

Langdale House Limited

Everdale 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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Everdale Grange is a residential care home providing accommodation for people who require personal and nursing care for up to 68 people. The service provides support to older people, some of whom are living with dementia, people with a physical disability, mental health needs, sensory impairment and younger adults. At the time of our inspection there were 67 people using the service.

Everdale Grange is comprised of 2 separate buildings. In the first building are the Windsor and Tudor units. The Windsor and Tudor areas support people with long term nursing and personal care needs. The second building is the Sovereign unit, which focuses on short stay placements for people with rehabilitation potential. It has an onsite therapy team, who are funded separately by health partners.

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

People's safety was underpinned by the provider's policies and processes. Lessons were learnt and improvements made through the analysis and reporting of accidents, incidents, safeguarding concerns and investigations.

Potential risks related to people's care were assessed and included improvements to records to support a safe evacuation of people from the service in an emergency, and greater detail of the mitigation of risk linked to people's care. Medicine systems were managed safely. People were supported by sufficient staff who had undergone a robust recruitment process and had undertaken training in topics to promote safety.

People lived in an environment which welcomed visitors and was well maintained and clean, with safe infection and prevention measures.

Records related to the assessment of people's capacity to make informed decisions had improved. 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's health and wellbeing needs were assessed, which included a tailored approach dependent upon the reason for a person's admission to the service. The assessment process for people admitted for the purpose of rehabilitation, included assessments undertaken by occupational therapists and physio therapists, funded by health partners.

Staff had the knowledge and experience to meet people's needs. People's dietary needs were met, which included diets to suit their health, beliefs and culture. Staff liaised effectively with health care professionals to achieve good outcomes for people, confirmed by visiting professionals.

People and family members were positive about the kindness and compassion of staff, and of their

commitment to promote people's dignity. People were supported to practice their beliefs and celebrate their diversity. The cultural diversity of both people and staff was mixed, this provided for some people difficulties in making their needs understood, whilst for others it meant staff could speak with them in their first language.

The registered manager and management team were responsive throughout the inspection and implemented changes throughout the inspection and in response to our feedback. The provider had systems in place to monitor and improve the quality of the service provided, which was underpinned through consultation with people, their relatives and staff.

Staff received support, through training and supervision to promote good quality outcomes for people and attended regular meetings to share information and good practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement published 8 July 2022 and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

When we last inspected Everdale Grange on 3 and 4 May 2022 breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

We undertook a focused inspection to review the key questions of safe, effective, caring and well-led only. For the key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 team consisted of 3 inspectors, a specialist advisor 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

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 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 were 2 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 5 people who used the service and 5 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 17 members of staff including care staff, a nurse, the pharmacist, managers including compliance managers, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We liaised with 5 external health professionals who visited the service to gather feedback on the care provided.

Following our visit we continued to seek further information related to people's care records, policies and procedures, staff training, quality monitoring and auditing processes as part of the inspection.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to promote people's safety in line with the previous inspection findings. Care records had been reviewed and updated to provide greater detail to ensure people's safety was promoted, which included Personal Emergency Evacuation Plans (PEEP) along with guidance for staff for people who were at risk of choking.
- Potential risks to people were assessed and kept under review to promote their health and wellbeing. People's care records provided guidance for staff on how to reduce risks. For example, the regular repositioning of people and the use of pressure relieving equipment to promote skin integrity.
- Potential risks to people were assessed and kept under review to promote people's safety. People's mobility was assessed, which included reviewing people's needs following a fall. Equipment was used to reduce risk, whilst enabling people to maintain their independence. For example, walking frames were used to enable people to move around the service, independently or with staff support.
- Staff were knowledgeable as to people's needs and provided a clear and detailed account of people's needs and their role in the promotion of people's safety and wellbeing.
- People's safety was maintained by staff and external contractors who undertook scheduled checks of systems and equipment to ensure they were in good working order.

Preventing and controlling infection

At our last inspection, 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People spoke positively of the cleanliness of the service. A person said, "It gets cleaned every day." A

second person when asked about cleaning said. "Seven days a week, wiping floors and surfaces."

- Staff had undertaken training in infection prevention and control and provided care and support consistent with the provider's policy and procedure. For example, staff wore gloves and aprons, known as personal protective equipment, when providing personal care.

Visiting in care homes

- People were supported to maintain contact with their family and friends. There were no visiting restrictions, and we noted staff welcomed visitors to Everdale Grange throughout the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. Safeguarding referrals were made to the appropriate organisations in a timely manner, consistent with local safeguarding protocols.
- The registered manager kept a record of all safeguarding concerns. The information included the nature of the concern, who had raised the concern and its outcome.
- People told us they felt safe at Everdale Grange. Some people said this was in part due to their feeling secure due to good security arrangements. These arrangements included visitors having to sign in and out of the service electronically, and being escorted into and out of the home. A relative spoke of the card they scanned when they visited.

