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	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**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 30 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 not always enough staff to support people promptly and safely. Staff did not have enough time to plan and engage people in activities on a regular basis. People did not always receive individualised support when they were distressed, and their privacy was not always maintained. People were not always protected from the risk of harm and lessons were not always learnt from when mistakes happened. Staff did not always demonstrate they had the training and skills required to support people safely and with dignity. We made a recommendation around ensuring staff were skilled in doing this.

Care plans did not always have up to date personalised information about people's preferences, including the care they wanted at the end of their lives. 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 and in their best interests; the policies and systems in the service did not support this practice.

The oversight and governance of the home was not always effective in resolving areas which required improvement. CQC did not receive all of the information we require to be able to monitor how certain incidents are managed and resolved.

Staff were recruited to ensure that they were safe to work with people. The environment was clean and hygienic, and staff understood how to minimise the risk of infection. It was an accessible, well maintained building.

People received their prescribed medicines safely. There were links with healthcare professionals to attend to any health needs promptly. People had nutritious meals and their weight was closely monitored.

The registered manager was approachable and there were opportunities in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint.

More information is in the full report.

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 1 March 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to safe staffing levels and safe care, consent to care, person centred care and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always 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 Care Act 2014.

Inspection team
The inspection was completed by one inspector and one assistant inspector.

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 used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority contracts management team for feedback from their reviews of the service. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and one visiting relative about their experience of the care

provided. We spoke with members of staff including the registered manager, the deputy manager, a senior carer, two carers and two domestic staff. We also spoke with two visiting health and social care professionals. We reviewed a range of records. These included nine people's care records and multiple medication records. We looked at a variety of records relating to the management of the service and reviewed some audits.

After the inspection
We spoke with one further professional who had worked with staff in the home for feedback. We asked the provider to send us further information related to falls management, staff training and dependency analysis. They did this within the required timeframe.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires improvement. 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.

Staffing and recruitment
• There were not always sufficient staff deployed to meet people's needs safely.
• There were periods of the day when there were no staff available to meet people's needs. In the morning we saw sixteen people in communal areas with no staff available to assist them; one person who was distressed asked us for assistance.
• Thirty people were living in the home and many of these had complex needs; for example, ten required two staff to support them to mobilise, some people spent the majority of their time in bed and others were living with dementia and were restless and confused at times. There were four staff available to meet their needs in the afternoon and two staff during the night. At times, some of these staff were not available as they were completing other duties; such as, making food or managing people's laundry.
• In addition, staff spent time in the reception of the home completing computerised care records which meant they were not available to support people. We saw two staff in this area in the afternoon which only left two other staff to meet thirty people's needs across two floors and several communal areas. This put people at increased risk of harm.
• There were high levels of unwitnessed falls in the home. In December 2018 a safeguarding referral was made because there had been four unwitnessed falls in twenty-eight days with injury on two occasions. However, we found there were still high numbers. For example, in the six-month period from February 2019 to July 2019 there were eleven falls in communal areas which were unwitnessed. Two of these unwitnessed falls in the lounge in February resulted in injury which required a visit to accident and emergency department. This evidence demonstrates to us that staff were not always available to meet the needs of people safely.
This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Systems were not fully effective to keep people safe from harm.
• A number of people living at the home had sore skin. One member of staff we spoke with described who was receiving care from health professionals to manage this. However, they were unable to describe this in line with best practise guidance.
• The risk assessments completed were also not specific. For example, one person's plan stated they were at risk of sore skin, but this had not been updated to describe the deterioration. The guidance for staff was to

reposition the person every two hours. However, when we checked records there were gaps in completion for over four hours on some days. This meant the person may not have been moved as required to protect their skin from harm.
• Another person spent the majority of their time in bed to manage sore skin and staff told us they only got up for their meals. This was confirmed by a healthcare professional we spoke with. The person did not have a risk assessment for this and their care plan did not have any guidance on how to manage their current sore skin. This put them at increased risk of staff not protecting their sore skin in line with professional guidance.
• Additional risks to people's wellbeing was not fully assessed nor plans in place to mitigate it. We saw one person trying to leave the building at times during the inspection visit and they told us they wanted to leave. There were no care plans or risk assessments in place to advise staff how to support them during these periods. In addition, their care plan stated they, 'Showed no evidence of challenging behaviour'. However, there were other records which showed they became agitated, for example, shouting at staff. Therefore, these risks to the person and others were not fully assessed or mitigated.
• Other incidents had also not been fully reviewed to manage potential risk to the person involved or others. For example, after an incident between two people in April 2019 no risk assessment was put in place or a care plan to advise staff how to keep the person safe while respecting their wishes. This showed that lessons were not always learnt when things went wrong.
• People were not always supported to move safely and in line with best practise guidance. For example, we saw one person supported to move in a wheelchair without their feet being supported. This put them at risk of harm.
• On the first day of the inspection there were no emergency evacuation plans in place for two of the newest people who had moved into the home within the last fortnight. Other aspects of the environment were not managed to keep people safe. For example, a fire exit to a communal area was locked and the key was not accessible. There were key pads to exits to keep people safe. However, one member of staff told us the number in front of two people in a communal area and another member of staff told a visitor where it was written in the reception. This demonstrated to us that risks in the environment were not always fully considered to protect people.
This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns.
• When safeguarding concerns were raised and investigated, action was taken to protect people from further harm. However, there was a risk staff may not be aware of the revised guidance as it was not always clearly documented in people's care plans.

