

Inspire Neurocare Limited

Inspire Neurocare Worcester

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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 up to 43 people. At the time of our inspection there were 20 people using the service. The home is split across 2 floors.

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

Governance oversight and quality assurance systems required further improvements to ensure the provider identified shortfalls in the delivery of people's care in line with their care plans.

People had detailed care plans in place which provided staff with information about their health needs, choices and preferences and how they would like these to be met. However, these were not always consistently followed.

Despite some of our findings, the management and staff team had made improvements at the service since our last visit. People, staff and families were more involved in the running of the service.

Since our last inspection there had been significant improvements in the management and processes of medicines.

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.

Activities, community access and community links had developed and people were experiencing more vocational opportunities and their wishes and hobbies were being explored.

The provider understood their legal responsibilities and when to be open and honest when things went wrong, incidents were shared with the CQC. The provider worked in partnership with other agencies and people had access to healthcare services.

The environment was clean, spacious in design and accommodated people's needs. People were supported by caring and considerate staff, and we observed positive interactions.

The management team started to review some of their processes to make improvements regarding the inspection findings feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 30 November 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in certain areas, however the provider had continued breaches in regulations 9, 12 and 17.

Why we inspected

We undertook a focused inspection to review the key questions of safe, effective and well-led only. 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 inadequate to requires improvement based on the findings of 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.

Enforcement

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

Follow up

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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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.

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 carried out by 2 inspectors and a specialist pharmacist. An Expert by Experience made calls offsite the following day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 no registered manager in post. The provider had appointed a manager who was currently going through the process of registering with the CQC.

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. We also requested feedback from Healthwatch to obtain their views of the service. 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 all this information to plan our inspection.

During the inspection

We spoke with 3 people using the service and 8 family members. We spoke with 12 staff members including the Interim Home Manager, Interim General Manager, Quality Service Lead, Director of Operations, Regional Operations Manager, 4 care workers and 3 nurses. We spoke with 1 visiting professional. We reviewed a range of records in relation to 6 people's care, including 12 medicine administration records and care plans. We also reviewed a range of records held by the service including, staff training and rotas, recruitment records, temporary staff records, meeting minutes, surveys, handover documents and provider audits.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- The provider assessed risks to ensure people were safe, but these were not always followed.
- People had detailed care plans where risks were assessed, monitored and reviewed. However, further improvements were required with monitoring of some people's repositioning charts. These showed some discrepancies which identified care was not being delivered in line with people's care plans.
- We identified 1 person's care plan was not being followed in relation to specific seating guidance, despite the care plan offering clear guidance for staff. This was a potential risk of harm.
- Some lessons had not been learnt since our last inspection, and further improvements were needed. For example, people's care plans were not being followed correctly, particularly in relation to some people's specific health guidance. Improvements had not been made with the safe storage of COSHH products, despite this being brought to the management's attention during previous onsite visits.

Systems were not robust to monitor and mitigate risks to the health, safety and welfare of people using the service and lessons had not always been learnt. This placed people at increased risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive with our findings and shared these with the staff team to ensure COSHH risks could be mitigated. The provider agreed to review their auditing and monitoring processes to adapt how they review care delivery to ensure it is delivered in line with people's care plans.

- The provider carried out the relevant equipment and safety checks in line with good practice.
- Lessons had been learnt with regards to monitoring and managing medicines. Regular checks and audits were being completed which had identified concerns and contributed to less medicines errors.

Using medicines safely

At our last inspection the provider had not ensured people received their medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to the management of medicines.

- At our last inspection we found medicines were not being managed safely. At this inspection, this had improved, and people had their medicines as prescribed.
- Medicines administration records (MAR) included person specific demographics including any known allergies. They were all signed and documented, or a reason recorded to explain why the medicine was not administered. People received their medicines safely, at the correct time and in line with the prescribed instruction.
- Staff ensured medicines were checked and audited and there were adequate medicine management procedures in place. We saw from records that stock checks were audited regularly to ensure safe medicine management.
- There were suitable arrangements for storing, and disposal of medicines and temperatures were monitored to make sure medicines would be safe and effective.
- Where people were prescribed medicines 'when required' there were person-centred protocols available to guide staff when doses might be needed. Staff spoken with were able to explain how these medicines were used.
- Detailed person-centred seizure plans were available for people at risk of seizures. This ensured staff understood what emergency treatment was required in the event of a seizure.
- Percutaneous Endoscopic Gastrostomy (PEG) information was available which detailed how medicines should be safely administered to people who required their medicines to be administered via a PEG including records of fluids administered.
- Some people had medicines administered using patches. The application of these were recorded and the site of application was changed in accordance with the manufacturer's directions. There were documented monitoring of when patches were removed, and a new patch applied.

