

A L A Care Limited

Enderby Grange

Inspection report

Sparsis Gardens
Narborough
Leicestershire
LE19 2BQ

Tel: 01162752555
Website: www.ala-care.co.uk

Date of inspection visit:
24 January 2017
25 January 2017

Date of publication:
01 March 2017

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 January 2017 and was unannounced. We returned announced on 25 January 2017.

Enderby Grange is a care home that provides residential care for up to 40 people. The home specialises in caring for older people including those with physical disabilities and people living with dementia. At the time of our inspection there were 35 people who used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were safe. They were supported and cared for by staff that had been recruited under recruitment procedures that ensured only staff that were suited to work at the service were employed.

People did not have concerns about their safety and staff knew how to protect them from abuse and avoidable harm.

People's care plans included risk assessments of activities associated with their personal care and support routines. The risk assessments provided information for care workers that enabled them to support people safely but without restricting their independence.

People received their medicines as prescribed. The registered manager had made arrangements for the safe storage and handling of medicines. Only staff that were trained handled medicines.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights. There were people at Enderby Grange who were being cared for under Deprivation of Liberty Safeguards.

People enjoyed the food that was offered to them and were supported to maintain a healthy diet. They could choose what they ate and their preferences and requirements were known and met by staff.

People had access to healthcare professionals when they needed them.

People told us they were treated with dignity and respect. People's care plans were centred on their

individual needs. Their care and support was based on these. People knew how to raise concerns if they felt they needed to. People were confident they would be taken seriously by the provider.

People had access to a variety of activities if they chose to take part.

Staff meetings and meetings for the people using the service and their relatives had been held and surveys had been completed. This provided people with the opportunity to be involved in how the service was run.

The quality assurance procedures were used to identify and implement improvements to people's experience of the service.

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.

People felt safe and staff knew how to protect people from abuse and avoidable harm.

There were sufficient staff to keep people safe who had been checked prior to working for the provider.

People received the medicines that they required in a safe way.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had received regular training and guidance.

People's consent to care had been obtained where possible and the requirements under the MCA were being followed.

People were satisfied with the food available and had access to healthcare services to support them to maintain their health.

Is the service caring?

Good ●

The service was caring.

People told us the staff team were kind and caring and we observed staff members treating people in a caring and considerate manner.

People's privacy and dignity were respected.

People were supported and encouraged to make choices about their care and support on a daily basis

Is the service responsive?

Good ●

The service was responsive.

People's assessment and review of their needs occurred

regularly and included people important in their care and support.

People's support and their care plans focused on them as individuals and were line with their preferences.

People and their relatives knew how to make a complaint if they had wanted to and could give feedback to the provider.

Whilst activities were offered, these were at times limited.

Is the service well-led?

The service was well led.

Staff understood their roles and responsibilities and were supported by the registered manager. They knew how to whistle blow on their colleagues if they needed to and could give suggestions for improvements to the service.

The registered manager was aware of their responsibilities and had carried out regular quality checks of the service.

Good ●

Enderby Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 24 January 2017 and was unannounced. We returned announced on 25 January 2017.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we held about the service to inform and plan our inspection. We contacted the local authority that funded some of the care of people used the service and Healthwatch Leicestershire, the local consumer champion for people using adult social care services, to see if they had feedback about the service.

We spoke with 10 people who used the service and with four relatives. We also spoke with the registered manager, the deputy manager, the cook, two senior care staff and one care staff.

We looked at four people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at three staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff that were suited to work for the service. We reviewed records associated with the provider's monitoring of the quality of the service. These included surveys and audits.

Is the service safe?

Our findings

People using the service told us they felt safe at Enderby Grange. People gave a variety of reasons as to why they felt safe. These included, "I have my frame and get about very well on it." "I am safe here as there is always someone around." and "I feel safe, especially when they help me into a wheelchair to take me around the home." A relative told us they felt people were safe, they commented, "I am happy [person] is here as I know there is someone here. It is not like when I had to go to shops as I always worried. We can now go away and not worry."

People were protected from abuse and avoidable harm by staff who knew their responsibilities to deal with this in line with the provider's policy and procedures. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with knew how to recognise and report signs that a person was at risk of abuse. One staff member told us, "If I witnessed anything I would speak to the manager. If it wasn't dealt with I would speak to CQC." Another staff member said, "I would report anything I wasn't happy with to the manager, but I have never seen anything."

