

Inspirations Residential Care Home Ltd

Inspirations

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Inspirations is a residential care home that provides accommodation and personal care for up to 16 older people. At the time of the inspection there were 14 people living at the service; most of whom were living with dementia.

People's experience of using this service:

- ☐ People did not always receive their medicines as prescribed due to identified issues with medicines management systems not being fully resolved.
- ☐ People were protected from the risk of abuse, accident and injury. Where incidents arose, action was taken to ensure the safety of people within the service was continuously improved.
- ☐ People's nutritional and health needs were met.
- ☐ People were encouraged to make choices and their rights were protected under the Mental Capacity Act 2005 (MCA).
- ☐ People were cared for by a staff team who had the skills to support them effectively. Care staff were kind and caring towards people.
- ☐ People's privacy and dignity was respected and their independence promoted.
- ☐ People's needs were assessed holistically and care staff worked to ensure both their physical health needs and emotional needs were met.
- ☐ People had access to a range of leisure opportunities and activities.
- ☐ People and staff felt they had a voice and that they were involved in the development of the service.
- ☐ People were supported by a motivated staff team who were committed to their roles and felt well supported by the registered manager and provider.
- ☐ The provider and registered manager were committed to addressing the concerns we identified and driving improvements within the service.

Rating at last inspection: At our last inspection the service was rated as 'good'.

Why we inspected: This was a scheduled inspection based on the previous rating.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We have asked the provider to send an action plan outlining how they will make any required improvements. We will check at our next inspection to ensure these actions have been completed.

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

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 safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Inspirations

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection consisted of an inspector and an expert by experience. 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:

Inspirations is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 15 March 2019 and was unannounced.

What we did:

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we spoke with four people who used the service and two relatives. We also spoke with the chairman of the residents committee whose relative had previously lived at the service. We spoke with

the registered manager, the cook and three members of care staff. Many of the people living at the service were not able to share their views in detail due to the fact they were living with advancing dementia. To help us understand the experiences of people we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people living at the service. We also carried out observations across the service regarding the quality of care people received. We reviewed records relating to people's medicines, three people's care records and records relating to the management of the service; including recruitment records, complaints and quality assurance records.

Is the service safe?

Our findings

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

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. Regulations were not met.

Using medicines safely

- ☐ People could not be assured that their prescribed medicines would be managed safely. Although people had confidence in the support they received we found examples of missed medicines that had not been identified by the provider.
- ☐ People and their relatives told us they were happy with the support they received with their medicines. One relative told us, "I have no problem with her medications. I have been here when they are dishing other people's meds out and it all seems fine".
- ☐ We saw some good practice in relation to the safe management of medicines. For example; where controlled drugs were in use within the service, the amount of medicine remaining in the service matched the quantities outlined on people's medicines administration records (MAR). Controlled drugs require additional safeguards around the storage and administration of the medicine. We saw people received these medicines as prescribed.
- ☐ However, we found other medicines in the service were not always administered as prescribed. One person had not received their anticoagulant medicine as prescribed and another had not received their topical cream as prescribed. We found other examples of where quantities of medicines outlined on people's MARs did not match the quantity available or where poor stock recording meant we were not able to check if people's medicines had been administered as prescribed.

The issues we identified with the medicines management systems was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe in the service and placed trust in the care staff. A relative told us, "Since she has been here [we] feel we can sleep at night".
- ☐ Care staff could describe signs of potential abuse and knew how to report any concerns they had about people.
- ☐ The provider had safe systems in place around reporting and investigating any potential safeguarding concerns to ensure plans were established to protect people from any further harm.

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

- ☐ People were protected by a team of staff who understood the potential risks to them and how to protect them from potential harm.
- ☐ Safe systems were in place around assessing risks to people and mitigating against these risks as far as reasonably practicable.

- ☐ Risks within the environment were managed effectively and steps were taken to ensure equipment was well maintained and safe to use.
- ☐ The provider used learning from both external events and internal incidents to drive improvement and improve safety for people living at the service.

Staffing and recruitment

- ☐ There were sufficient numbers of care staff available to support people safely. The registered manager told us they continually reviewed staffing levels to ensure there was sufficient support available to people.
- ☐ People told us there were sufficient numbers of care staff available to support them. One relative told us, "There are always 4 or 5 on at a time. Always someone around". Another relative told us, "I think there are enough staff".
- ☐ The provider had safe recruitment practices in place. Staff members went through a thorough recruitment process that was designed to ensure the quality of new care staff was high.
- ☐ Pre-employment checks were completed for new staff members; including identity checks, reference checks and a Disclosure and Barring Service Check (DBS). DBS checks are used for employers to assess a potential staff member's criminality to ensure they are suitable to work with vulnerable adults.