Staffing and recruitment

- Staffing numbers were continually reviewed based on people's needs. This ensured there were sufficient numbers of staff with the necessary training, skills and competence to support people's safety and meet their needs.
- People's care records contained information as to whether they could use call bells to request staff assistance, and we noted call bells were placed next to people. A relative told us, "I sometimes press the call bell, staff almost come that minute, nothing is too much trouble." For people who could not use a call bell, staff regularly undertook welfare checks." A relative told us their family member didn't use a call bell. They said, "Staff check on them regularly when they're in bed."
- 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). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- During the inspection the registered manager took immediate action and amended some care documents. For example, to indicate if the blood sugar monitoring had been undertaken before or after a meal, enabling accurate data collection for future use in support of medicine reviews.
- Staff had undertaken training in medicine management, which included assessments of competence by health care professionals for specific styles of medicine administration. For example, the administration of insulin and the application of topical creams.
- People were supported with their medicines in a safe and timely way. People's records detailed the prescribed medicine, which included 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.
- People said they received their medicines on time and were given medicine for pain relief if required. A relative was aware of the medicine their family member was prescribed and of the medicine reviews undertaken by the G.P.

- Protocols for the administration of covert medicine (where medicines are hidden in food or drink and given without the person's knowledge) were in place. The protocol included information that the medication had been authorised to be given covertly, supported by a Mental Capacity Assessment and a best interests' meeting having taken place.

Learning lessons when things go wrong

- Processes were in place to learn and improve people's experiences.
- Potential areas of improvement were identified and a report produced. For example, feedback from family members had identified communication was an area for improvement. An analysis of information was undertaken and an action plan produced. The outcome was shared with staff to ensure they were aware of their role in improving communication.
- Relative's spoke of regular communication, including e-mails and phone calls updating them on their family members wellbeing. This showed the provider's action plan for improving communication had been successfully implemented.

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

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

At our last inspection, 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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.

- People's care records contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care.
- Best interest decisions had been made where people were assessed as lacking capacity to make an informed decision. Best interest decisions had involved professionals and family members.
- DoLS in some instances had conditions attached, which were complied with, evidenced by records which were kept. For example, several people had a DoLS condition which stated covert medicine was only to be given, following 2 unsuccessful attempts of offering a person their medicine, which they declined.

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

- People's needs were assessed and care and support was delivered in line with current standards to

achieve effective outcomes, and tailored to meet the differing aspects of the service provided.

- People in some instances had been discharged from hospital to the service for the purpose of assessment, to identify what, if any, ongoing care and support they may require. For example, long term residential care and the type of service required.
- People who transferred from hospital to the Sovereign Unit, for the purpose of rehabilitation had their needs assessed by externally health funded physiotherapists and occupational therapists. In addition, staff undertook assessments to identify any additional needs which were not directly linked to their rehabilitation.
- Relative's knowledge of their family member contributed to the assessment of people's needs to support a person centred approach to care. For example, by asking for information about their work and family life, hobbies and interests. Relatives spoke of their providing information to complete a life story record.

Staff support: induction, training, skills and experience

- People's needs were met by staff with the skills, knowledge and experience to deliver effective care and support, which included training to support staff in meeting people's needs.
- Staff spoke positively of the training they received, which they said was regularly updated. A staff member told us, "We have online training and face to face training. A local hospice has recently delivered training on End of Life Care and Advance care planning. We feel well trained."
- Some people said they struggled to be understood by some staff whose first language was not English, which on occasions made it difficult for their needs or questions to be responded to. This view was shared by some staff who said communication within the staff team sometimes impacted on the effective sharing of information about people's needs and care. The registered manager provided assurance of English competency tests being undertaken as part of the recruitment process, and ongoing investment by the provider in offering courses in English to all overseas staff.
- Where appropriate, care staff upon commencement of their role were supported with an induction package and training which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's nutritional and hydration needs were met. Meals and drinks were served regularly throughout the day. Snacks and refreshments were available for people to help themselves, which included savoury snacks and cold drinks.
- Meals provided reflected the beliefs and cultural diversity of people. For example, vegetarian options, and meals prepared with Halal meat.
- People were in the main positive about the meals in terms of the quality, choice and variety. A person told us, "You get the choices of 2 lunches and dessert of your choice." Relatives told us they were offered refreshments and something to eat when they visited.
- The dining experience was relaxed, with staff sensitively supporting people who required assistance with eating and drinking. Some relatives told us they often visited at lunchtime so they could support their family member with their meal.

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

- People's day to day health and well-being was monitored by staff with referrals being made to health care professionals where required. A person told us, "The doctor comes every Wednesday, and the district nurse has visited to support with post operative care."
- Routine health checks including podiatry and dentistry were undertaken by visiting professionals.

- People who resided on Sovereign Unit, had access to on-site occupational therapist and physiotherapist to support their rehabilitation. A person spoke of completing their exercises with the support of the physiotherapist.
- G.P.'s routinely visited the service each week and told us staff responded effectively to any changes related to changes in people's health. A G.P. informed us staff followed guidance and instructions given to them, and liaised with themselves and the district nursing team as and when required.

