

Langdale House Limited

Everdale Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Everdale Grange is a care home. It is registered to support up to 68 people. At the time of our inspection there were 62 people using the service.

The service is split into two separate buildings. In the first building are the 'Windsor and Tudor Wards'. The Windsor and Tudor areas supported people with longer term complex nursing and mental health needs.

In the second building was the 'Sovereign unit'. This Sovereign unit was focused on shorter stay placements for people with reablement and rehabilitation potential. It had an onsite therapy team, who were funded separately by the local clinical commissioning group.

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

Risks at the service were not always managed safely. There was a lack of guidance on how to support people with complex needs in the event of an emergency evacuation. Medicines were mostly safely managed. There was some missing guidance for 'as needed' medicines. However, this was put in place during the inspection. People were not always provided with suitable support for their swallowing needs. We were not assured that people were always protected from the spread of infection at the service. People felt safe at the service. There were enough staff and these staff were suitably trained. Incidents (like falls), were analysed to reduce the future risk where possible.

The service used nationally-recognised tools to provide effective care. People were supported to eat and drink enough to prevent malnutrition and dehydration. External health and social care professionals were involved with the service where needed. People were provided with a variety of activities at the service. People appeared to engage positively with these activities to prevent social isolation.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. The systems in the service, did not support this practice. We saw written thankyou cards from relatives about the end of life care for people who had passed away at the service. A visiting professional also told us that end of life care was good quality.

Some staff showed less caring interactions than others. However, we received positive feedback from relatives about the caring nature of the staff team.

Where people or relatives had complaints about the care provided, these complaints were recorded and responded to appropriately. Where needed, care had been improved as a result. Relatives fed-back positively about the activities provided to people. People's diverse needs were understood and met.

Governance systems were not always effective at ensuring high quality care across the service. However, the

management team were responsive to feedback and had begun to make changes while we were inspecting. We will assess the impact of this at our next inspection.

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

Rating at last inspection

The last rating for this service was good (Published 5 February 2020).

Why we inspected

The local authority had received some safeguarding concerns about the service. They were still in the process of investigating these individual allegations. We made the decision to complete an unannounced comprehensive inspection of the service to assess the overall safety of care provided.

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.

We have found evidence that the provider needs to make some improvements. You can see what action we have asked the provider to take at the end of this full report. The provider was responsive to our concerns and took action during the inspection process to improve the safety of the service.

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care, consent and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Everdale 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 completed by three inspectors. An Expert by Experience also made phone calls to people's relatives to gather feedback on the care provided. 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

Everdale 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. Everdale Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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 were two registered managers 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 four people who used the service and nine relatives about their experiences of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 members of staff including care staff, chefs, domestic cleaners and a registered manager. We spoke to six external health and social care professionals who had visited the service to gather their feedback on the care provided. We reviewed a range of records. This included the relevant parts of 17 people's care records and multiple medication records. We looked at staff files in relation to the safety of recruitment. A variety of records relating to the management of the service, including policies, training records and procedures were also reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Staff did not always have sufficient guidance for how to support people in an emergency. People using the service could display behaviour that challenged staff. Personal evacuation plans did not give staff guidance on how to keep people safe if they were displaying this behaviour during an emergency evacuation. Staff required more guidance for this situation.
- The environment was not always safe. Some people at the service were prescribed thickening powder, to adjust the thickness of their drinks and aid swallowing issues. This thickening powder, and large bottles of hand sanitiser was accessible around the service. People using the service had mental health needs which put them at risk of swallowing these items. This could cause harm to their health.
- People's swallowing and choking risks were not always safely met. We saw one person was being provided with a diet that was not suitable for their swallowing needs. The person was required to have a softer diet but had been offered potatoes and meat with a tougher texture. This put the person at risk of choking.
- We saw one person had been prescribed a drinks thickener. This thickened the texture of their drink, so they could swallow it more easily. We saw the thickener had not been appropriately mixed into the person's drink, as the drink had an uneven lumpy texture. This uneven texture increased the risk of the person choking on their drink.

People were not always kept safe from harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, some immediate action was taken to improve some aspects of care. For example, the registered manager ensured thickening powder was locked away to reduce the risk of it being swallowed by people. Following our inspection findings, the registered manager gave assurances that ongoing action would be taken to make further required improvements. We will assess the effectiveness of their actions at our next inspection.

Using medicines safely

- Staff did not have clear guidance on when to administer 'as needed' medicines for three people. This risked staff giving the medicine being given unsafely. During the inspection, this guidance was put in place for staff.
- Otherwise medicines were stored safely, recorded appropriately and given to each person as prescribed.

Preventing and controlling infection

- We were not fully assured that the provider was promoting good hygiene practices at the premises. This

was because the service was not always clean. For example, pull cord light switches were visibly dirty. They were made of a fabric material and therefore easily harboured bacteria and could not be easily cleaned. There were also areas of dirt around bathroom taps and no hand soap in a communal bathroom for a full day.

