A L A Care Limited

Enderby Grange

Inspection report

Sparsis Gardens
Narborough
Enderby
LE19
Tel: 0116 2752555
Website: www.ala-care.co.uk

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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?	Good

Overall summary

This inspection took place on 13 and 14 April 2015 and was unannounced.

Enderby Grange is a care home that provides residential and nursing 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 in residence.

A registered manager was in post. 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 told us they felt safe and were protected from harm and abuse. Staff were knowledgeable about meeting people's needs, managing risks and were aware of their responsibilities in reporting any concerns about a person's safety. People, and where appropriate their

Summary of findings

representatives, had been involved in the planning of their care and risk management. Medicines were stored safely and people said they received their medicines at the right time.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were suitable and qualified to work at the home. Staff received an appropriate induction when they commenced work, on-going training for their job role and support. There were sufficient staff available at all times to meet their individual needs.

People lived in a homely environment. There was a system in place to maintain a safe environment and areas of improvements that we had identified were addressed promptly. Those included minor repairs needed to the premises, decoration, standard of cleanliness and infection control and prevention.

People told us they felt confident that staff were knowledgeable, competent and experienced, and that consent was sought before care and support was provided. People were provided with a choice of meals that met their dietary needs.

People's health care needs had been assessed, which included an assessment of people dietary and nutritional needs. Staff worked with healthcare professionals to meet people's health needs.

People were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The registered manager and staff understood their role in supporting people to maintain control and make decisions which affected their daily lives. Referrals, where appropriate, had been made to supervisory bodies where people did not have capacity to make decisions.

People had developed good relationships with the staff and were comfortable in the presence of staff. They were confident that staff knew them well and supported them accordingly. They found staff were caring and helpful. Staff showed respect and helped people to maintain their privacy and dignity.

People were involved in making decisions about their needs and in the development of their plans of care. Where appropriate their relatives or representatives and relevant health care professionals were also consulted.

People's individual needs and preferences had been identified. Staff supported people in a manner that promoted their wellbeing and referred to their care records to ensure the support provided was appropriate and took account of how they wished to be cared for.

People told us about how staff supported them to pursue their interests, hobbies and activities that were important to them. People were confident to raise any issues about their care and wellbeing, concerns or to make complaints, which staff listened to and acted on appropriately. Records showed complaints received had been documented, investigated and the outcome communicated with the complainant. Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

The registered manager understood their responsibilities and demonstrated a commitment to providing quality care. People we spoke with and staff told us the service was managed well. The provider's quality assurance systems, processes and audits monitored the quality of care provided and any shortfalls addressed to ensure people received safe and appropriate care. Throughout our inspection visit the registered manager took action when issues and shortfalls were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People received the care and support they needed and felt safe. People received their medicines at the right time and their medicines were stored safely.

Risks to people's health and wellbeing had been assessed and measures were in place. Steps had been taken to improve the environment to ensure people's health, wellbeing and safety was protected.

Safe recruitment procedures were followed. Staff were trained and aware of their responsibilities on how to keep people safe and report concerns. There were sufficient numbers of staff available to meet people's care needs.

Good

Is the service effective?
The service was effective.

People were cared for by staff that had received an appropriate induction and on-going training and support.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which ensured people's human rights, were respected.

People's nutritional and health care needs were met.

Good

Is the service caring?
The service was caring.

People told us that the staff were kind and caring. We saw staff treat people with respect and helped to maintain their privacy and dignity.

People were supported to be involved as fully as possible in discussions and decisions made about their care needs.

Good

Is the service responsive?
The service was responsive.

People received care and support that reflected their assessed needs. Staff were aware of individual preferences in the delivery of care and responded quickly to any changes to their of care needs.

People were encouraged to pursue their interests and hobbies, which included observing their faith. People received visitors and were supported to maintain contact with family and friends.

People knew how to make a complaint and were confident that their concerns were listened to and acted upon.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was a registered manager in post. The registered manager and staff had a clear and consistent view as to the service they wished to provide which focused on providing person centred care in a safe and homely environment.

People found the management team was approachable. They and their relatives and healthcare professionals were not always able to share their views about the care provided or contribute to the development of the service.