Staff also told us how they recorded any accidents or incidents so that there was a record of what had happened and what action was taken to reduce future risk. The registered manager reviewed incident reports and carried out investigations when needed. They took actions to either eliminate or reduce the risk of similar incidents happening again. For example, where a person was identified as at increased risk of falling they had carried out an assessment. As part of the risk reduction plan they had placed a sensor on the person's chair. This alerted staff if the person got up to walk. Staff could then ensure the person had their frame or assist them to walk safely to where they wanted to go. We also saw that there were other risk assessments in place that were known by staff. For example, plans for assisting people to evacuate the building in an emergency. This meant the provider had assessed risks to people and put measures in place to reduce them where possible.

People's care plans had risk assessments of activities associated with their care routines, for example, supporting people with their mobility or personal care. The risk assessments provided information to staff on how to support people safely and protect them from harm or injury. We saw staff support people safely to stand and transfer from armchair to wheelchair using the identified equipment. Where people needed a wheelchair, these were used safely. For example, staff ensured that people's arms were kept on the arm rests to protect them from injury, when going through door ways. Risk assessments were reviewed regularly or if a change had occurred in a person's circumstances to ensure that staff had up to date information.

There was a plan available for staff to follow for a range of emergency situations. For example, a fire or the loss of gas or electricity. We saw that regular checks were being undertaken to make sure that staff knew what to do in an emergency. This included the registered manager questioning staff about what they would do under different emergency scenarios. Fire evacuation training had been provided to the staff team and practices had been carried out during 2016 to ensure staff knew what to do in the event of an emergency. Checks were carried out on the hot water in the home to ensure it was safe and people were not at risk of scalds.

People were living in a home where the equipment and environment had been regularly checked. For example, electrical equipment such as hoists and the lift as well as the safety of the water were all routinely checked. This showed that the provider had systems in place to ensure the safety of the home as well as making sure that people had access to safe equipment.

People and their relatives all told us they thought that staffing levels were good. One person commented, "There are enough staff around to look after me." Another person said, "It is not short staffed, you only have to ask and they will do it straightaway." Whilst a third person told us, "There is always someone around." A relative said, "There is someone around."

Staff also told us they felt there were enough staff throughout the day and night. One staff member told us, "It works well at the moment with five staff in the morning. Also we don't have a lot of people with physical disabilities, so that helps." Another staff member said, "Another member of staff would always help but then they might just get in the way. If we work together as a team then we have enough staff."

During the day we heard staff respond to call bells promptly, usually within a minute. We also discussed with people who thought that they were generally answered quite quickly. Staff were visible in the lounge areas so when people needed assistance, staff were on hand to ensure their safety.

The provider had safe recruitment procedures that ensured as far as possible that only staff suited to work for the service were recruited. Potential candidate's suitability was assessed through review of their job application form. They were then invited for an interview, which was carried out by the registered manager and another member of staff. All necessary pre-employment checks were carried out before a person started work including Disclosure Barring Scheme (DBS) check. A DBS check provides information as to whether someone is suitable to work with vulnerable people. The provider had systems in place that ensured only suitable people were employed.

The provider used a commercial electronic medicines management system to support people with their medicines. The registered manager told us that one benefit of the system was that it reduced the risk of medicines administration errors. No errors had occurred at Enderby Grange since its introduction. People told us they received their medicines. A person told us, "They don't miss medicines."

Medicines were stored safely and there were effective arrangements for the disposal of medicines that were no longer required. We were told by the registered manager and staff later confirmed, that only staff who were trained to give people their medicines did so. Staff also told us that competencies to continue to administer medicines were routinely assessed. Records we saw supported this.

Is the service effective?

Our findings

People were supported by staff that had the right skills and knowledge. One person told us, "I think staff are well trained." A relative also said, "They seem to know what they are doing, I think they get the training they need."

Records showed that new staff were supported through induction and a probation period of three months during which their competence was regularly assessed. Staff also told us they were supported through one-to-one supervision meetings that took place at regular intervals throughout the year. As part of the support structure, staff also had an annual appraisal meeting where their performance and training needs were discussed.

Staff told us, and records confirmed that they had undertaken relevant training throughout the year. This included training that needed regular updates such as moving and handling, as well as infection control. Staff told us that they thought the training they received was good and helped them carry out their role as a care worker. One staff member gave us an example of training they had then put into practice at the service. They told us, "With dementia, each person is different, needs a different approach. We need to take care to ensure they don't feel threatened, so they don't feel frightened." Another staff member told us, "After my moving and handling training I understood how to help support someone to stand safely by using the rotunda (an aid to help people stand)."

