

A L A Care Limited

Enderby Grange

Inspection report

Sparsis Gardens
Narborough
Leicestershire
LE19 2BQ

Tel: 01162752555
Website: www.ala-care.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Enderby Grange is a purpose built residential care home providing accommodation and personal care to 29 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

People felt safe and staff understood their responsibilities to protect people from abuse and avoidable harm. Risks were assessed and managed. Staff were recruited in a safe way and there were enough staff to meet people's needs. People received their medicines in a safe way.

People had their needs assessed and staff considered their protected characteristics under the Equality Act to make sure these could be met.

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.

Staff had the training and support they required to meet people's need. Staff knew people well and communicated with people effectively and provided Person centred care and support. People told us staff were kind and caring and involved them in making decisions about their care and support.

People, staff and relatives said managers were supportive, accessible and approachable. Quality monitoring was effective, people were asked to provide feedback and this was used to drive improvements.

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 28 January 2020). 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

This inspection was prompted by a review of the information we held about this service.

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.

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?

Good ●

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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 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 one inspector. An Expert by Experience then contacted relatives of people who used the service on 9 March 2022. 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

Enderby Grange 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. Enderby Grange 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 8 March 2022 and ended on 9 March 2022. We visited the service on 8 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 two people who used the service and nine relatives of people who used the service about their experience of the care provided. We spoke with eight members of staff including the nominated individual, registered manager, two deputy managers, the head senior, one care worker, the chef and the administration assistant. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and seven people's 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, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found and reviewed further evidence the provider submitted, including their staff dependency tool and a range of policies.

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 focused 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.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken training in safeguarding procedures, were able to describe potential safeguarding issues and knew what action to take to protect people from harm and abuse. Staff had access to relevant guidance in the provider's safeguarding policy and knew where this was kept. One staff member told us, "If I had concerns I would go to the manager. We would complete a report and send it through to the Local Authority. We would put things in place to reduce the risk to people".
- People and their relatives told us they felt people who used the service were safe. One person told us, "I do feel safe here. I get on with all the carers and I like it very much. If I didn't feel safe I would speak with the manager, but I have not had any problems here". One relative said, "I agree [Name] is safe at Enderby Grange. They have put equipment in place to ensure [name] is kept safe. Staff always have time for [Name] and we always know how [Name] is doing".
- The manager understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns appropriately and promptly.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were managed safely and effectively. We saw risk assessments contained a good level of personalised information, were reviewed regularly and guided staff on how to reduce risks to people. Staff we spoke with knew about people's individual risks and could tell us how these were monitored and managed.
- Regular checks of the home environment were completed to ensure the service was safe and complied with necessary standards. We saw gas, electricity and legionella test certificates were within date. We saw water temperature audits and fire safety audits had been completed in line with the provider's policies.

Staffing and recruitment

- Staff were recruited safely. For example, Disclosure and Barring Service (DBS) checks and previous employer references were obtained. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough experienced and qualified staff to safely meet people's needs. We saw rotas which showed there were enough staff on shift to meet the service's dependency tool requirements. One person said, "I do feel there are enough staff to meet my needs". One person's relative told us, "There always seem to be loads of staff around".

Using medicines safely

- Medicines were managed safely. We saw medicine administration record (MAR) charts were in place and

had been completed accurately, showing people had received their medicines as prescribed. Medicine stock was checked in to the service, stored and disposed of appropriately.

- When people were prescribed medicines 'as and when required' (PRN), the correct PRN protocols were in place to guide staff on when to administer these medicines. Staff recorded when and why they had administered PRN medicines in good detail and this information helped to inform people's risk assessments and care plans.
- Staff had received training in safe handling of medicines and their competencies were tested regularly. We observed a medicines round and saw medicines were administered in a safe way, maintaining people's dignity and respect.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- We were assured that the provider's infection prevention and control policy was up to date.
- The service had clear visiting protocols in place and information was provided to all visitors to ensure they were familiar with the service's IPC procedures and PPE policy. The service was meeting the government guidelines in relation to visiting.

Learning lessons when things go wrong

- Accidents and incidents were recorded and measures were taken to reduce the risk of incidents reoccurring. Themes and trends were identified, lessons were learnt when things went wrong and actions were taken to drive improvements in this area. We saw one person had started to experience an increased number of falls. The service had put in place additional assistive technology, which had resulted in a decrease to the number of falls the person experienced.

