

Evington Grange Ltd

Evington Grange

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

Evington Grange is a residential care service providing personal care and accommodation to people. At the time of the inspection the service was providing personal care to six people.

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

At our last inspection the provider had failed to keep people safe and comprehensively monitor the quality of the service. The provider had not undertaken regular fire checks and lacked a comprehensive medicine management system. There were insufficient audits of medicine. At this inspection we found the provider had made improvements. Systems and processes were in place to keep people safe. There had been an improvement in assessing and monitoring the quality of care provided, though this had not always shown what action had been taken to identified issues.

People felt safe with staff from the service. Staff understood how to protect people from the risk of harm and understood potential signs of abuse. Care plans provided guidance for staff to follow, which staff had read and understood. Risk assessments reduced risk for people. Staff went through a recruitment process so that the provider only employed suitable staff, though this needed to be made more robust.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to improve the service though actions identified were not always evidenced as being carried out.

People received their medicines as prescribed and they were protected from the risk of infections through staff working practices. There were enough staff to meet people's needs. Staff undertook induction and specialist training which provided knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration. They had access to healthcare that maintained their health and wellbeing. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff knew people well. People had developed positive relationships with staff which helped to ensure good communication and support. Staff respected people's privacy and dignity. They supported people to be independent.

People were involved and consulted when deciding how support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure they received help to maintain their health and wellbeing.

People knew how to raise any concerns or make a complaint. The provider had a system in place to respond to complaints to put things right. The complaints policy provided information about how these would be managed and responded to.

People and staff spoke positively about the management and leadership of the service. They said staff were very friendly and caring, and they had built good relationships with them.

The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection:

The last inspection on 28 September 2018 rated the service as requires improvement.

Why we inspected:

This was a planned inspection based on the last rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well Led findings below.

Evington 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 carried out by one inspector.

Service and service type

This service is a residential home. It provides personal care and accommodation to people with mental health needs, people with drugs and alcohol issues and younger adults.

The service had a manager who was registered with the Care Quality Commission. This means that when a manager is registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In a pre-planned move to other employment, the manager had left the service by day two of the inspection.

Notice of inspection

The inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived in the home about their experience of the care provided. We also spoke

with two members of care staff, the registered manager, the nominated individual and the deputy manager.

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

After the inspection

The nominated individual sent us additional evidence after the inspection visit to follow up on the issues raised in the report.

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 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. At this inspection we found enough improvement had been made and this key question has improved to good.

Good: This meant people were safe and protected from avoidable harm.

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

- People said they felt safe and secure with staff. A person said, "Yes. The staff are good. We all feel safe with all the staff."
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency if needed. Staff had safeguarding training. The training was completed by new staff during induction.
- A whistleblowing procedure was in place for staff to report to outside agencies if they were not confident that management would deal with the incident properly.

Staffing and recruitment

- Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. The provider had used this system to make decisions to safely employ staff.
- References had been taken up with past employers. There was one instance where a reference from a previous employment had been sought from a client of that service, but not from management. The registered manager stated that this issue was found to be the case in early 2018. Since then measures had been put in place to ensure that all past relevant references would be taken up.

Assessing risk, safety monitoring and management.

- An assessment of health and safety of the premises had been carried out for the home. This was comprehensive and included plans to evacuate people safely in the event of fire. Fire checks were in place including holding fire drills.
- Management had assessed individual risks to people's safety. Information was in place for staff if action needed to be taken to reduce these risks. Risk assessments were reviewed and updated. There was an issue around specific risk management plans which were addressed.
- Staff members had a good understanding of people's needs in order to keep people safe. For example, how to manage situations where people became distressed.

Using medicines safely

- People said staff gave them their medicines. Records showed that people had received their medicines at prescribed times.
- Medicines were stored safely. Temperatures for storing medicines in the medicine room were monitored

to ensure medicine was effective to use.

- Medicines audits were undertaken regularly which helped to ensure people received their medicines safely and as prescribed

Preventing and controlling infection

- The premises were clean. Staff were aware of the need to use protective equipment when supporting people with personal care.
- Staff had been trained on maintaining infection control. This helped to protect people from acquiring infectious diseases.
- Staff were aware of the need to wash their hands thoroughly after completing a task to prevent infections being passed to people.