Preventing and controlling infection

- ☐ People were protected as far as possible from the risk of the spread of infection. Good infection control practices were in place within the service.
- ☐ We saw the home was kept clean and care staff understood the importance of using equipment such as gloves and aprons to limit the spread of infection.

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

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 told us the care staff understood their needs well and the care they received reflected this. One relative told us, "We have faith in the staff".
- ☐ Care plans were developed that considered people's needs holistically; including their physical health and emotional wellbeing. Where specialist advice was required to assess people's needs this was sought from the appropriate healthcare professionals.

Staff support: induction, training, skills and experience

- ☐ Care staff had the skills and training required to support people effectively. One relative told us, "I can sleep at night. I know she is safe and looked after". The chairman of the residents committee told us, "The staff have good training, they are all well trained. They do their NVQs and the all have first aid training."
- ☐ We found care staff we spoke with had a good level of knowledge and this was applied effectively in the care and support provided to people.
- ☐ Care staff told us they received regular training and the support provided to them by management was good. Staff told us they were encouraged to apply the learning they gained from training courses and felt they could enhance the quality of care provided to people as a result. This reflected what we saw during our inspection.
- ☐ We saw from training records that care staff were supported to access regular training and their competency in the role was regularly checked to ensure the learning gained was applied.

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

- ☐ People's special dietary needs were being met, choices were made available to people and appropriate support was provided to people during mealtimes.
- ☐ People told us they could access drinks and snacks whenever they needed them. One person told us, "I drink as much as I want, I drink water whenever I want".
- ☐ People told us they enjoyed the food they ate. Relatives also told us they felt the food provided was of a good quality and choice was available to people. The chairman of the residents committee told us, "The food is excellent. They have always [cooked the food freshly here]. The food is brilliant".

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

- ☐ The home was adapted to meet the needs of people living in the service. People told us they were happy with their bedrooms and the communal areas within the service.
- ☐ We saw there were different lounge areas that people could choose to use depending on their personal preferences around their environment. There was a separate dining area that people could use. Private

spaces were available for people to spend time with relatives or visiting friends.

- The registered manager told us they were looking to make improvements to the environment; considering best practice recommendations around dementia friendly environments. They were also considering national initiatives and projects they could be involved in to support people living with dementia.

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

- People were able to access support from healthcare professionals when needed. Relatives also told us people were supported to maintain good health and saw healthcare professionals on a regular basis. One relative told us, "[Person's name] has seen the doctor a few weeks ago. She will see the dentist in April. She saw the optician and she got new glasses.
- The chairmain of the residents committee told us, "The district nurses are in most of the time. [The registered manager] is very involved in everyone's welfare". We found this was reflected in our discussions with people and staff in addition to the records we reviewed. We saw from people's care plans they were supported to live healthy lives and had regular involvement with appropriate professionals.

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People and relatives told us consent was always sought by care staff before providing care and support. Where people lacked mental capacity, relatives were involved in making decisions in people's best interests in line with the MCA.
- Care staff at all levels, including an apprentice through to senior care staff, had a good understanding of the MCA and how this was applied in their roles.
- We found from speaking with people, care staff and from reviewing care records the principles of the Act were followed. Some improvement could be made around the recording of decisions which the registered manager began to act on prior to the end of the inspection.

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

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 told us the care staff were kind and caring towards them and this view was supported by relatives we spoke with. One person told us, "They [staff] are friends. We have known one another years. They know me. I feel friendly with all of them, really". A relative told us, "The staff are helpful, chatty and friendly. You can ask for anything for Mum and they would do it. They are helpful. You can't fault them".
- ☐ The chairman of the residents committee told us care staff were very aware of people's emotional wellbeing. They told us, "If someone is unhappy they try to calm them, divert them." This was supported by relatives we spoke with, who told us, "[Care staff] see [my relative] as a whole".
- ☐ Care staff we spoke with had a good knowledge and understanding of people they were supporting and demonstrated a desire to get to know people as individuals. We saw positive, caring interactions during the inspection between care staff and people living at the service.
- ☐ We found the caring culture within the service was driven by both the provider and registered manager. A relative told us they were both very 'hands on'. They said, "[The registered manager] is very caring, brilliant. They [staff] are all like a team. They work together very well"

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

- ☐ People were encouraged to express their views and to make decisions wherever they had capacity to do so. Relatives told us where people lacked mental capacity, people were provided with additional support to make decisions wherever possible. We saw this reflected in our observations during the inspection and from people's care records.
- ☐ We saw systems were in place to enable people to receive support from advocates where appropriate.