We did note that some staff members training in some key areas such as, moving and handling and infection control, were either out of date or about to become out of date. Before the end of the inspection the registered manager made arrangements to book staff on these courses, ensuring all training would be up to date.

We saw staff throughout the day communicating effectively with people. Staff were friendly respectful and caring. We heard staff explain how they proposed to support people, and then talked with people whilst supporting them. Staff took their time, going at the person's pace and never rushed them. By the way people responded to staff it showed they understood what was being discussed.

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. We checked whether staff were working within the principles of the MCA and we found that they were.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had a thorough understanding of the MCA. Staff we spoke with had a good understanding of the MCA and were aware of which person using the service was subject to a DoLS and its importance. For example, one staff member told us, "We mustn't take choices away. We can get carried away by the routine and not look at what the individual needs. We need to be aware of that." At the time of the inspection the registered manager had submitted applications for DoLS authorisations. This demonstrated they understood the MCA. We did note that the capacity assessment was very basic and may not always identify where a person may lack capacity for a particular decision. We discussed this with the registered manager who said they would look at improving it to address this.

People were satisfied with the quality and amount of food they had been offered. We received comments that included, "The food is very good." "The food is good and there are choices." "There is always choices." "There is plenty of food and drink and you have what you want."

The dining room was bright and tables were set with salt, pepper and vinegar. Staff brought out people's meals already plated up. This meant people did not have the opportunity to choose if they wanted vegetables or gravy. We did ask people about this after the meal and they did not seem particularly concerned by it. One person said, "No I am happy, they know how much I want any way."

During the day the drinks trolley was taken round and people were offered a choice of hot and cold drinks. We heard people ask for drinks at other times and staff immediately got a drink for them. However, we heard a person ask for a drink of juice as staff were setting the table for lunch, including filling glasses with juice. A staff member said, "You can wait for 15 minutes until lunch." Other staff who witnessed this did bring a glass of juice for the person. We brought this to the manager's attention who said they would carry out supervision with the staff member.

We saw from the four week cycle of menus that people had a choice of healthy and nutritious meals that were freshly prepared. The cook had information about people's special dietary requirements which meant that people had meals presented in ways that met their needs. We asked the cook how they provided meals for people who required softened or pureed diets. They told us that currently there is no one using the service who required a pureed diet. However, they would puree the meal together, instead of each food item individually. This was not considered to be good practice as it does not look appetising. We discussed this with the registered manager, who said that they would ensure that in the future all pureed meals were served according to good practice.

Staff were aware of people's needs so could ensure that they were supported to eat a healthy diet. For example, we saw a person repeatedly get up from the table, although staff did encourage them to sit down, they eventually left and did not return. The person had eaten very little of their meal. We discussed this with staff who were able to explain how they supported this person to eat at different times to ensure they had sufficient nutrition. Another example was another person ate very little of their midday meal. When we discussed this with staff they told us the person ate a substantial breakfast and therefore did not eat much lunch. They had tried encouraging the person to eat less at breakfast in the hope they would eat more at lunch but as this had not been the case. They felt it was better the person continued to eat a large breakfast. We saw that in both cases the person's weight was monitored and remained stable.

People were supported to access health services when they needed to. Records showed that people were able to see a variety of healthcare professionals including an optician and chiropodist. People also told us that staff arranged for a doctor to visit them when they felt unwell. A person told us, "I was suffering from [health condition] and they called the GP who arranged for medication to come out to the home to treat it."

Staff were attentive to people's health needs. During the day we heard a person coughing and clearly struggling to clear their throat. Staff checked on the person at regular intervals, ensuring they had plenty of drinks and were alright. Staff asked them if they wanted to see a doctor, initially they were reluctant. The registered manager then spoke with them and they then agreed for a GP to be called. This showed that all staff were aware when someone was feeling unwell and took the necessary action to ensure their health was maintained. People using the service could be confident that their health needs were met.

Is the service caring?

Our findings

People we spoke with were very positive about the care they received. They told us that the staff team were kind and caring and they looked after them very well. We received many positive comments about staff including, "I am very happy here, I can't fault it as they [staff] are so friendly and caring. They really look after you." "The carers are fantastic, there is nothing that they won't do. They are faultless." "They are very caring and I would say I have made friendships with some of the new ones. They are very respectful to you," "They go above and beyond the call of duty." "They are patient." "They have time for you." and "I find the staff encouraging humorous and helpful." Relatives also said staff were kind and caring. One relative told us, "They are respectful in the way they talk and treat people living here." Another relative commented, "We all visit quite regularly and the staff are all kind and friendly."