- We were not fully assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff did not always wear their personal protective face masks appropriately or removed them to talk to people at the service. This did not follow government guidance and increased the risk of COVID-19 transmission.
- Staff did not follow good hand hygiene. This was because they had nail polish and stoned rings on their fingers. This was an infection control risk as their hands could not be cleaned effectively.

People were not always kept safe from the spread of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us that when they visited safe visiting procedures were followed, as COVID-19 test results were checked.
- 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 accessing testing for people using the service and staff.
- 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

- People were supported to have visitors. Relative told us that they felt safe infection control processes were followed when they visited.

Learning lessons when things go wrong

- Incidents were safely managed. Where incidents occurred (for example, a person falling), quick action was taken to review the circumstances and prevent re-occurrence.
- There was good oversight of the incidents that occurred. For example, the management team analysed the time of the day falls occurred to ensure incidents were not always occurring at the same time of day for a person.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service.
- Staff had received safeguarding training. They were able to explain signs of potential abuse and what action they would take to keep people safe.
- Staff told us they felt confident that the management team would respond appropriately to any concerns.

Staffing and recruitment

- People, relatives and professionals told us there were always enough staff to support people to be safe. One relative said, "I have noticed that if one of the residents stands up and is a bit unsteady on their feet, a member of staff is soon at their side."
- We saw there were enough staff. People's needs were responded to quickly.
- Staff were safely recruited. For example, during recruitment the provider gathered character references from previous employers to ensure staff were of good character.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had not always been completed as required. For example, one person with mental health difficulties could refuse staff support with washing and dressing. There had been no capacity assessment of the person's ability to make this decision.
- Staff told us they limited the amount of food a person had access to. This was due to the person's mental health condition. There had been no capacity assessment of this person's ability to make food related decisions.
- Some people using the service had a constant staff member near them, on a one to one basis. There was a lack of effective care planning and mental capacity assessments to guide staff on how to put this one to one support in the least restrictive way.

People were subject to restrictive practices without assessment of their mental capacity. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had received training on how to support swallowing difficulties. However, staff did not always apply their learning as we saw one person's drink had not been thickened appropriately as it had lumps in it. Another person had been given an inappropriately textured diet. These concerns have already been reported in 'safe'. The management team had agreed to review the effectiveness of this training to ensure

staff were skilled to support people's swallowing needs.

- Other than concerns about training in supporting people with modified diets and fluids, care staff had received appropriate training skills and experience to undertake their role.
- Nurses were provided with regular clinical updates and training to meet people's nursing needs, for example how to care for pressure related wounds.
- Staff received regular supervision to be able to reflect on their practice.

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

- Nationally-recognised tools had been used to guide effective care. For example, the Waterlow score helps identify the risk of a person developing pressure related skin damage. This tool had been used to assess people's risk of developing skin damage and helped guide preventative strategies.
- Care plans provided clear advice to staff on how to support people's holistic care needs. This included their religious, social, sexual, mental and physical health needs.

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

- People were supported to eat and drink enough. Where people were at risk of weight loss, they were given extra calories and monitoring to help prevent this weight loss.
- Where people required prompts and encouragement to eat, we saw staff provided this effective support.

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

- Prompt referrals were made to other health and social professionals. For example, if a person became unwell then a GP was contacted.
- External health professionals spoke highly of the communication with the service. They advised that if professional advice was given, then staff would then follow this advice to support the person more effectively.
- People's oral healthcare needs were recorded in their care plans so staff knew how to support healthy mouth care.

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

- The service was adapted to meet people's needs. For example, clear signage allowed people to find their way around the service.
- A refurbishment plan was in place, to ensure the design of the service continued to be improved.

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 inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed some mixed quality of staff interactions with people.
- The negative interactions we saw included: A staff member continuing to sit with their back to a person after the person had tried to get their attention. A staff member pushed a person in their wheelchair without explaining what they were going to do which caused the person to become distressed about the wheelchair movement. Also, a staff member walked past a person who was trying to talk to them and did not respond to their conversation.
- We also saw some positive interactions at the service: People engaged positively and laughed with staff when competing in a game of skittles. A staff member took time and care to encourage a person to hold their own drink, and we saw some people respond positively when certain staff members entered a room.
- Whilst we observed mixed qualities of interaction during our visit, we received positive feedback from relatives who felt the staff were generally caring.

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

- People were involved with deciding their routines. For example, a care plan showed a person had been consulted on how often they would like to have a shower and a shave. These preferences were then followed.
- Where people experienced mental health difficulties and could not give clear views on their preferences, then their relatives were asked for their understanding of how the person might like to be supported. One relative said, "[Named person] is unable to make decisions for themselves, so the staff involve me when their care is changing. We talk things over and agree a plan."

Respecting and promoting people's privacy, dignity and independence

- People were supported with dignity. Staff knocked on bedroom doors before entering and closed bedroom doors before providing care. This supported people's privacy.
- Staff were pro-active at responding to a person's needs in a caring way. We saw a staff member offered a person a cardigan when they appeared to be cold. They then supported the person to put this on.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. 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

- People's care plans identified their holistic needs. For example, where people had religious needs, these were recorded and understood by staff. The COVID-19 pandemic had impacted people's access to places of worship; however, the provider had supported religious leaders to visit people at the home instead.
- Some people at the service had dietary preferences. These diet choices were recorded and followed by staff.
- There was a clear equality policy in place. We saw an ethos of treating people with respect by meeting their individual preferences.