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 comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last comprehensive inspection we found the provider was not meeting their responsibilities under the Mental Capacity Act (2005) to ensure people consented to their care. This was a breach of Regulation 11 (Need for consent) 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 11.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood and followed the principles of the MCA. Care plans included information about people's capacity to make decisions about their care. When people lacked capacity, the provider had processes in place to make best interests decisions in consultation with people's relatives or representatives and other professionals.
- When people needed to be deprived of their liberty to keep them safe, the registered manager had applied to the local authority for authorisation to do this. We saw DoLS authorisations were in place for people who required them, and the provider was meeting the conditions of these authorisations.
- The service gained people's consent to provide them with care and support and staff asked people for their consent before supporting them. One person told us, "Staff always explain what they are going to do and ask for my agreement before they do anything. They would never do anything without asking me".

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

- People were provided with care and support which met their assessed needs and risks. People's care plans and risk assessments were personalised and contained information about what people were able to do for themselves, what choices they were able to make and what they required support with. One person told us, "I am involved in discussions around my care and have contributed to my care plan".
- Staff communicated with a range of professionals in order to meet people's needs. For example, we saw the GP was regularly consulted and people had timely access to healthcare services when required. One person's relative said, "The service contacted the GP when [Name] was ill. They did this in a timely manner and they let me know they had done this, and the outcome".
- There was information within people's care plans which demonstrated people's oral care needs were considered and met. The registered manager told us they had arranged for a mobile dentist with a wheelchair accessible vehicle to visit the service regularly.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training necessary to ensure they had the skills and experience to effectively meet people's needs. One staff member told us, "I have received all relevant training in order to do my job to the required standard. If there was anything I did require further training on, I can just ask the registered manager and this will be arranged. For example, we recently had additional training to support a person with a particular health need".
- People and their relatives told us they felt staff were well trained and supported people appropriately. One person said, "All the staff are well trained and try to achieve good things for us". One person's relative told us, "The staff are really good. We have no issues with any of the staff".

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

- People were supported to eat and drink enough. Care plans included information to guide staff about people's dietary needs, risks and preferences. We saw staff supporting people to eat and drink appropriately and effectively during mealtimes.
- People were referred for specialist support when concerns about their nutrition were identified. We saw referrals had been made to dietitians when people were losing weight and to speech and language therapists when people were at risk of choking on food.
- People and their relatives were happy with the meals provided and records showed people were offered choice at mealtimes. One person said, "The food is good. It is very rare I leave any of the food". One person's relative told us, "All of the food looks really lovely and there are choices every day for people".

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

- Care plans contained specific guidance about people's health care needs, including their medical history, medicines and any allergies. Staff understood people's health conditions, how these affected people and how they related to people's personal care needs.
- The provider ensured people were supported with their health care needs. Staff supported people to attend health appointments and referred them to community healthcare professionals when they needed specialist support.

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

- The home was purpose built to meet people's needs and enable them to be as independent as possible. A passenger lift, adapted bathroom facilities and lifting equipment were available to support people with mobility needs. Specialist equipment, including sensor mats, was used to support people at risk of falling. One person's relative said, "I was impressed with the fact the home was purpose built, so there's plenty of space that is well used".

- People were happy with the home environment. People's rooms were personalised and they were encouraged to furnish them with their own possessions where possible in order to make them feel more at home. The communal areas had been recently refurbished and there was dementia friendly decoration throughout the home.

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.

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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 were well cared for and people and relatives liked the staff at the home. One person told us, "The staff are kind and caring and they always make sure I am happy. I get on really well with the staff". One person's relative said, "Staff are very caring and kind and they will listen to [Name] and take into account [Name]'s needs".
- Staff supported people in a respectful and caring way. We observed staff being friendly and professional with people and visitors. Staff talked with people while they supported them and offered reassurance when people were upset or confused. One person's relative told us, "Staff are amenable, helpful and interact well with [Name]. They joke and have a laugh with [name] and go the extra mile".
- Staff respected people's diversity and treated them as individuals. We saw care plans included information about people's religion, marital status, gender, sexual orientation and ethnic origin. The registered manager demonstrated a good understanding of equality and diversity, for example they recognised the need to offer alternative food choices to meet people's cultural or religious needs.

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

- Staff encouraged people to express their views and make choices when they could, and people confirmed they were involved in decisions about their care. One person told us, "I don't feel restricted in any way. I can get up whenever I want, there is no regimented time". One person's relative said, "[Name] gets to choose when to get up, when to have meals, when to go outside and when to go to bed".
- Staff told us they delivered care in the way each person preferred. Staff felt they have developed good relationships, knew people well and supported them as individuals. One staff member said, "I have a good connection with all of the residents and their families. I know about people's family history and their own histories, for example who their family members are and what people did for their careers prior to retiring".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity and encouraged people to maintain independence where possible. One person told us, "Staff treat me with dignity and respect my privacy. They always knock on my door before entering". Another person said, "Staff encourage me to complete personal care independently. If you are capable of doing it staff encourage you to do it. They only help me with the things I cannot do myself".
- Staff demonstrated they understood the importance of maintaining people's privacy and dignity. One staff member said, "We ensure people are offered choice and preference with personal care, whether they prefer a male or female carer. We make sure we knock on people's doors before we enter. We make sure to cover

people during personal care in order to maintain their dignity".

