

A L A Care Limited

# Enderby Grange

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Enderby Grange is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 40 people. Care is provided across two floors and there are several communal areas.

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

There were still not always enough staff to ensure people's safety and meet their needs. Some people told us they had to wait for support at certain times of day. Following inspection, the registered manager advised us of action taken to improve staffing levels and ensure people's safety.

Overall, improvements had been made to ensure people were protected from risks associated with their care and support. Some further work was needed to ensure people received consistent support in relation to their behaviour. The registered manager took swift action to address this. People were protected from abuse and improper treatment. The home was clean and hygienic and measures were in place to reduce the risk of infection. People received their medicines as prescribed and staff were recruited safely.

Since our last inspection, improvements had been made to auditing systems. This meant these systems were now effective in ensuring the safety and quality of the service. People, staff and others were involved in the running of the home and we received positive feedback about the management team. There was a positive culture at the home and effective partnership working to improve the quality of care.

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 requires improvement (published 11 October 2019) and there were multiple breaches of regulation.

We served a warning notice, in relation to safe care and treatment and staffing. The warning notice told the provider they must become compliant with the legal regulations by 7 October 2019. The provider also completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made, but further improvements were still required to ensure there were enough staff.

### Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which an allegation of abuse was raised. This incident may be subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about the management of people's behaviours. This inspection examined those risks. We found no evidence during this inspection that people

were at risk of harm from this concern. Please see the 'Is the service safe' section of this full report.

This inspection was also carried out to follow up on actions we told the provider to take at the last inspection.

As a result of the above, we undertook a focused inspection to review the Key Questions of Safe and Well Led only. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider still needed to make further improvements in relation to staffing. Please see the 'Safe' section of this full report.

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

The service was not always safe.

Details are in our safe 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** ●

# Enderby Grange

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by two inspectors.

#### Service and service type

Enderby Grange 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

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 used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give key information about the service, what the service does well and improvements they plan to make. We gave the provider opportunity to discuss this during the inspection.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with five members of care staff (including those who worked night shifts), a member of

the catering team, the administrator and the registered manager. We observed care and support in communal areas.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at further information about staffing and risk management which was provided to us by the registered manager after the inspection visit.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection we found that there were not always enough staff available to ensure people's safety. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvement had been made and there was no longer a breach of the legal regulation. Some further improvements were required to ensure safe staffing levels at all times.

### Staffing and recruitment

- There were still not always enough staff to ensure people's safety and meet their needs.
- People said they did not think there were enough staff. One person told us, "There are definitely not enough staff. The mornings are the worst, you have to wait."
- There were only two staff deployed at night time. Multiple people required the support of two staff and this meant there may be times when there were no staff available to respond to emergencies. Following our inspection visit the registered manager sent us a risk assessment detailing contingency plans that had been put in place to ensure people's safety and welfare.
- The registered manager told us that since the last inspection an additional member of staff had been deployed during the day. However, records showed that, due to difficulties covering short notice staff absence this additional member of staff was not always deployed. Staff recruitment was underway to address this and when possible, agency staff were used to cover shifts.
- The volume of unwitnessed falls in communal areas had decreased since our last inspection and assistive technology was effective in alerting staff to risk when people were in their bedrooms.
- Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

At our last inspection, we found that people were not provided with safe care and treatment and opportunities to learn from incidents had been missed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw improvement had been made and there was no longer a breach of the legal regulations. However, some further improvements were still required.

### Assessing risk, safety monitoring and management

- Further work was needed to ensure people were protected from the behaviour of others. There had been a recent incident between two people. Staff were not following guidance to reduce risk as measures were overly restrictive and unnecessary. Although we saw both people were safe, the lack of appropriate guidance increased the risk of inconsistent support.
- Following the inspection, the registered manager sent us updated care plans and risk assessments that

had been shared with staff. These were clear and provided guidance on less restrictive measures to reduce risk.

- People were protected from risks associated with their care and support.
- Since our last inspection improvements had been made to ensure people were protected from the risks of pressure ulcers. People had clear care plans and risk assessments, equipment was in place as required and staff had a good knowledge of people's needs. This reduced the risk of people sustaining skin damage.
- Measures were in place to protect people from other risks such as falls, assessments had been completed when people required support to move and transfer and we observed staff assisting people to move in a safe and patient manner.
- Environmental risks were managed safely. Improvements had been made to ensure people were protected in the event of a fire. Fire exits were easily accessible, and each person had a detailed personal emergency evacuation plan in place.