There were assurance and governance systems in place to regularly assess and monitor the quality of care provided.

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.

This inspection took place over two days. We arrived unannounced on 13 April 2015 and returned announced on 14 April 2015.

The inspection was carried by two inspectors and an expert-by-experience on 13 April 2015 and by one inspector on 14 April 2015. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of caring for older people living with dementia and physical disabilities.

We read the home's statement of purpose sent to us when the service was registered. We looked at the information we held about the service, which included information of concern received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

We contacted health care professionals and social care commissioners responsible for funding some of the people that live at the home and asked them for their views about the service.

During the inspection visit we spoke with 15 people who used the service. We spoke with three relatives who were visiting their family member.

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 the registered manager, four care staff, the administrator, cook, house-keeping and the activity organiser. We also spoke with the provider who was present during our visit to the service.

We pathway tracked the care and support of six people, which included looking at their care records. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment, complaints and the quality assurance and governance.

We requested additional information from the provider in relation to staff training, staff rota and evidence of improvements made to the environment which we had identified. We received this information in a timely manner, which we took into account.

Good

Is the service safe?

Our findings

People told us they felt safe at the service and with the staff that looked after them. When we asked one person about their safety they said, "I wouldn't stay here if I didn't feel safe." They described what staff did on a daily basis to help keep them safe and well. A relative whose family member was living with dementia told us they felt staff paid particular attention to their family member's safety. They explained the family member would otherwise not always know that they could hurt themselves. Another relative said, "I've never heard anyone being unkind" and felt staff supported their family member and others to stay safe.

The provider had a safeguarding and whistleblowing policy and procedure in place that advised staff of the action to take if they suspected abuse or unsafe care and support provided. Staff told us they had received training in the safeguarding procedures and the training matrix viewed confirmed this. Staff showed knowledge of different types of abuse, how they would recognise it and what action they would take which was consistent with the procedure. Staff were confident to report incidents and use the whistleblowing procedure to ensure people's safety. Records showed that staff had identified two safeguarding concerns. These had been referred to the relevant authorities. Whilst the concerns were not substantiated, it showed that staff understood and followed the reporting procedures.

People's rooms were secure and they had lockable storage facilities within their bedrooms to keep people's valuables safe. Equipment used to support people such as hoists and wheelchairs were stored securely and were easily accessible when required. Staff were aware of the support each person needed and how to use equipment to maintain people's safety. A member of staff explained that a special bed was provided for people's comfort and a hoist would be used when they needed to be assisted out of bed. Another example given related to how they supported a person with Parkinson's, whose daily support could vary depending on their health. Staff had access to plans of care which provided them with guidance in how to support people to stay safe.

People told us they were involved in discussions and decisions about how risks were managed. One person told us that staff had asked them whether they needed any additional support after a fall to ensure there was no other health issues. Their care records showed that their risk assessments had been reviewed to ensure any new risks could be managed.

People's care records were held electronically and paper copies of the care were available for staff to refer to. Risks assessments in relation to people's health such as nutrition, pressure ulcers and falls had been completed. The care plans provided staff with the guidance in managing risks safely, which had been discussed with the person and their representatives where appropriate. Examples of the steps taken to manage risks included the use of a sensor mat placed next to their bed to alert staff at night if they got out of bed, provision of specialist beds and mattresses had been supplied for people assessed as at risk of developing pressure sores. Records showed health care professionals advice was sought and the risk management plans were reviewed regularly.

People told us there were enough numbers of staff available to support them safely. One person said, "Staff are around if you need any help." Another person told us that they attended hospital appointments with a member of staff. We observed staff supporting people with their daily needs and although at times staff were not visible, they responded when people asked for assistance or summoned help using the call bell. A relative told us that new staff were seen working alongside experienced staff and rarely saw agency staff being used.

People's safety was supported by the provider's recruitment practices. We looked at staff recruitment records and found that the relevant checks had been completed before staff worked unsupervised at the service.

Staff felt there were sufficient numbers of staff on duty to meet people's needs. The registered manager had the authority to increase the staffing levels when required to keep people safe and to support people to attend medical appointment. Any unplanned staff absences were covered by the existing staff team, the registered manager or agency staff as a last resort. The staffing levels were reflective of the staff rota on both days. The planned rota also showed where changes had been made, the required numbers of staff was maintained. The registered manager provided the on-call support.

