

Inspirations Residential Care Home Ltd

Inspirations

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Inspirations is a residential care home providing personal and nursing care to up to 16 people. The service provides support to older adults, some of who may be living with dementia and younger adults. At the time of our inspection there were 16 people using the service.

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

People were safeguarded from abuse by staff that understood how to recognise any concerns and take the required action to make people safe. Risks to people's safety were assessed and staff followed plans to ensure these were minimised. There were enough safely recruited staff to support people. People had their medicines as prescribed and were protected from the risk of cross infection. Where incidents and accidents had happened there was action taken to prevent this from happening again and learning shared with staff.

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 received person centred care and were supported by staff who understood how to protect their rights. The registered manager had systems in place to monitor the service and understood their role and responsibilities. There were opportunities for people and relatives to engage with the service and share their experiences. Staff were supported in their role and were able to share their views about the service openly. The registered manager worked in partnership with other agencies and sought opportunities to learn and develop the service.

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 requires improvement (published 09 May 2019) and there were breaches of regulation. 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 and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 requires improvement to good based on the findings of this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inspirations on our website at www.cqc.org.uk.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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. 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 1 inspector and an Expert By Experience who made calls to relatives following the 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

Inspirations 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. Inspirations is a care home without 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.

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 professionals who work with the service. 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 4 people about their experience of care and 4 relatives. We observed people receiving care. We also spoke with 7 staff which included the registered manager, deputy manager, provider and care staff. We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including medicine audits, care plan audits and the training matrix were also reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed 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.

- People received their medicines as prescribed. One person said, "I have my medicines on time the staff bring them to me with a drink." A relative told us, "[Person's name] has medicines and they always take them from the staff, there haven't been any issues".
- Medicines were stored safely, and stock was controlled. Medicines were stored in lockable facilities and kept at the right temperature. Medicines stocks were checked to ensure people had a supply of their medicines.
- Medicines were administered as prescribed. Staff had guidance on how to administer people's medicines and had training and their competency assessed on a regular basis.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff understood how to recognise abuse and had received training in how to safeguard people in the service.
- Where incidents had happened, these had been reported to the appropriate body for investigation.
- People felt safe living in the home. One person said, "I like it here I feel safe, been here a long time and it's a lively place." A relative said, "I feel [person's name] seems as contented as they were at home; and seems to feel safe. We have no concerns about safety."

Assessing risk, safety monitoring and management

- People had risks to their safety assessed and plans put in place to reduce them. One relative said, "[Person's name] has a bed with an 'air' mattress and the staff seem to know what they are doing with that, they have never had any pressure sores."
- Risk assessments and management plans were in place. One person was at risk of falls. There was an assessment of the risks and a plan in place to guide staff on how to support the person to reduce the risks to their safety.
- Risk assessments were reviewed regularly and when things changed. For example, one person had a review of risks to their skin integrity, we saw the plan was updated to meet with changes in the person's needs.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were supported by enough staff to meet their needs. One person said, "There are always staff here to help us, they are really good at making sure we are having meals and drinks, they pop in and out to me. I have been encouraged to go to the dining room for meals, but I also can have them here in my room as well if I prefer."
- People were supported by suitably skilled and safely recruited staff. We saw checks were made on whether new staff appointed had the right skills and experience and were safe to work with vulnerable people.

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 home had a policy in place to enable visitors to come whenever they wished, they were asked to call the home to let them know so they could manage the visit safely.

Learning lessons when things go wrong

- Where incidents and accidents happened, these were reviewed to look for themes and patterns and action was taken to prevent reoccurrence. For example, where a fall had occurred a review of the person's risk assessment and care plan had been undertaken and falls sensors had been put into place which were effective.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- At the last inspection improvements were needed to how the quality checks were carried out to make improvements to the service. At this inspection we found the provider had made the required improvements.
- The provider had a range of audits in place to monitor aspects of the care people received and check on the environment of the home. For example, medicines audits are done weekly to ensure records were accurate and stock was available. Infection prevention control audits were completed to ensure people were kept safe from the risk of cross infection.
- The provider had systems in place to ensure people had the care they needed. For example, care plan and risks assessments were monitored each month to check for any updates required.
- The provider sought learning opportunities to improve the service. For example, the provider was working with the registered manager to investigate the use of electronic systems for care planning in the home.

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

- People received care which was person-centred, and people and their relatives were fully involved in people's care. One relative told us, "They send texts and emails as to the activities schedules, changes to staff and other things. They do everything they can to try to keep families involved."
- People and their relatives told us the home was a nice place and they felt people had person-centred care. One person told us, "One relative told us, "Nice and happy environment, they are all like a family here."
- The provider and registered manager have systems in place to ensure people have person-centred care. This included regular spot checks on how people were being supported for example during the night.

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

- The provider understood their role and responsibility for duty of candour. When incidents happened, the appropriate people were informed.

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

- People and their relatives were able to share their views about the home. One relative told us, "I went to a meeting early this year and we were asked how we felt about our general experiences of the place, and the

staff. Some information was passed to us by the home too. Afterwards we had an email and action points about anything we'd raised."

- People had their individual needs and preferences considered. One person told us, "I enjoy being able to walk about on my own, I can go wherever I like in the home."

Working in partnership with others

- The registered manager worked in partnership with other agencies to enhance and develop the service and keep people safe. For example, the registered manager worked with local IPC teams to enhance infection prevention control practice.