorised to make decisions in people's best interests.
- Staff completed records relating to people's care using a handheld electronic recording device, which allowed the staff to record any care and support in a timely manner. This allowed staff make changes to people's needs and choices ensuring they had the most up-to date information.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to meet their needs effectively. Staff told us before they started work, they had to complete 39 different e-learning courses which they felt prepared them for their role. This included specialist courses such as epilepsy.
- New staff told us they had received support through their induction from experienced team members and managers. One staff member said "[Manager's name] is very supportive."
- Staff told us they felt supported, received regular supervision and attended team meetings to keep them updated with current good practice models and guidance for caring for people. One staff member told us "I've had the best supervision I've ever had, since joining the company. Lots of time to reflect on my practice."

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

- People were supported to have enough to eat and drink. They were encouraged to make choices and to maintain a healthy diet. Menus were displayed on dining room tables to assist people to make their choices.
- The chef confirmed they were notified on people's admission to the service of any dietary needs and adjustment, for example if a person required a "soft diet or was diabetic." The chef told us they were working on a specialist university research project called "FEAST" which was looking at the nutritional needs of young people and their health requirements.
- Where required staff recorded people's weight and made referrals for professional advice when concerns were identified.

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

- People received effective care from staff who understood their needs.
- Staff at the home worked in multi- disciplinary teams which included nurses, physiotherapy, occupational therapy and psychology, Regular multi-disciplinary team meetings were held to discuss each person's

needs. One person told us, "The communication between the different staff teams is brilliant, the other day the physiotherapist told me my medication was being changed. They are so on the ball."

#### Adapting service, design, decoration to meet people's needs

- The service was purpose built and consideration had been given to people's needs. Corridors were wide to aid people's mobility. The walls had sound proofing to ensure a quieter environment for people sensitive to noise. Specialist treatment rooms for example, a physiotherapy gym was available on site to support people's physical and health needs..
- People had access to equipment to meet their individual needs, for example, specialist beds to support a person's health, hoists for those who needed them, and specialist cups were available to meet the person's needs.
- People were able to decorate their rooms as they pleased. One person told us "This place is like a hotel, staff told me you can decorate your room."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Deprivation of Liberty Safeguard applications were submitted for those identified as potentially being deprived. These were monitored to ensure authorisations remained in date and applications resubmitted for those due to expire.
- Mental Capacity Act assessments were carried out for people when necessary.
- Staff were observed to seek consent before providing care and support.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary in how they were treated. One person said, "Staff are nice"
- People were attended to in a timely manner and staff were friendly and understanding when their support was required. One relative told us, "Staff love my [relative], they treat them like family."

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

- People were involved in how their care was provided and able to influence how they lived their lives. One person said "Staff ask me about my care and the way I want it delivered. They asked if I preferred a female carer, - which I definitely do."
- Staff provided people with choice and control in the way their care was delivered. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time.
- People were encouraged to make their own decisions such as where to go, whether inside or out on the balcony area, what to do, or what they wanted to eat and drink. When people were assisted to the dining room, they were asked where they wanted to sit and, then asked for their menu choice.

Respecting and promoting people's privacy, dignity and independence

- People felt comfortable when staff supported them.
- Staff promoted people to remain as independent as possible, whether through their choices or in how they did things for themselves. One person told us, "Staff always ask me what I want to wear, before getting my clothes out of the wardrobe."
- Everyone we spoke with thought they were well cared for and treated respectfully by staff who wanted to achieve the best outcomes for them.

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

- People had care plans which were person centred and reflected individual needs and preferences. These were reviewed at least monthly or when changes were required.
- People said they had choice and control about how they choose to spend their time and were able to make decisions about their support.
- On the day of our inspection we saw a residents meeting was being held and was well attended.
- A timetable of a variety of activities were advertised on the notice board, so people could choose whether to join in. In the lounge areas were games and books for people to use at their choosing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans provided guidance to staff on the specific communication needs of people. Where required referrals had been made to the Speech and Language Therapist [SALT] to aid people's communication.
- Staff photographs were displayed in the hallway, so people knew which staff were on duty.

Improving care quality in response to complaints or concerns

- People were encouraged to give feedback about their care and report any concerns. One person told us in the past they had mentioned a concern to a staff member who then encouraged them to use the provider's complaint procedures.
- The provider was open and transparent about complaints they had received. Records showed each complaint had been investigated and responded to.
- The provider had received many compliments about the care provided. For example one compliment read, "Just wanted to say how amazing we think you and your staff are and how quickly you have responded to [person's] issue...."

End of life care and support

- No one was receiving end of life care and support at the time of inspection.
- People's preferences and choices had been documented within their care records. Care plans included how people and relatives had been supported to make decisions about end of life care.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. 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

- People and relatives we spoke with were complimentary about the management in the home.
- People felt able to approach the management team with confidence they would be listened to.
- Staff spoke with enthusiasm about their work at the home and people's care and support. One staff member said, "This is the best management I've ever had."

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; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At the time of our inspection there was a newly appointed manager who told us they were going to apply to the Care Quality Commission (CQC) to become the registered manager.
- The management team understood their responsibility to be open and honest with people and others in the event things went wrong with the care and support provided. The manager told us they encouraged staff to be "Transparent and report any accidents and incidents."
- Staff and management were clear what was expected of their respective roles at the service. For example, care staff told us if they had concerns about a person, they supported they would report these to a nurse on duty.
- The provider reported statutory notifications to the CQC as required.

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

- People spoke positively about the overall service provided and their relationship with the management team. One person told us "They [staff] are fantastic at getting things sorted for me."
- Staff spoke highly of the support they received from the management team. Staff felt their work was appreciated by management, who were always prepared to listen to and act on any issues or concerns.
- The management team met on a regular basis with people who lived at the service and, separately, with staff to encourage their involvement in the service.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place to enable them to identify and address areas for improvement in the service provided. This included the ongoing monitoring of accidents [including falls], incidents, complaints, and people's pressure care. The management team also completed audits and checks on, amongst other things, the standard of care planning and the safety and suitability of

the premises.

Working in partnership with others

- The management had involved GP's, tissue viability nurse and speech and language therapists to support people's care and developed good working relationships.