#### Learning lessons when things go wrong

- Improvements were made to people's support following adverse incidents.
- Since our last inspection the management team had ensured that all incidents were recorded and analysed.
- A member of the management team reviewed each incident and looked at overall themes to try to reduce the risk of the same thing happening again. For example, following a fall, falls reduction equipment had been implemented to reduce the risk of the person sustaining an injury.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and improper treatment.
- People and their relatives told us they or their relations were safe. One person told us, "Oh yes I feel totally safe here."
- Staff knew how to recognise and report abuse. The management team had acted quickly to identify potentially abusive practices and had conducted investigations of concerns raised.
- Allegations of abuse had been reported to the local authority safeguarding team when required.

#### Using medicines safely

- People received their medicines as prescribed.
- People told us staff supported them to take their medicines when they needed them. Staff had training in medicines management and medicines records were completed accurately.
- We found some discrepancies in medicines stock levels. This had not had an impact on anyone because it had been identified early, and interim measures had been implemented to reduce risk.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- The home was clean and hygienic. Staff had training in the prevention and control of infection and had access to supplies of personal protective equipment such as gloves and aprons.
- Staff followed good infection control procedures throughout our inspection visit.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This was a focused inspection to check the safety of the service following a specific incident. We only inspected 'Safe' and 'Well Led'. At our August 2019 inspection breaches of legal regulation were found in relation to consent and person-centred care. As these areas were not looked at during this inspection the service remains in breach of these regulations. Breaches of regulation limit the rating of 'Well Led' to requires improvement.

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

At our last inspection we found that systems to ensure safety and quality were not always effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and there was no longer a breach of regulation.

- Since our last inspection, a system of auditing records of care and support had been introduced. For example, repositioning charts were reviewed by a member of the management team each shift to ensure staff had followed risk reduction guidance. This had been effective in ensuring people received the support they needed.
- Overall systems to ensure the safety and quality of the service were effective. The management team completed quality audits in areas such as infection control, medicines management, health and safety and dignity in care.
- Audits were effective in identifying issues and driving improvement. For example, quality issues had been identified with the presentation of pureed diets. The registered manager was in the process of ordering food moulds to improve the visual appearance of pureed food.

At our last inspection we found the provider had not notified of us incidents as legally required. This was a breach of Regulation 18 of the CQC Registration Regulations (2009). At this inspection we found improvements had been made and there was no longer a breach of regulation.

- The management team understood their regulatory responsibilities. They had notified us of all events as required. Their most recent CQC rating was displayed in the home and on their website as legally required.

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

- There was a positive culture at Enderby Grange and staff shared the management teams vision to provide

high quality care. The registered manager told us the vision was based upon inclusion and high quality care. Staff were encouraged, by the management team, to sign up to vision and contribute ideas.

- Overall, people were positive about the staff and management team. One person told us, "[Registered manager] and [deputy manager] are brilliant, they always take the time to listen to you and will try and sort things out."
- This view was also shared by staff who told us they felt supported. A member of staff told us, "Yes, I feel supported, I see the manager most shifts and they always ask how things have gone. They are available anytime, even when they are not at work."

#### Continuous learning and improving care

- Areas for improvements had been identified and acted upon.
- The registered manager told us they were planning to improve medicines management and care planning systems in the new year. They anticipated this would improve care by giving staff more time to spend with people and ensuring records were accurate and up to date. This work was being supported by the provider.
- The registered manager subscribed to update services from national good practice organisations to keep up to date with good practice.

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

- People and staff were involved in the running of the home.
- One person told us, "Yes there are meetings. I wish there were more to be honest. They are useful for having your say."
- Topics including, food, activities, meal time experience and maintenance were discussed in meetings. It was clear people were fully involved in the meetings and their opinions were recorded in minutes.
- Meetings had been held for staff. Staff were encouraged to share ideas for improvement and their contributions were acted upon to enrich people's experiences.
- Staff development was important to the registered manager, they told us several staff had left to further pursue a career in care. One member of staff had won 'carer of the year' in a competition run by the local paper.
- There were links with the local community. Local schools and churches visited and links with the rotary club meant people had the opportunity to participate in events outside of the home.

#### 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 management team understood their duty to be open and honest with people. Records showed the registered manager had been in touch with people and their families following incidents to share information and to try and prevent the same from happening again.

#### Working in partnership with others

- The management and staff team worked in partnership with others, such as health and social care professionals to ensure people got the care they required and to make improvements.
- We received positive feedback from health professionals who visited the home regularly. They told us staff were always receptive to advice and acted upon their feedback to improve people's care.
- The registered manager had good relationships with partner agencies, such as the local authority, who helped to ensure standards were maintained.