Staffing and recruitment

At our last inspection systems were not in place to ensure staff had the up to date knowledge, skills and healthcare training to deliver effective care. This was a breach of regulation 19: Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had made improvements with safer recruitment processes for agency nursing staff since our last inspection.
- Most agency nursing staff were regularly completing shifts at the home and shared good knowledge of people's care needs.
- We identified there were still some agency staff without profiles and induction sheets in place. We shared this with the management team who told us they would review the agency files to ensure all profiles and inductions had been completed.
- The provider had been actively recruiting nursing staff and had faced some challenges since our last inspection. However, recruitment was still in progress during our inspection.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm.
- Since our last inspection the provider had been open and transparent with sharing information with the CQC regarding any incidents which may have occurred.
- People told us they felt safe, one person said "They [staff] are fantastic. They go above and beyond. I feel safe. They listen to me when they are hoisting me. My life is in their hands. They talk to me, ask if I feel safe and comfortable". Another person told us they had raised a concern with staff when they hadn't felt safe, additional equipment had been purchased to support the person to feel safe when transitioning.
- Relatives told us they felt their loved ones were safe. One relative told us, "The environment they are in is very safe. They seem happy there. If they were not happy, they would say". Another relative said, "They are really supported safely. They are accompanied to the shops with staff".
- Staff spoke positively about the overall changes and supportive management team with one member of staff saying "It feels safer working here".

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 did not express any concerns 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had not ensured people's care was person-centred. This was a breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 9.

- People's needs were assessed. However, care and support were not always delivered in line with current standards. People did not always achieve effective outcomes.
- A person did not receive oral health support in line with their oral health care plan which put them at risk of infections. For example, the person's care plan stated they should receive oral care 4 times a day. Records showed the person received support once a day.
- Nightly welfare checks to monitor people's complex healthcare needs were not being completed as stipulated in their care plans. This meant people were not receiving care in line with their required health needs.

The provider had not ensured people's care was person-centred. This was a continuous breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We shared this with the management team who told us they would review and action any shortfalls.

Staff support: induction, training, skills and experience

At our last inspection systems were not in place to ensure staff had the up to date knowledge, skills and healthcare training to deliver effective care. This was a breach of regulation 18 (2) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Since our last inspection the provider had ensured nursing staff had attended the relevant training courses in order to meet the care needs of people living at the service. For example, there was clinical oversight for people who required support with additional health needs such as epilepsy and Percutaneous Endoscopic Gastrostomy (PEG) for each shift with an on-call person available.
- The provider was meeting the conditions on their registration by providing clinical rotas to the CQC on a weekly basis.
- Staff told us they had received training but felt additional, more specific training would be beneficial to support people's complex healthcare conditions. One staff member told us, "I don't think I have enough training around brain injury and people's more specific needs, I raised this at a meeting and now this has been booked".
- Oral care and end of life sessions were planned to be delivered by an external organiser.

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

At our last inspection the provider had not ensured the safe management of people's nutritional and hydration needs. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- The provider had made some improvements with supporting people to eat and drink enough to maintain a balanced diet.
- Further improvements were required with monitoring people's fluids. Records showed inconsistent entries which made it difficult to ascertain whether people had received their daily target fluid intake. This was shared with the provider who told us they would review people's fluid monitoring charts and make improvements.
- The service worked closely with external professionals to monitor and review people's specific dietary requirements. One visiting professional told us, "As well as the improvements to the written care plans that are more detailed, and person centred. I have been impressed with the staff desire to want to work with families to understand the needs of their loved ones in order for them to get the best out of each day".

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.
- The provider supported people to make unwise decisions, however further improvements were needed to ensure these were clearly documented for staff to follow. We reviewed 1 person's care plan which offered detail in how the service had supported them with their decision making. However, the care plan gave mixed information of when the person may be experiencing fluctuating capacity and there was lack of guidance for staff to follow. We shared this with the provider who told us they would review the care plan and amend it to offer more clarity.
- People's capacity was assessed and where people were waiting for their DoLS to be authorised there was evidence of the service regularly checking progress of the DoLS applications.

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

- Improvements had been made at this inspection. The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to access healthcare services when required. Care records had information on people's visits with healthcare professionals such as GPs, dieticians, chiropodist, and dentists.
- Since our last inspection the service had worked closely with external providers to improve methods of communication to ensure where people required additional support, this could be accessed without delays. For example, a new referral system was devised with the dietician to improve methods of communication.
- The provider worked with an external agency to order a person's prescription for specific medicines. The prescription was delayed, and the provider had not received a response from the agency. The provider had taken the appropriate action and shared this with other relevant professionals to ensure the person received their medicines in a timely manner.