Learning lessons when things go wrong

- The registered manager said that they were aware of the need to learn if situations had gone wrong, such as medicines being counted on a daily basis to ensure all medicines were properly supplied to people living in the service.

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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support. Staff said that management asked them to read care plans and plans helped them to provide care that met people's needs.
- People said their needs were met by staff.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People said they thought staff had been well trained to support them. One person said, "Staff help when I need them. They know how to help me."
- People were supported by staff who had received ongoing relevant training. More training was being organised to ensure all staff had comprehensive training. Staff said if they requested more training, management would arrange this for them. For example, training on understanding diabetes had been arranged. Training on people's mental health conditions was also provided to staff, which helps staff to understand symptoms of people's mental health needs.
- On joining the service, staff received an induction and training in relevant issues such as health and safety, and how to safeguard people and understanding people's specific mental health needs. Staff were shadowed by experienced staff to give them an understanding of how to provide personal care to people. Staff were given opportunities to review their individual work and development needs in direct supervision and appraisal sessions.

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

- People said they liked the food provided. One person said, "Food is good. We get a choice at all meals." People were provided with food of their choice after staff asked them what they wanted.
- Staff had information about people's needs to ensure that the food was safe for people to eat. Other drinks and snacks were available to people to ensure they were not hungry or did not become dehydrated.
- Staff were aware of people's dietary requirements, and catered for people with specific needs such as diabetes. People said they had food provided that respected their cultural choices.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information on meeting health and social needs. Information was included about working with community psychiatric nurses and social workers.

- Staff told us they were aware of the action to take when people suffered harm. We found evidence to support this in the accident book.

Supporting people to live healthier lives, access healthcare services and support

- People said that if they needed to see a doctor, this was arranged. Some people were able to go to the surgery themselves, with or without staff assistance. People said staff helped them with their health. One person said; "Staff will help me and go with me to appointments. This makes me feel more comfortable and less anxious."
- People's health and wellbeing was supported by staff. Records of people's care showed there was contact with a range of professionals such as specialist nurses, GPs and consultants.
- People confirmed that staff encouraged them to go to the dentist and to brush their teeth. A staff member explained how people were encouraged to maintain their oral hygiene.

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

- People said they were happy with the home's facilities and they liked their bedrooms. They said maintenance were called in when repairs were needed.
- People were able to personalise their rooms with their own belongings. Some bedrooms did not have an easy chair for people to sit in their rooms. One person said they did not need this as they only used their bedroom to sleep in. The nominated individual said this would be checked with other people and if they wanted an easy chair, this would be provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We found this to be the case.

- Staff were trained to understand the MCA. Some people, who had restrictions placed on them, had authorisations from the DoLS team in place to show this was being done lawfully.
- People said they were asked for their permission before being provided with support from staff.
- Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.
- One staff member we spoke with understood their obligations under the MCA, although another member of staff was unclear. We reported this to the deputy manager who agreed to address it.

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 remained the same.

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 said that staff were friendly and caring and they were treated fairly. One person said, "Staff are always good to everyone." Another person said, "Staff are lovely." Observed conversations between staff and people were relaxed, friendly and positive.
- We saw staff assisting people, being caring and reassuring to people. Staff chatted with people and responded to what people said. A person who had an accident was quickly reassured by staff.
- People said that staff listened to what they said, and that their wishes were respected.
- The service statement of purpose did not include the statement that staff should treat people equally whatever their backgrounds, though staff were aware of this principle and said it happened in practice. The nominated individual amended this document to include this information.
- People said that they could go to the mosque, temple or church if they wanted. They said religious events were celebrated, such as Diwali, the Hindu festival of light and Christmas. People's sexuality was positively considered in care plans to ensure people were treated equally.
- People said staff respected their beliefs. One person said; "I do my prayers in my room. Staff don't interfere with this. They leave me to do it when I want."

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

- People said they had been involved in care planning. A person said, "I am able to talk to my key worker and get things changed if this is needed."
- People said management checked that they were satisfied with the service they received. For example, in resident's meetings people had been asked about what food they preferred and what activities they wanted to do.
- Reviews of people's care had taken place. People confirmed that they had been consulted about whether care provided still met their needs.

Respecting and promoting people's privacy, dignity and independence

- People said staff respected people's privacy and dignity. One person said, "Yes, there is no problem about this. Staff knock before they come into my bedroom."
- People said they were able to choose their lifestyles, such as choices for getting up or staying in bed, involvement in activities and food and drinks choices. Care plans had information about people's preferences. People said they could do things when they wanted to. One person said, "I can go out and do

things when I want."

