

Inspire Neurocare Limited

# Inspire Neurocare Worcester

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Inadequate** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Inspire Neurocare Worcester is a specialist neurological care home providing personal and nursing care to 29 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.

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

Systems and processes to manage people's medicines were not always effective and people were not always supported to receive their medicines in a safe way placing people at risk of potential harm.

Governance oversight and quality assurance systems were not robust enough to identify shortfalls and drive improvement.

The provider understood their legal responsibilities and when to be open and honest when things go wrong and worked in partnership with other agencies.

The environment was homely, spacious in design and met people's needs. People were supported by sufficient numbers of staff who had an awareness of how to escalate concerns about people's safety. Staff had not always received the training they required for their role.

People had care plans in place which provided staff with information about their needs and preferences and how they would like these to be met, however these were not always followed. People were supported to keep in touch with their family and friends through video and phone calls. People had access to healthcare services.

A complaints procedure was in place and people and their relatives knew how to raise concerns. The provider involved people in the planning and reviewing of their care packages.

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.

The acting registered manager and home manager were responsive to the inspection findings and feedback and took action during and after the inspection to improve some systems and remedy some concerns raised.

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

### Rating at last inspection and update

The last rating for this service was good (published 8 October 2021)

### Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing and pressure care. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inspire Neurocare Worcester on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.  
Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 Inspectors, a pharmacist, and a specialist nurse advisor on the first day. Two inspectors visited the home and a Expert by Experience made calls offsite on the second day of inspection.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post who was on planned long term leave. There were management arrangements in place to cover their absence.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 3 people using the service and 7 family members. We spoke with 14 staff members including the physiotherapist, speech and language therapist, home manager, head of learning and development and the manager. We reviewed a range of records in relation to people's care, including medication, care records, and therapy records. We also reviewed a range of records held by the service including, staff training and rotas, recruitment records, meeting minutes, handover documents and premises checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely: Assessing risk, safety monitoring and management

- The provider failed to ensure people received their medicines as prescribed and in a safe way.
- Staff did not have access to all the information they needed in order to support people with their medicines. They did not always follow national good practice guidance when supporting people with their medicines. For example, we observed staff signing for medicines that they had not administered.
- Staff did not always follow the information available on how to prepare and administer medicines given via a feeding tube safely. For example, a staff member told us they dissolve all a person's medicines and mix them together before administering via the feeding tube. This is not good practice, medicines given via a feeding tube should be given separately.
- Family members also shared concerns about inconsistent management feeding tubes. One family member told us "There is no standardised same method in giving it every time, so it's not rushed or pushed through too quickly".
- The provider failed to ensure insulin was safely stored within the medicines trolley in line with guidance. It wasn't clear if the insulin was still safe to use because it had not been dated when removed from the fridge. The insulin in use can only be safely kept out of the fridge for 28 days.
- The provider failed to identify the fridge temperature for the medicine's fridge was out of range and did not escalate this issue to ensure the medicines stored in the fridge were still safe to use.
- The provider failed to ensure protocols for peoples 'as and when required' medicines were in place. Therefore staff were not able to identify when people needed them.
- Care plans to manage people's complex medical conditions lacked detail, were not accurate or not up to date. For example, protocols were different to medication administration records (MAR) charts. This put people at increased risk of administration errors.
- Staff did not record the location of pain relieving patches when applied to people, therefore could not be assured they were rotated in accordance with manufacturers guidance.
- The provider failed to establish a robust system to assess the competency of staff to administer people's medicines following their training.
- We identified wound management plans had been graded incorrectly and not shared with other staff members to monitor. For example, one person's wound plan had been under graded, this had not been recognised by other staff members or highlighted in provider audits, although no harm was caused this put the person at increased risk of harm.
- Fire evacuation documentation was not consistently reviewed. For example, some people's information was current, and others had not been reviewed for over 18 months. This was shared with managers.

The provider had failed to ensure the proper and safe management of medicines and monitoring of risk.

This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared this information with the acting registered manager and home manager who said they would take immediate action.

- Most medicines were stored safely and securely in a suitable environment.
- Staff were reporting medicines related errors or near misses in line with good practice.
- The provider carried out the relevant equipment and safety checks in line with good practice.

Systems and processes to safeguard people from the risk of abuse

- The acting registered manager and home manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. However, we identified a recent incident had not been reported or shared with the local authority. This was raised after the onsite inspection and the relevant referrals and documentation was submitted without delay.
- We received mixed responses from people in relation to whether they felt safe. One person said, "I don't always feel safe with agency and new staff members as they don't know me". Another said, "Yes, I do feel safe here".
- Family members told us they felt their relatives were safe. One relative said "On the whole, I think it is a safe space". Another relative told us "My relative has lived at Inspire for two and a half years, it is very safe".
- Staff told us they knew how to report abuse and would speak with the managers if they had any concerns.
- The provider had a safeguarding policy in place

Learning lessons when things go wrong

- The provider had systems to learn lessons when things went wrong, however these systems were not always effective in ensuring actions were always identified in a timely way. For example, where concerns with medicines had been identified managers had not recognised the need for more oversight.

Staffing and recruitment

- The home was using a high number of agency nurses, the home manager told us they were actively looking to recruit staff and have a recruitment open day in July 2023.
- People told us there was an impact from having a lot of agency staff, 1 person told us they did not always feel safe without a permanent staff member providing personal care as they were not always aware of their routine.
- Staff were recruited safely into the service, the relevant safety checks before commencing employment had been obtained
- People spoke fondly about staff, one person said, "Permanent staff are lovely and nice and have a laugh with me".
- Relatives told us, "They (staff) used their knowledge to support our relative and it worked. It was quite difficult in the early days for the staff to understand how the wheelchair worked. They took the time to listen to our feedback and to learn about the adjustments on the chair".