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

- People's individual needs were met by the adaption, design and decoration of the premises. The home was accessible for people using wheelchairs and enabled people to freely move around at their leisure.
- People had personalised their rooms which captured their hobbies and interests.
- There were quiet areas and communal lounges for people to access throughout the building.
- Since our last inspection, communal areas had been utilised for parties, themed events and activities, which people told us they had really enjoyed.

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 inadequate. 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:

At our last inspection the provider failed to ensure systems and processes were in place to assess, monitor and ensure management and clinical oversight of the service. The providers failings had caused harm to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Measures to monitor the quality of the care provided were not always effective, this meant the management team did not have a full oversight of issues at the service to always drive improvements.
- Some areas which had been identified in the last 2 inspections had still not been addressed. For example, the provider had auditing systems in place, which were being completed weekly and monthly. However, they did not identify when care was not being delivered in line with people's care plans.
- A person's care plan which was reviewed in a previous inspection highlighted areas of concern in relation to repositioning and welfare checks. This was raised as a concern. This was still not in place and the person was not receiving care as detailed in their care plan.
- COSHH products, oral care, fluid monitoring and care being delivered in line with people's care plans was still not being consistently implemented and followed.

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

We shared these concerns with the provider who told us they would review their internal auditing systems and start to take immediate action.

- Daily flash meetings took place to discuss care and clinical information, staffing, training, accidents, concerns, visiting professionals, therapies, quality and compliance. These had been clearly documented.
- Staff told us there was more daily management presence, and they now had opportunities to raise any concerns or issues which may need a manager's oversight.

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

- Since our last inspection, improvements had been made. Most people, staff and relatives now felt more involved with the running of the service and had seen some improvements since our last visit.
- We received mixed reviews from people living at the service. 1 person was still unhappy with the care they received, they told us, "They don't communicate with anybody, it's poor leadership. There are some very good lead carers who know what they are doing, but really shocking ones who make mistakes. With management it feels like a business not a care home". Another person told us, "It's getting better having a new manager in place, they have been fantastic". "They have consulted with me and I'm now doing the interviewing for new staff".
- Staff spoke of improvements which had been made since our last visit. One staff member told us, "I love my residents, I love working with staff team". "Since September I see management more and I see residents doing more". "We organised parties for residents, more positive things I would say." Another staff member told us, "Things have improved; however, it can be very task orientated and things can snowball if we are unable to complete things on time".
- Relatives also shared their views. One relative told us, "It has improved in the last few months, although communication is not very good, I have emailed them, and they have not responded yet". Another relative told us, "It's well organised, there is always a duty manager there when I go". "We as a family are pleased with the home".
- People, staff and relatives all spoke positively about the increase in community access and activities which had taken place. One person told us, "They have really stepped up on these, over Christmas we had a mum and a baby reindeer come, it was magical". A relative told us, "They attend Snoezelen, a sensory room for an hour, they go to the park, feeds the ducks and recently had a ukulele band in".

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

- There was a positive and open culture at the service.
- Since our last visit, the provider had been open about the improvements required at the service and had shared these with people, staff and relatives.
- The provider had held meetings for people, staff and relatives where they could share their feedback and any concerns they may have. The Director of Operations emailed relatives who were unable to attend meetings to offer them the opportunity to share their feedback on the service.
- A relative told us, "It is well led, previously no". My family member has had contact with the new manager, they are making a real effort and have been to see them in their room". They take an interest in what they want and like".
- We observed some positive interactions with people and staff during our visit. Staff spoke about people's achievements since our last visit, and several events which had taken place.

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 understood their responsibility to be open and honest when things had gone wrong.
- As part of the providers conditions, they provide the CQC with a weekly clinical rota. In addition to this the provider had chosen to send a weekly overview where any achievements, events, concerns, incidents or challenges were shared with the CQC on a regular basis.

Continuous learning and improving care: Working in partnership with others

- The management team were open and transparent and engaged positively during the inspection. They welcomed feedback and told us they were committed to continuously learn and improve care.

- The management team told us they were working with the local authority and integrated care board on their current action plan to continue making progress with the actions identified during their visit.
- Whilst we identified further improvements were needed at the service, the overall quality of care had improved since our last visit.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had not ensured people's care was person-centred. This was a continuous breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Systems were not robust to monitor and mitigate risks to the health, safety and welfare of people using the service and lessons had not always been learnt. This placed people at increased risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	The provider failed to ensure systems and processes were in place to assess, monitor and ensure management and clinical oversight of the service. This was a continued breach of Regulation 17, (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

