

A L A Care Limited

Enderby Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Enderby Grange is a residential care home providing accommodation for people who require personal care to up to 40 older people, some of whom are living with dementia. The service is a purpose-built home, providing bedroom and communal rooms on both the ground and first floor. At the time of our inspection there were 33 people using the service.

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

Visiting professionals and many staff said communication could be improved to ensure all staff were up to date as to people's health, wellbeing, and care needs.

A majority of family members told us the management team listened and acted upon any issues they raised. People spoke of their confidence to raise concerns, and of the positive relationships they had with the management team and care staff. Staff told us they worked effectively as a team and that the management team supported them.

People and most family members were complimentary about the care.

The provider had systems in place to monitor and improve the quality of the service provided. The provider sought the views of relatives, and working with other stakeholders, including social and health services.

Potential risks to people were assessed and kept under review. Measures were put in place to reduce potential risks and included learning from incidents, for example; increased monitoring and observations of people by staff who had been identified as being at high risk of falling.

People were supported by sufficient staff who had undergone a robust recruitment process and had undertaken training in topics to promote their safety. Medicine systems and practices were managed safely. People lived in an environment which was well maintained and clean, with safe infection and prevention measures.

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 spoke of their independence being promoted.

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 20 May 2022).

Why we inspected

We received concerns in relation to the medicine management, infection control and the management of risk in relation to people's care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 remained the same based on the findings of this inspection.

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.

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?

The service was safe.

Details are in our safe 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 ●

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 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

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 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 5 people who used the service and 8 family members about their experience of the care provided. We spoke with the registered manager, the deputy manager, 4 care assistants and the nominated individual. 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 3 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed. This included quality monitoring tools, minutes of meetings and the staff training matrix

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse, which included safeguarding referrals being made to the appropriate organisations.
- Staff told us they had completed training on safeguarding. Staff were aware of the importance of raising potential safeguarding concerns with a member of the management team. However, not all staff were familiar with external organisations they could contact directly. The registered manager said they would highlight with staff the whistleblowing and safeguarding policy.
- People told us they felt safe, a person said "I feel very safe in here as the staff are very caring and they make sure that you are safe. There is someone about all the time."

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

- Potential risks to people were assessed and kept under review to promote their safety. People's care records provided guidance for staff on how to reduce risks. For example, the use of sensor mats to help prevent falls. Sensor mats trigger an alarm when a person gets up from a chair or bed, enabling staff to respond and provide timely assistance.
- Processes and systems were in place to learn and improve people's care following an accident or incident. A family member spoke of their relative's recent fall and expressed concerns staff had not been close by. In response to this incident a staff member was now required to remain in the dining room or lounge at all times when occupied by people at greater risk of falls. We observed staff planning people's care and support, which ensured the continued monitoring of people.
- A majority of relative's told us they believed their family member was safe, and they were kept informed of any incidents such as a fall. A relative told us, "Any falls they [staff] always let you know." Relative's spoke of how staff promoted their family members safety. A relative told us, "[Family member] dresses themselves, but staff come into their room whilst they take a shower, just to watch over to make sure they are safe and have no falls." However, a family member spoke of their relative's recent fall and expressed concerns staff had not been close by.
- Potential risks associated with people's health were assessed and plans put in place to support and maintain a person's health and wellbeing. For example, a person with diabetes care records provided guidance for staff as to their responsibility in monitoring the levels of sugar in the person's blood, which included guidance as to signs and symptoms which may indicate the person's health had deteriorated and medical advice was required.
- Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility. Other factors to be considered to support a safe evacuation were also considered. For example, people's communication needs, such as a hearing

impairment.

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 or had been applied for to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People and family members spoke of staffs encouragement to promote and maintain independence and this was reflected within people's care records.
- People's care records, where required, contained mental capacity assessments that had been completed to record whether people were able to make informed decisions about their care.

Staffing and recruitment

- There were sufficient staff with the necessary training, skills and competence to promote people's safety and wellbeing. The registered manager advised agency staff were used to maintain staffing numbers. To support continuity of care a consistent team of agency staff worked at the home.
- People and family members told us staff responded in a timely manner when they required assistance. A person said, "If you need to call you can press your button and staff come to you. I have never had to wait much or very long for any of the carers to come to me." A second person said, "Staff help me get showered and dressed, they are very good and there always seems to be enough staff around to help you."
- Visiting professionals told us that whilst staff appeared busy, people were treated with kindness and respect by staff and received support with personal care in a timely manner.
- Staff were recruited safely. Staff records included all required information to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered, stored and disposed of safely and information about a person's medicine was recorded within their medication and care records.
- People received their medicines as prescribed and were administered by staff trained in the management of medicine who had their competency regularly assessed. Health care professions provided staff training to meet people's specific medicine needs, which was reviewed annually. For example, the administration of insulin used in the management of those with diabetes.
- Medicine care records included the name and dosage of all medicines prescribed, as well as any increased risks to people. For example, where people were prescribed medicines which thinned their blood, and the associated risk and actions staff should take.
- People's records detailed the prescribed medicine, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.