Is the service responsive?

Our findings

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

At our last comprehensive inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

At our last comprehensive inspection we found people did not always receive person centred care which met their needs and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) 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 9.

- Staff provided people with personalised care which was individualised to their needs and preferences. Staff knew the people they cared for well. One person told us, "Staff do know my likes and dislikes". One person's relative said, "They all know [Name] really well and what things they like to do".
- People's care plans were detailed and individualised. They included information to guide staff about people's risks, needs, abilities and preferences. They were reviewed and updated regularly or when people's needs changed, and these changes were communicated with staff effectively. One staff member said, "We have a communication book to inform other staff of any incidents or changes to people's needs. Staff are encouraged to read this book before each shift and changes are made to people's care plans where necessary".
- Staff encouraged people to maintain relationships and avoid social isolation. Family and friends were able to visit the home in line with Government guidance. Staff had supported people to stay in touch with their relatives by telephone calls, video calls, garden visits and screened visits when visiting inside the home had not been allowed due to the pandemic. One person's relative said, "We've had updates via the phone and they put visiting areas in place that were safe for residents and relatives to chat".
- Staff supported people to pursue their interests and take part in activities. We saw staff regularly arranged events such as chair aerobics, interactive music sessions, animal visits and competitions. People's birthdays were celebrated with a cake and a meal of their choice. One person's relative said, "[Name] likes playing pool, taking part in craft workshops and colouring in. I know they bring in singers and animals to pet". Another person's relative told us, "The home do a lot of activities and they really encourage [name] to take part".
- Care plans did not always include information on end of life care and support. We talked through the importance of this and how this could be achieved with the registered manager. The registered manager

recognised that, whilst people and their relatives might be reluctant to talk about end of life plans, it is an important part of care planning. The end of life care plans that were in place were detailed and contained a good level of personalised information.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard (AIS) for people's care. The registered manager demonstrated a good understanding of the AIS and told us the service used flash-cards in the kitchen to help people identify menu items. They printed information on yellow card and in larger font for people with sight impairments, as well as producing easy-read documents in plain English.
- People's communication needs were assessed and agreed with them. Staff were aware of people's communication needs. We observed staff communicating effectively with people, repeating or explaining information where necessary.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. There was a complaints policy accessible to people, relatives, professionals and staff and information about how to make a complaint was displayed on posters in the foyer. We saw how one complaint had been appropriately investigated and resolved in a timely manner and to the satisfaction of the complainant.
- People told us if they had a complaint or concern they would be happy to raise it and felt confident it would be resolved. One person's relative told us, "I have had information on how to complain and when I made a very minor complaint it was dealt with appropriately and quickly".

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 focused 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.

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

- The service had an open culture, with people, relatives and staff encouraged to share their views. Staff provided personalised support which focused on achieving good outcomes for people.
- People and, where appropriate, their relatives were included in decisions about people's care.
- People's relatives were mostly positive about the care and support provided. They told us outcomes for people were good. They were confident staff and managers kept them informed about any changes.

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 responsibility to be open and honest when things went wrong. They sent us notifications about things that happened at the service such as incidents and serious injuries as they were required to.

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

- Audits were carried out for all aspects of quality performance, risks and regulatory requirements. For example, audits were carried out to check care and support met requirements. Audits of the premises were carried out to make sure the premises were safe and clean.
- Action plans were developed to make sure any issues were rectified. For example, improvements were made to infection prevention and control procedures and to medicine storage.

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

- One person told us, "I have attended residents' meetings and things do change. A lot of us said we wanted custard rather than cream with our desserts, so they made that change. It is the small changes which make a big difference".
- Minutes of resident meetings showed people were asked for their feedback. People were also asked about their unique life experiences and the social activities they enjoyed doing.
- During staff meetings, staff were encouraged to identify improvement opportunities and changes were made in response to what staff said.
- Satisfaction questionnaires were sent to people, relatives and other stakeholders. Feedback was almost

entirely positive. Issues raised formed part of an action plan and were addressed.

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Continuous learning and improving care

- The provider used people's feedback and audits to drive improvements.

Working in partnership with others

- Staff worked with healthcare professionals and other authorities to make sure people received joined up care.