We observed the staff team interacting with the people using the service. Staff were kind and respectful. They spoke with everyone in a cheerful manner and we heard pleasant conversations during our visit. People were treated kindly and support was provided in a caring and considerate manner.

People using the service had been involved in making day to day decisions about their care and support whenever possible. We saw staff ask permission before provided support. A person we spoke with commented on this, "They always ask you about the care before they do it and check you are okay."

We saw the staff team respecting people's privacy and they gave us examples of how they ensured people's privacy and dignity was respected. One staff member explained, "I always make sure the curtains are closed and the door is shut and when I am assisting with personal care, I make sure people are covered with a towel." Another told us, "I always knock on the door before going into people's rooms, and ask their permission before helping them."

We looked at people's care plans to see if they included details about their personal preferences or their likes or dislikes within daily living. People told us they could spend the day as they wanted. One person said, "I please myself." People were supported to be as independent as they wanted to be. Their care plans included assessments of their dependency needs. Staff were aware of these and they used the information to encourage and support people to be independent. Staff told us they asked people each day what help they needed. A staff member said, "We have to ask as each day is different. They may not feel so well today so may need more help than they did yesterday. Each day is different." This showed that the care people received was focussed on their individual needs.

People using the service told us that their relatives could visit at any time and visitors we spoke with during our inspection confirmed this. One relative explained, "I come at different times of the day and I am always made to feel welcome." We saw from the visitor's signing in book that relatives visited the home from throughout the day and evening.

Is the service responsive?

Our findings

People's needs had been assessed prior to moving into the home. This process included looking at, for example, people's medicines, their safety and cognitive abilities. This helped the registered manager to understand people's needs and to make sure that the service could meet them. The registered manager was very clear about only accepting people if they felt they could meet their needs and the balance within the service was maintained. In this way they felt they would be able to provide a good quality service to people.

People had support plans that were focused on them as individuals. They were written in such a way that staff would know how to support people in line with their preferences. For example, there was information on how a person liked to be got up in the morning and what time they referred to go to bed.

People we spoke with could not always recall being involved in care plans. One person told us, "I think someone asked me about what I liked to do and what help I might need when I first arrived but I can't remember who." Another person said, "They [home] have asked me my likes and dislikes" and went on to say "I have settled in well." A relative told us, "I am not involved but I think my wife is as it is her [person] living here. Another relative said, "We did have a discussion before [person] moved in."

Staff told us that they developed their knowledge about people they supported from talking with the person. A staff member told us, "When you provide personal care you chat, that's when you find out about their lives. I ask about things in their room, like ornaments, they tell me why they are special and you find out what is important to that person."

Daily records showed that people's care and support were recorded. For example, if people's care plans included that they liked to have a bath or shower at a particular time we saw they received their shower at their preferred time. Where people needed to have their food and fluid in-take measured and monitored records showed that this happened. In discussion with staff they were all aware who needed to be monitored and why.

During our visit we observed staff supporting people. They supported people promptly and it was evident that they were completing the care and support tasks as stated in people's care plans. However, people were often left to their own devices in the lounges. This resulted in some people spending their time watching the television, whilst others were left to sleep. There was a quieter lounge where seven people were sat with the television on although nobody was watching. On two occasions, two different staff members entered the room but did not acknowledge people. This meant that although staff were monitoring people they were not always asking people if they were happy with what was happening.

There was an activities organiser two mornings a week and on the day of our visit staff did arrange bingo in the afternoon, four people participated in this. People told us there were activities but these were limited. One person told us, "I can't join in much but I am okay with that." Another person said, "I sometimes join in but I have my radio, newspaper etc." A relative commented, "There are craft and entertainers but I think there should be more on for people. There is not enough stimulation; a lot of people are still capable of

joining in." They went on to say, "One service user looks out for my mother, checks on her food intake etc. It is because she wants something to do. In the summer they [people] spend time in the garden and the summer house which is lovely." This was also discussed by a person who told us. "In the summer we spend from lunch until teatime in the garden, which is nice." They added, "I have made friends here." The registered manager did tell us that people could use the craft room any time and they did not have to wait for the activities organiser to lead this.