Using medicines safely
• Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
• We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
• Some people were prescribed medicines to take 'as required', or PRN. Staff asked some people if these were required; for example, for pain management. There was guidance in place to support staff to know when this was needed.
• A new electronic medicines management system had recently been introduced. Staff we spoke with were enthusiastic about the new system and the support they received from the company who provided it. We spoke with the registered manager about some improvements identified and they followed these up; for

example, ensuring staff could sign for PRN medicines at any time of day they were administered.

Preventing and controlling infection

• The home was clean and hygienic which reduced the risk of infection. One person we spoke with told us they were pleased with the new flooring in their bedroom. They said, "The hard floor is so much easier to clean and more hygienic. There is nothing to worry about with the cleaning here."

• Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing protective equipment and that it was readily available.

Requires Improvement

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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 Act 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.
• Some people were being deprived of their liberty without lawful authorisation. One person was stopped leaving the building without assessments of their capacity to make this decision or referrals to the authorising organisation. Other people had restrictions such as monitors in their bedrooms without assessments to consider their capacity to consent to this.
• Some capacity assessments were not detailed and did not evidence how the conclusions were made. The judgement was also not always clear; for example, one person was deemed to have capacity, but then important decisions were made without their involvement.
• Some people had conditions on their DoLS which were not fully adhered to; this did not ensure they were lawful.
• Staff we spoke with were unable to tell us who had a DoLS in place and were not aware of the conditions.
This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The provider had received advice and support from the local authority contract monitoring team to improve the capacity assessments. We saw this work had commenced and that some new assessments had been completed in the new improved format.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs had not always been adequately assessed and recorded; for example, their care records did not always document desired outcomes or goals.

● Some information in care plans was not detailed or in line with best practise guidance; for example, in managing skin integrity.
● Some aspects in people's care plans had not been regularly reviewed; for example, one person had a capacity assessment which had not been reviewed for over two years.

Staff support: induction, training, skills and experience
• Staff told us, and records confirmed, they received regular support and training.
• We spoke with one social care professional who had provided the team with training and support who praised the staff's commitment to learning and engagement.
• However, we did not always see this learning implemented during the inspection visit. For example, we saw staff who had received training in moving people safely use unsafe practises. In addition, staff had received training in MCA but were not able to explain who was under DoLS.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• There were close working relationships with healthcare teams who provided regular support to people and staff in the home.
• One professional we spoke with told us staff provided good care and followed agreed plans. However, we found these plans were not always recorded in line with this guidance.
• The professional also said staff and managers requested assistance promptly. We saw records of regular contact with healthcare professionals and attendance at appointments.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have balanced diets and made choices about the kind of food they enjoyed.
• One person told us, "The food is good, and we do get a choice." Another person we spoke with said, "The food is very good and if you are not happy with something you can always ask for something different. Today is lasagne or chicken. We also get plenty of tea and biscuits throughout the day."
• Staff were attentive during mealtimes. When people required support to eat, this was given patiently with gentle encouragement.
• Special diets were catered for and this included softened food for people who were at risk of choking.
• When people were at risk of weight loss they were carefully monitored to ensure they were maintaining their weight and keeping well.

Adapting service, design, decoration to meet people's needs
• The home was designed to meet people's needs and this included accessible areas; for example, a garden designed to meet people's needs.
• There was a programme of refurbishment and upgrade of equipment in progress which included new adapted bathrooms which would improve people's experience.
• There was signage throughout the home to assist people who were living with dementia to orientate.

Requires Improvement

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was not always respected.
• One member of staff described a person's distress and restlessness on a telephone in a public space in front of a person who lived at the home.
• Some people's care plans were not written in a respectful manner. For example, one person was described as argumentative and manipulative.
We recommend staff receive training and support to recognise the importance of ensuring people's privacy and respecting their dignity.

• At other times, privacy was considered; for example, when providing care to people discreetly.
• Families and friends were welcomed at any time and there was a warm reception from staff. One relative told us, "I feel like I know everyone who works here and I am always greeted cheerfully."