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.



- 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.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. Relatives were happy with the visiting arrangements.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Communication from healthcare professionals was not always followed by the provider. For example, we identified 1 person required regular blood tests which had not been carried out within the recommended timescale. The person became unwell and suffered a fall resulting in hospital treatment.

The provider had failed to ensure advice from healthcare professionals was followed which placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We asked the managers to alert the safeguarding team and ensure a statutory notification was sent to the CQC which they actioned without delay.
- People were supported to access healthcare services. Referrals were made for people when needs had changed. For example, Neuro splint clinics and gentle dental service.
- The home had an internal therapy team. People received various levels of support through rehabilitation programmes for speech and language therapy (SALT), physiotherapy and psychology.

Staff support: induction, training, skills and experience

- Not all staff had received the required training to complete their roles. For example, we identified shortfalls in staff completing basic life support, moving and handling and safeguarding training.
- Not all staff were aware of the current fire evacuation procedures for people living at the care home.
- Staff received an induction programme, 1 staff member told us they had completed online and face to face training. They had also completed 4 shadow shifts. A staff member told us, " They [management] are very supportive, I don't feel alone".

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

- Records of people's care and support were not always reviewed regularly or delivered in line with best practice. Although some care plans offered detailed information, we identified shortfalls in care plans, protocols and daily notes.
- The provider had an initial assessment process which gathered information about a person's support needs before providing care. This also included staff from the therapy team assessing and completing transition work.
- People told us they were involved in the assessment process. One person said, "I have input into the care

plan, the nurse advocate and I wrote it together".

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

- People were supported to eat a balanced diet and where appropriate, had access to snacks and drinks throughout the day.
- We saw snacks and drinks were readily available for people in the communal areas. There were additional "light bite" menus displayed if people wanted to change their food choices of the day.
- Feedback about food was generally positive from people, comments included, "You can help yourself to something extra if you want, there is always something there" "The food is good, but there is not a lot of choice".

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

- The care home was an adapted building built over 2 floors.
- Peoples rooms were personalised, homely and represented their hobbies, choices and preferences. There were quiet areas and communal lounges for people to access throughout the building.
- Bathrooms had been modified with specialist equipment, this included spa's, sensory lights, and enabled people to play their own music.
- At the end of some corridors were areas for people to access outside safely, 1 area had been made into a gardening project where people were growing their own fruit and vegetables.
- There was an independent living flat for people to use as part of their rehabilitation when they are preparing to transition back into the community.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working within the principles of the MCA.
- Where people lacked capacity, applications to the local authority had been made.
- Systems were in place to monitor DoLS and ensure they were renewed in a timely manner. The managers were aware any conditions needed to be met and followed.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- Provider and manager level oversight of the service required improvement. Limited oversight meant medicines were not stored, administered, or dispensed in a safe way. Audits had failed to identify these concerns to enable improvements to be made. This put people at increased risk of harm.
- Systems and processes had not consistently identified issues we found during the inspection. For example, care monitoring audits had not identified the concerns we found in relation to daily monitoring charts of people's care needs, we found gaps in repositioning and welfare checks. Not all fire evacuation plans had been reviewed within the last 2 years.

The provider failed to ensure systems and processes were in place to assess, monitor and improve the service. This was a breach of Regulation 17, (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared these concerns with the management team who said they would work to address these issues without delay.

- Clinical and therapy meetings took place on a regular basis to monitor people's rehabilitation and therapy progress. Actions and goals were discussed for each person on a regular basis.
- Staff had shown a keen interest in supporting the therapy team. Some staff members had recently completed physiotherapy training to provide support to a person when using specialist foot bike equipment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall, we observed good interactions with staff and people living at the service and staff shared their knowledge of people's choices and preferences.
- Not all staff were respectful when referring to people living at the service. For example, when discussing how staff would identify when a person was in pain, they likened them to "being like a child, you just know".
- We received mixed feedback from people and staff regarding the leadership of the service, however most relatives we spoke with said they were happy with the care being provided to their loved one.
- There was an onsite room for family members to stay over if their relative was unwell.

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

- Staff, people and relatives had opportunities to comment on the running of the service and we saw actions had been taken by the therapy team to implement new inhouse activities when people had shared they wanted to do more.
- Feedback from staff had been obtained through staff meetings and surveys. Staff survey responses were varied. For example, some staff said they felt supported in their roles and had received sufficient training, whilst others said they felt there was a lack of leadership and poor standards of care were being delivered.
- The provider had started to take some actions, such as reviewing staff training and providing the staff with refreshments on their breaks.
- Where possible, people were supported to make decisions about their day-to-day care or had their family members advocating for them and being part of the care planning process.
- Relatives told us they had recently attended a relative's meeting and had enjoyed a coronation party at the home.
- We reviewed feedback from relative's surveys which were mainly positive, comments included: "We have been welcomed by every staff member and feel positive for (service user) next steps". "They are always amenable and very welcoming when we visit, they are doing a very good job".

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: Working in partnership with others

- The managers understood their responsibility to be open and honest when things had gone wrong. Emails showed apologies had been made to people's families when the quality of care had fallen below their expectations.
- The staff team worked with other organisations including GP's, local hospitals, dieticians and dentists.
- The therapy lead had set up wheelchair clinics for people to access local services onsite.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure systems and processes were in place to assess, monitor and improve the service.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure the proper and safe management of medicines and monitoring of risk. This placed people at risk of harm.

### The enforcement action we took:

We issued the provider with a warning notice to make the required improvements, to meet the regulations within a set period of time.