During the day we saw a person involved in colouring and drawing. Staff brought the person different things to draw, another person had a newspaper, whilst a third enjoyed listening to the radio during lunch. People were independent in choosing what and where they spend their time. A relative said, "The staff encourage people to do what they want, they can go anywhere." We saw a person go out with a relative and the registered manager told us they were going horse riding with their relative, which was something they had done prior to moving to the service. They were supported to continue this activity and really enjoyed it. A person we spoke with spends the majority of their time in their bedroom. They said, "It is okay, I do not feel isolated and I have my television and a newspaper every day."

There was a notice board in the hallway and there was information about the home that included a Residents Charter, relatives lunch, chapel use, chiropodist visit, future entertainers, hairdresser, library and pedicures.

People who used the service and their relatives had access to a complaints procedure. This was displayed in the entrance hall alongside a poster showing the ratings we gave at our previous inspection. Most people we spoke with knew who to raise complaints with, however one relative said they were unsure but it would not stop them from talking to a member of staff if they had a problem. They felt sure that if they did have a problem staff would "sort it out." The complaints procedure made clear that complaints were an important source of feedback and learning. No complaints had been made since our last inspection.

Resident and relatives meetings took place every few months where people had opportunities to provide feedback. Relatives told us they knew they could speak with the registered manager at any time. The registered manager's office was at the front of the building and had their door open so visitors could see them. We saw every visitor being greeted by the registered manager and from their response this was a typical occurrence and most visitors stepped into their office to chat with them. Conversations were friendly, they showed that the registered manager knew the person they were visiting and visitors were positive about the care their loved one received.

Is the service well-led?

Our findings

People using the service and relatives told us Enderby Grange was a good place to be and that staff were friendly. People, their relatives and staff members spoke positively about the registered manager and how they were approachable and available if they wanted to speak to them. One person told us, "I really like it here, I wouldn't change anything." Another person told us, "It has got better over the years as I enjoy myself even more."

People using the service and their relatives had opportunities to be involved in discussions about developing the service. These included residents meetings which the registered manager used to keep people up to date with developments at the service and to invite suggestions and ideas. For example, at the last resident's meeting they discussed meal choices, preferred entertainment and any concerns they may have regarding staffing.

We received feedback from a local funding authority who told us that overall the service was good and where action needed to be taken the service was working with them to make the recommended improvements.

Staff were supported to raise concerns about what they felt was poor practice. Staff members we spoke with told us they were aware of the provider's whistle blowing policies and procedures to report poor practice. They were also supported to raise any concerns during one to one supervision meetings. They understood their duty of care to report any concerns and who they could report to, including CQC.

The provider promoted caring values through policies. Their aim was to provide quality care and support that helped people to be as independent as possible. Our observations throughout our inspection were that staff put their training and policies into action. The registered manager and deputy manager monitored the standard of care provided by staff because they were involved in supporting people. The registered manager told us they would cover shifts at evening and weekends so they were aware of people's care needs as well as how staff performed. The registered manager gave us an example where they were monitoring a staff member providing personal care. They told us, "I stood outside but listened at the door, I didn't hear the staff member talk with the person at all. I heard the person chatting but not the staff member. I talked to them about it later and reminded them they must talk with people when they are providing personal care." This meant that the provider had systems in place to ensure that care was in line with their values and standards.

Most people using the service and relatives knew who the registered manager and deputy manager were. They welcomed visitors to Enderby Grange and they were visible throughout the day. We could see from how people reacted to the registered manager that they were used to seeing them working alongside staff. They were accessible to people using the service, relatives and staff. A person using the service told us, they found the registered manager "approachable." Only one person told they did not know who they were.

The registered manager understood their responsibilities under the terms of their registration with CQC.

They kept the CQC informed of events at the service, such as deaths, accidents and incidents. This was important because it meant the CQC could monitor the service. However, we did note that they had not informed us when people had been placed under DoLS restrictions. We reminded the registered manager that CQC must be informed of all successful DoLS applications.

The registered manager met with their counterparts in other services run by the provider to discuss common issues and share learning. For example, they were aware of a recent inspection at a sister home where there had been shortcomings in a particular area. They were meeting with the registered manager of that service to provide support and learning.

The provider had effective systems for monitoring the quality of the service. The provider ensured that there was an annual satisfaction survey which included questions about people's experience of the service. The outcome of the surveys was consistently good. The provider had yet to issue an analysis of the last satisfaction survey to show what they had done as a result of the feedback received.

Other monitoring included observations of staff practice, supervisions, and audits of care records. Audits were used to identify areas that required improvement and actions were taken to achieve improvement. For example, increasing staffing levels during the morning shift to support people getting up in a more timely manner.