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. People and family members spoke positively of the cleanliness of the service. A person told us, "My room is nice and tidy and very clean, and I have my own things in there." A family member said, "It's always very clean with no smells, you always see the cleaner around whenever you go in."
- 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

Enderby Grange had no restrictions on visiting. We saw visitors arriving at the home throughout the inspection, which included people's relatives and visitors from a local church who spent time with some people, singing hymns and praying.

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.

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

- People's views as to the culture and openness of the service were mixed. A family member told us communication between themselves and staff was not always the best, which included the management team not addressing concerns raised.
- Visiting professionals involved in people's care told us staff were not always aware of people's wellbeing when asked. They told us staff sometimes responded to their questions saying they were unsure, as they had not been at work for a few days.
- Many staff told us improvements were needed to ensure consistent and timely information was shared in relation to people's care. The registered manager advised a communication book was in place which staff were advised to read daily and that people's care records were updated where people's care needs changed, to which all staff had access to.
- Staff were seen updating the electronic care records throughout the inspection, which recorded information as to people's health and wellbeing, and the care provided. This enabled the quality of people's care to be kept under review and monitored by the management team.
- People and a majority of family members spoke positively of the quality of care and of the inclusivity. A person said, "The staff are very good. They are very respectful and listen to me. I don't have any problems here." A family member said, "I feel very involved, and know all the carers. There is nothing I would change." A second family member said, "The manager and deputy manager are very energetic and it filters down through the staff."
- People, and where appropriate, family members were included in decisions about people's care. This was confirmed by visiting professionals who told us they sometimes spoke with family members about their relatives care plan.
- Staff were supported by the registered manager to provide good quality care. The registered manager and deputy manager were rostered to provide care as part of their working week. This meant they had the opportunity to observe staff and monitor the quality of care people received.

Continuous learning and improving care; Working in partnership with others

- The registered manager, care manager and senior members of staff liaised with partnership organisations, which included the local authority, safeguarding teams and health care professionals to support staff in the delivery of good quality care for people.
- Visiting health care professionals told us a weekly virtual meeting was held to review people's wellbeing, which was facilitated by a senior carer. However, they also told us the management team had not always

responded to information highlighting the offer of support and learning from partner agencies. For example, local pharmacies.

- The nominated individual told us they would be purchasing a package of policies and procedures from an external company. These would replace the policies and procedures currently developed by the registered manager. This was in response to a recommendation made by commissioners.
- The registered manager was a member of Skills for Care, which provided them with access to resources for training and updates and changes to good practice guidance and legal requirements.

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 registered manager understood information sharing requirements and had informed the local authority and CQC as required by law.

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

- Audits to monitor the quality and safety of the service were carried out by a member of the management team. The registered manager, in response to feedback from local commissioners, had expanded the scope of audits to capture additional information.
- The registered manager submitted a monthly report to the provider which included feedback received from external organisations including commissioning and safeguarding teams, staff training and absence, equipment, and servicing of the home. However, the report did not include the outcome of audits and the actions required to bring about improvement. The registered manager amended the report template so as to include information as to the outcome of audits in future monthly reports .
- Regular meetings of staff all levels and areas of responsibility were held. This ensured staff knew and understood what was expected of them and provided an opportunity to reflect upon care practices and improve the quality and safety of people's care.

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

- Systems and processes encouraged and supported people, their relatives and others involved in their care to comment upon the quality of the care, which included the distribution of questionnaires and meetings for residents. A family member told us, "I recently completed a survey. I find the staff and management very approachable."
- People and family members said they would be confident to raise concerns. A person said, "I have never had to complain but I would definitely feel comfortable in speaking to them about anything if I had to. I can't think of any improvements I would make."
- Action was taken in response to people's feedback. This was evidenced through meeting minutes and information as to the provider's response to satisfaction questionnaires. For example, changes to the menu and the range of activities offered for people to participate in.