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

- People's needs were met by the design and adaption of the service, with each unit providing communal lounge and dining areas, bedrooms, bathing and shower facilities.
- People's views about the environment were sought within small group discussions, and through feedback sought through the provider's quality assurance processes.
- Signage supported people to orientate themselves within the service. For example, people's bedrooms doors had laminated signs which detailed the person's name and picture. Interactive tactile areas on walls were also used to provide sensory stimulation for people.

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 requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's equality and diversity was supported.
- Equality characteristics were considered in relation to the provision of information to promote and support people's understanding, which included pictorial menus and communication cards.
- People and staff reflected a diverse culture, which meant some staff were able to speak with people whose first language was not English.
- People were supported to celebrate their culture and beliefs. People attended local temples to celebrate their faith, and Catholic services were held at Everdale Grange. We observed a person watching Hindu films via a handheld device 'tablet', and we were told they practiced their faith independently in their room.
- Relatives were positive about the kindness shown by staff towards their family member. A relative said, "Nice to see they [staff] care and engage." They went onto talk about the activities provided, and how staff encouraged people to participate. We observed people completing puzzles to support their memory and cognition, a person playing the piano, whilst others were seen helping staff to decorate the service for Halloween.
- Staff had a good understanding of people's lives prior to moving to the service. Staff spoke of people's hobbies and interests, family and work lives. Staff used their knowledge to support people in activities they had previously enjoyed. For example, playing the piano, or participating in creative activities such as arts and crafts.

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

- People were supported to express their views and make decisions about their care. A person told us how they were involved in day to day decisions, and how they would meet with other residents in the dining area to have breakfast and lunch, and then returned to their room to carry out their exercises with the physiotherapist.
- Staff were observed seeking people's permission prior to all care and support being provided.
- Relatives told us they were involved in decisions relating to their family members care and were satisfied with the care they received.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- A person when we asked about staffing respecting their privacy and dignity said. "Yes, one hundred percent."

- Relatives were positive about staff's approach to their family members privacy and dignity. A family member spoke of how they visited their relative and spent time with them in their bedroom. They told us staff were respectful of their time together and would knock on the door before entering.
- People's independence was promoted, for example people were encouraged to mobilise independently with equipment where required. A relative told us how staff had supported their family members independence, by taking getting them up and walking, and using a chair cycle exercise bike to encourage and strengthen their legs through exercise.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Monitoring of systems and processes, and the adherence to policies had brought about improvement. Care records contained information to enable staff to provide safe care, which considered people's capacity to make informed decisions. The medicine policy was followed which meant staff had guidance to follow for people who received medicines as and when required.
- The registered manager implemented improvements throughout the inspection. For example, many care records for people accessing the Sovereign Unit were reviewed and updated to provide greater detail. There was a proactive approach to feedback throughout and following the inspection. For example, documents which recorded information linked to people's medicine were reviewed to include greater detail in support of good practice guidance.
- Staff said they were supported through clinical supervision and meetings, and were clear as to their role and responsibilities, the importance of team working and the sharing of information to support safe care.
- Systems were in place to analyse and review information, including risks relating to people's safety and quality of care, which were shared with the staff team as part of lessons learnt, to support staff's understanding and knowledge and improve people's care.

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

- Staff spoke positively about the leadership and management of the service, and it being an open culture which achieved good outcomes for people. A staff member said, "The management are good, the way they talk to us is really nice and I am happy with the residents here. I would recommend care here for people I know. It is good here; we care for the people as we would our own parents"
- People and relatives spoke of the leadership and management of the service, and of the welcoming approach. A relative spoke of having been invited to have Christmas dinner at Everdale Grange, with their loved one, and of the special table being set up so they could enjoy the meal together.

- A member of staff who had managerial responsibility for a unit told us. "I'm so proud of my staff, their compassion to the residents and staff."
- The provider encouraged an inclusive workforce and promoted equality. This was achieved through initiatives to support and develop staff within their professional roles and provide specific tailored training and mentoring where required. Staff had access to a range of benefits, including well-being support.

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 worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong and they took action as needed to rectify any identified issues.

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

- There was an inclusive approach to seeking the views of others to shape the service provided, which included seeking the views of people, their relatives and staff. Information gathered through surveys were used to respond to both people's individual and collective comments.
- Community links had been established to support good quality outcomes for people and raise the profile of Everdale Grange. Children from a local nursery regularly visited the service supported by the nursery staff to spend time with people and take part in activities.
- Several relatives said they attended and enjoyed the regular coffee mornings organised by the registered manager.

Continuous learning and improving care; Working in partnership with others

- The registered manager, management team and staff worked collaboratively with partnership organisations, which include the local authority, safeguarding teams and health care professionals to support the delivery of good quality care for people.
- Professionals who visited the service informed us the staff from the service worked in partnership with them, to achieve good outcomes for people.
- Staff were supported to develop and maintain professional practice, which included named staff whose role as a 'Champion' was to advocate best practice in specific areas of people's care to promote, health, wellbeing and safety. For example, 'oral health champions' encouraged and worked alongside staff to promote good outcomes for people.
- The provider had been nominated, and in some instances been the runner up or a finalist in regional awards, which recognised achievement in range of areas, including innovation, palliative care, and dignity in care.