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.

- Accessible information was used to allow people to make decisions. For example, photos of food were shown to people to allow them to make choices about what they would like to eat.
- Surveys were also conducted in an accessible format, to allow people to engage with feeding back about the service.
- Where people's first language was not English, some staff were able to speak with them in their preferred language. This helped to settle their anxiety.

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

- We saw people were offered a variety of activities. They seemed to engage positively with these activities.
- Staff gave examples of how activities were provided in a personalised way. For example, one person was supported to count old style coins as they enjoyed doing this.
- Relatives gave positive feedback about the activities provided. One relative said, "I often see lots of the residents gathering in the lounge to sing or be involved in activities such as crafts for example painting and playing card games. [Named person] stays in their room, but the carers will go in and chat, they know [named person] does not like to be asked questions, but will just sit with them and talk."

Improving care quality in response to complaints or concerns

- Where people or relatives had concerns about the care provided, these complaints were recorded and

responded to appropriately. Where needed, care had been improved as a result.

- We also observed people had given multiple compliments to the service in the form of thank you cards. Relatives we spoke to, told us they had no reason to complain but felt any concerns would be listened to.

End of life care and support

- People were supported with good quality end of life care. A visiting professional told us the service was skilled at identifying when a person was coming to the end of their life, then promptly arranging for suitable health care professionals to be involved.
- We observed multiple thank you cards, expressing gratitude from relatives of people who had passed away at the service. One stated "His last days were private and dignified", another stated "You showed her great care, support and dignity."

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People's ability to consent was not always considered with the use of a mental capacity assessments (This has been reported in detail in the 'Effective' section of the report). There was an ineffective auditing system to oversee and recognise the need for capacity assessments. However, this auditing system was put in place following our inspection findings.
- The service did not always follow their own medicine policy. For example, the policy required staff to have guidance for when to administer 'as needed' medicines. However, we saw this guidance was not always in place as needed, so this policy had not been followed.
- The provider's governance had not ensured choking risks had fully improved at the service. Before the inspection, the local authority told us there had been concerns about choking risks at the service. They had therefore asked the service management team to use an action plan to reduce this risk. We found this had not been effective, as there were ongoing choking risks at the service. (Please see the safe section of this report for further detail)
- The provider's governance had not ensured that the environment was safely managed. Before the inspection, the local authority had recommended that loose hand sanitisers were removed from the service to improve safety. We saw that these were still available around the service. This put people at risk of harm from swallowing them.

Governance systems were not always effective to oversee high quality care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to our concerns promptly during the inspection, to improve the care provided. They advised they would take ongoing action to ensure the service was safe. We will assess the effectiveness of this at our next inspection.

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

- Staff spoke positively about the culture at the service. One staff member said, "I would encourage my family to live here."
- Some people arrived at the service with pressure related skin damage. However, clear guidance was in place for staff and good quality wound care provided. This resulted in some people having improvements to their skin health while living at Everdale Grange.

- The registered manager was clearly passionate about the care provided. They said, "It is long term care, but we want to improve their lives all the time they are here."
- The provider supported staff to access a 24 hour assistance telephone helpline. This helpline allowed staff to gain advice on employment and non employment related issues.

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

- Care services are legally required to notify the Care Quality Commission of incidents that have occurred at the service. We found that referrals had been made to the local authority safeguarding team, but the provider had not notified us as they were legally required to do.
- Where complaints had been made, the service had followed the duty of candour by responding in an open and honest way to the person concerned.

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

- People's diverse needs (like religion, dietary preferences and language choice) were clearly recorded and understood by staff. The service had a positive culture of supporting people in a non-discriminatory way.
- Staff had received training on equality and were seen to support people's unique needs fairly.

Continuous learning and improving care

- There was clear oversight of incidents occurring at the service. Where incidents occurred at the service, these were analysed and ensured improvements were made in the future. There was a clear auditing system of incidents that occurred.
- The management team were responsive to raised concerns. Where we raised concerns during the inspection process, the management team were responsive at making changes. We continued to receive evidence of changes being made after the site visit had finished.
- Staff had guidance in place to provide good quality care. Regular audits occurred to ensure care plans were updated as people's needs changed. This allowed for improved care for people.
- The provider supported staff to progress in their career development.
- The provider sent surveys for staff to complete. We reviewed the outcomes of these surveys, and found feedback from staff was mixed'

Working in partnership with others

- The Sovereign unit of the care home, was focused on short stay reablement and rehabilitation of people's needs. The health service funded on site therapists, and these therapists worked with staff to improve people's outcomes.
- We spoke to professionals who visited the service. They spoke highly of the care provided. They explained referrals were made when needed, and staff listened to any advice given.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	People were subject to restrictive practices without assessment of their mental capacity. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not always kept safe from harm, or the spread of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems were not always effective to oversee high quality care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014