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care
• At times staff were rushed and did not have time to spend with people. One person told us, "I don't have a lot to do with the staff, they never sit down and talk to us."
• Some people spent time in their rooms because they became distressed or anxious in busier environments; however, we saw staff had little time to spend with them individually. At times people were distressed or required assistance in their rooms and staff were not available.
• There was a task focus to some of the support people received. For example, when people required personal assistance outside of set times it was difficult for them to get staff attention. One person told us they may have to wait for up to fifteen minutes and use their call bell three times to have assistance.
• There was limited information in care plans about people's life history or diverse needs. Although most of the staff we spoke with knew people well there was a risk that some of their requirements were not known without a thorough assessment.
• When staff did have more time we saw they had kind relationships with people. One person said, "The staff are all brilliant, I can't fault them."
• Some people had independent advocates to assist them to make decisions about their care.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

• People had care plans in place which were mostly individualised. However, they were not always up to date or detailed. This meant they were not always describing people's current needs.

• Care plans to capture people's wishes for the care they received at the end of their lives were not always individualised; similar information was repeated across different people's plans. One person was assessed as having capacity, but their end of life wishes was discussed with their family instead of them. This showed us people's preferences were not always captured or planned for. There was no one receiving end of life care when we inspected.

• There was limited access to the information in care plans as it was electronically documented and the only computers staff had access to were in the reception area or one of the offices. This meant they were not easily able to refer to the guidance held in the plans.

• There were daily records completed but we found some of these had gaps in the recording. This was not always noticed or responded to on the day to ensure people were receiving the care they needed. For example, there were gaps in peoples records around repositioning to protect their skin.

• There was incomplete information about people's life histories to ensure staff knew what was important to them or what they enjoyed doing. People were offered limited opportunities to engage in activities.

• One person we spoke with said, "We sit here all day long and it is a long day. There is nothing to do." Another person told us, "There isn't anything going on."

• There were entertainers who visited on some days and people told us they enjoyed these when they came. Other than those, staff had responsibility to complete activities and we found they had limited time to do this. On the first day of inspection one member of staff led some singing for ten minutes and another painted some people's nails. The rest of the time people sat in chairs in communal areas for long periods of time.

• One person we spoke with told us about their religious beliefs and shared they had limited opportunity to practise these since moving to the home.

This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.
• People's communication needs were assessed, and it was clear how information should be shared with them.
• There was some information in the home shared in an accessible way; for example, with pictures. However, there was re-decoration in progress and so some of this information was not present at the time of the inspection visit. Staff we spoke with described where the information would be in the future.

Improving care quality in response to complaints or concerns
• People and relatives knew how to make complaints and were confident that they would be listened to. One person told us, "We put some feedback in the box about laundry which was listened to."
• There was a complaints procedure in place and any formal complaints received were recorded and addressed following the provider's procedure.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated 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
• We did not always receive notifications about important incidents. For example, there were incidents between people which were reported to other professionals as potential safeguarding situations which we were not notified of. This was not in line with the regulatory requirements. A failure to notify CQC has a negative impact on our ability to monitor the quality of services.
This was a breach of Regulation 18 of the CQC Registration Regulations (2009)

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; 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
• There were systems in place to monitor and improve the quality of the service to ensure good outcomes for people; However, they were not always fully implemented or analysed to make effective change.
• When we reviewed information about people's falls we found 47% happened between 14:00 and 21:00 in the past six months. However, this analysis had not been made by the provider and no changes to staffing levels at this time of day were made.
• Tools which could assist the provider to analyse the number of staff required to keep people safe were not in place; for example, a staffing tool which reviewed people's dependency or analysis of the amount of time people waited for their call bells to be answered.
• Other audits had not been regularly completed in line with the provider's procedure. For example, the last infection control audit had been completed in December 2018.
• Some systems were not up to date to ensure staff had easy access to information. We reviewed DoLS and found the front sheet which had an overview of this information was out of date. Similarly, the emergency evacuation list was not current; one person was described as low risk and requiring one member of staff to assist them in an emergency. However, they were now spending the majority of their time in bed and required equipment to move safely. This demonstrated to us that tools use to keep people safe and in line with legal requirements were not always effectively used to do so.
This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

characteristics; Working in partnership with others
• Staff told us they felt well supported in their roles and there was a positive culture. One member of staff said, "It is a good place to work and all of the managers are supportive and listen to us." However, some staff did say they would like more time to spend with people.
• There were opportunities to feedback through staff meetings and staff felt these were useful and their ideas were listened to.
• Professionals we spoke with told us there was a collaborative approach and good communication. One professional who had provided some support to the home commented on the staff teams commitment and involvement in the training. They told us they had nominated one member of a staff for a carers award as a consequence and the member of staff had won it.
• There were also opportunities for people who lived at the home to meet and give feedback. These took place twice a year, although one person told us they thought the meetings should be more frequent.

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 18 Registration Regulations 2009 Notifications of other incidents The provider did not ensured CQC were notified of all significant incidents in line with their registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive person centred care which met their needs and reflected their preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not meeting their responsibilities under the Mental Capacity Act (2005) to ensure people consented to their care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes did not always ensure quality improvement and good governance of the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The systems in place did not always ensure safe care and treatment.

The enforcement action we took:

We issued a Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always sufficient staff deployed to provide people with safe, prompt care.

The enforcement action we took:

We issued a Warning Notice.