- People said staff supported their independence to be able to do the things that they could do, such as going into the kitchen to prepare food. This helped people maintain their independence.

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 remained the same.

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

- Staff responded to people's needs. For example, a person was helped to plan installing furniture into their bedroom.
- People said there were enough staff to provide care when they needed it.
- Care plans had information about people's preferences and this covered their life histories and likes and dislikes. This meant staff had comprehensive information to assist them to meet people's individual needs. Staff members were aware of people's important routines.
- People said they were happy with the care provided. One person said; "Staff are always there to give me help at the times I need this."

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.

- The service identified people's information and communication needs by assessing them.
- The registered manager said currently no people needed alternative methods of information.
- Management said that other formats, such as large print and translating information into people's first languages, would be provided if this was needed in the future.

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.

- Care plans contained information about what was important to people, people's spiritual needs, interests and what they enjoyed doing.
- There were activities for people. These included games, walks, watching films, music and books. There was a back garden with seating so people could enjoy the outside if they wanted. People said that they enjoyed going out to activities in the community, such as visiting café's and shopping. There were comments by staff and in residents meetings and surveys that more activities were needed. The nominated individual and deputy manager said this issue would be reviewed with people. This would include having trips out, such as trips to the seaside in summer. □
- Links with family, friends and the local community were promoted. People said that visitors were always welcomed by staff. Staff asked people about visiting their families. People were able to go to their families to

stay if this was possible and they wanted to do this.

Improving care quality in response to complaints or concerns

- People said they knew how to make a complaint. No one had any complaints. People were confident that management would sort out tissues when there were any. This gave reassurance that swift action would be taken if needed.
- There was a complaint policy and procedure in the service user's guide. The procedure for complainants included information about referral to outside bodies if they were not satisfied with the provider's investigation.

End of life care and support

- End of life care and support was assessed as part of people's care plans.
- Care plans contained information about people's end-of-life wishes.

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 the provider had failed to have a comprehensive quality assurance system in place. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, as actions identified not always been evidenced as being completed.

This meant the service management and leadership was inconsistent.

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

- Questionnaires had been provided to people and staff. The results had been analysed though there was no action plan developed to progress suggestions. The nominated individual said this would be carried out.
- People had opportunities to share their views about the service through surveys provided to them and in residents meetings. However, the minutes of the meeting did not show that people's suggestions had been acted on. Staff also had a survey. Again, there was no evidence in place that comments were improvement at been acted on. The nominated individual said this would be followed up.
- People said they were happy living in the home. One person said; "I like living here. Staff help us and it's a good atmosphere."
- Staff were supported to share their views about people's care directly with management and in staff meetings. They said they felt confident they could always raise any issues and ideas to further improve the service.
- Management promoted positive team working. Staff were thanked for their work. One staff member told us, "If I need any help, management are always there."

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

- Quality audits were carried out to drive improvement of the service. Some were missing such as staff training, staffing levels and staff recruitment. The nominated individual said this would be carried out. The maintenance log did not always have completed dates when works were carried out, so this performance was not comprehensively audited to ensure repairs were carried out swiftly.
- On the first day of the inspection, a manager was registered with CQC. They and the deputy manager were clear about legal responsibilities under their CQC registration, including notifying CQC of significant events and incidents in the service.
- In a pre-planned move, the registered manager had left their position by day two of the inspection. There was a plan in place to replace them.
- People and staff were positive about the management and leadership of the service. There was a reliable staff team who said they took pride in providing care and support for the people using the service. Staff said there was good teamwork and that all staff worked together to provide a quality service to people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People said that individual care was provided around their needs and preferences.
- Management worked closely with healthcare professionals to improve people's health.
- The current CQC rating was displayed in the home.
- The registered manager and deputy manager understood their duty of candour responsibility, to apologise and explain to people and their representatives if things had gone wrong.

Continuous learning and improving care

- There were reviews of people's needs to ensure the care provided was appropriate, and reviews of the service to ensure people had the care they needed.
- Staff meeting minutes showed that different issues were discussed each month to remind staff about important issues such as keeping people safe and maintain infection control.

Working in partnership with others

- The service worked with a range of health and social care professionals.
- People were supported to use local services if this is what they wanted.