Respecting and promoting people's privacy, dignity and independence

- ☐ People and relatives told us people's privacy and dignity was respected while their independence was promoted. One relative told us, "The staff are respectful and they respect [people's] dignity".
- ☐ People were encouraged to do as much for themselves as they were able to do. Care staff we spoke with understood the importance of support and encouragement in maintaining people's independence.
- ☐ Relatives also told us if concerns were raised these were addressed quickly. For example; one relative told us a person had expressed concerns about the gender of care staff supporting them. They told us they were listened to and respected by the staff team and their wishes accommodated.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People told us the care and support provided to them met their needs and this view was supported by relatives we spoke with.
- ☐ Care staff we spoke with understood the importance of seeing each person as an individual and were keen to get to know them and their life history, using this to influence the quality of support provided.
- ☐ We saw detailed care plans were in place and care staff understood these and people's individual needs well.
- ☐ Relatives told us about a range of activities that were provided to people. One relative told us, "They do activities with [people]. They are brilliant. There is a hairdresser that comes in once a week and [staff] take them out for meals". Another relative said, "I have been here for the flower arranging. They have days out for lunch. There are enough activities for them. They are having a film day today. They have popcorn days. There are lots of things going on. There is always something going on. They have jiggy days and have a bit of a dance"
- ☐ The views relatives shared around activities was supported by people's care records. We also saw a wide range of photographs of people participating in various activities and events both within the service and also in the community.

End of life care and support

- ☐ People's wishes as to how they wanted to be cared for and supported at the end of their life were discussed with the person and their appropriate representatives and respected.
- ☐ The registered manager was looking to start a new initiative called the SWAN project, which is around improving outcomes for people and their families at the end of their life. We will review the work completed during our next inspection.

Improving care quality in response to complaints or concerns

- ☐ People and their relatives told us they knew how to raise a complaint and felt any concerns raised would be addressed appropriately. One relative told us, "If we have any concerns we will address it with [the registered manager]...If we've got any qualms they will correct them."
- ☐ Systems were in place to ensure that any complaints were recorded, investigated and responded to appropriately with any outcomes used to drive improvements within the service.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- ☐ The provider and registered manager had developed quality assurance and governance systems within the service. In some aspects of the service, these worked well and ensured issues were identified and improvements made to the quality of service provided to people. For example, audits and quality checks around areas such as falls and infection control were successful.
- ☐ However, we found where some issues had been identified by quality checks, these had not been followed up on sufficiently to ensure people were protected from the risk of harm. The registered manager had identified concerns with medicines administration systems in January and February, in particular in areas of concern we identified such as stock control, anticoagulants and topical creams. While concerns had been shared with care staff, sufficient action had not been taken to ensure these issues were resolved and we found concerns during the inspection.
- ☐ Following the inspection, the registered manager and provider took immediate action to resolve the issues we identified and to ensure people were protected from harm. They have submitted action plans to CQC outlining the actions they are taking and have liaised with the local authority to ensure they are satisfied people are protected from harm.
- ☐ The registered manager and provider were keen to remain knowledgeable about good practice and used national guidance such as NICE guidance to inform care practice within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ People were supported by a staff team who understood their roles and responsibilities. Care staff we spoke with understood their duties and could explain when and how they would escalate any concerns about people.
- ☐ The registered manager understood their legal responsibilities and ensured appropriate concerns were reported to the local authority and CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ People using the service and their relatives told us they felt heard and understood. One relative told us, "[The registered manager] knows everyone. As a family member you get to talk to everyone. You have a conversation with all of them, as much as they can".
- ☐ We found meetings were held during which people were able to share their views. The chairman of the residents committee was a relative of a former resident and took a lead role in organising meetings and

seeking views from people currently using the service.

- ☐ Feedback was sought through a national review website with either good or excellent feedback being provided by all respondents.
- ☐ Care staff told us they felt listened to and well supported by the registered manager and provider. They told us they were always able to raise concerns and suggestions and felt these were acted on. Care staff told us they were engaged in the process of driving improvements within the service and this reflected what we saw during the inspection. For example; care staff were discussing improvements that could be made to care planning processes following a training course they had attended the day prior to the inspection.
- ☐ Where issues were identified during the inspection we also found the registered manager and provider were keen to understand the concerns in order to make immediate improvements. They were open and receptive to feedback and demonstrate a desire to make improvements in order to improve outcomes for people living at the service.

Working in partnership with others

- ☐ The registered manager and provider understood the importance of working with others effectively in order to drive improvements in the quality of care provided to people. They developed effective working relationships with agencies such as the local authority and healthcare professionals.
- ☐ The importance of using the expertise of others was understood. For example; audits had been completed by a dietician to ensure people's nutritional needs were being met effectively. The provider also shared policies with relevant agencies to ensure they were robust and effective. For example; they had sought feedback on their safeguarding policy from the local authority.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured medicines management systems were robust and that all medicines were administered as prescribed.</p>