People told us that they received their medicines at the right time. One person said, "The staff wearing the red

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Is the service safe?

aprons [tabards] looks after my medicines. I've not had any problems with getting my medicines." Another person with a health condition checked their blood sugar level whilst staff managed their medicines. One person told us they had experienced a delay in receiving their medicines. The registered manager told us there had been an issue but a new prescription was received and medicines had been given. As a result of this incident the registered manager reviewed the system for ordering medicines by adding an additional check to prevent a similar incident happening again.

We observed medicines were administered safely; records were completed accurately and monitored. Staff followed the protocols for medicines administered 'as and when required', otherwise known as 'prn', and recorded the quantity administered as per the prn protocol. Where people refused their medicines the records showed the action taken by staff to ensure their health and wellbeing. People's electronic care records listed their current prescribed medicines. This meant people were given the correct medicines. People's health was supported by the safe administration of medication.

All the medicines were stored safely, at the correct temperatures and managed by the trained staff. A system was in place to manage and dispose of medicines, which was consistent with the provider's medicines management procedures.

People told us that staff cleaned their bedrooms regularly. One person said, "It's lovely and clean" and other people made similar comments. However, on the first day our visit we found there were unsafe practices which were hazardous to people's health in relation to infection control and prevention. Whilst staff knew the procedure in supporting people with a contagious infection, measures to prevent the spread of infection was not always followed correctly. During the lunch service we found the towels used to clean a person who had been incontinent were left in an open bin with the toilet door open. Action was taken by staff when we told them.

All the bathrooms and toilets we looked at needed further cleaning. The toilet brushes were dirty and taps needed to be de-scaled. Some cupboards had people's toiletries and cleaning products which could be a hazard and were removed when it was brought to the registered manager's attention. The hand gel dispensers were all dirty, harbouring germs and some were blocked with old gel which could mean staff were not using them. There was an unpleasant odour near the sluice area which staff said was from the disposed pad. Several areas had a strong offensive odour including the fabric chairs which may not have been deep cleaned regularly. Several of the toilets appeared to have light switches rather than pull cords, which posed is risk of electrocution when hands were wet. A shower room and a store room were clutter and full of continent products, individual washing bowls used by people, suitcases, bedframes and mattresses. These posed a potential risks to both staff and people using the service and could also be contaminated and could be a fire hazard.

We shared our concerns with the registered manager and personal toiletries and the cleaning products were removed from the bathrooms and new equipment purchased such as toilet brushes and pedal bins. On the second day of our visit there had been significant improvement to the cleanliness of the environment and removal of unwanted items.

Following our visit the registered manager sent us confirmation and evidence that repairs had been carried out to the bathrooms and toilets, taps descaled, bedrooms decorated and the store room was organised. The registered manager and provider assured us that steps had been taken to monitor and ensure safe standards would be sustained.

We contacted the local authority that commissions the care for some people using the service. They told us that the service was compliant at the last monitoring visit in December 2013 and issues around infection control and reporting incidents raised in October 2014 had been addressed.

Good

Is the service effective?

Our findings

People told us they found staff were appropriately skilled and experienced in meeting their needs. A relative spoke positively about staff's knowledge and understanding of their family member who was living with dementia and how staff helped to promote their wellbeing. Another relative told us staff recognised signs when their family member became distressed and supported them in a way that helped to reduce their anxiety. They said, "[person using the service] has perked up no end since they've been here [at Enderby Grange]".

Staff had received induction training which covered the provider's procedures, practical training in the safe use of equipment such as moving and handling and completed a period of supervised practice. Staff said they received training linked to people's needs such as diabetes and dementia awareness and further sessions booked for April and May 2015. Staff were supported with their professional training in health and social care and in the management and administration of medicines in preparation for a senior role. Staff training records showed that training was provided on an on-going basis in moving and handling, fire, first aid, health and safety, COSHH, (system for the safe storage of substances that are hazardous to health) food hygiene, tissue viability and safeguarding and infection control and prevention.

Staff were kept up to date with any changes to people's care needs. They received regular support, supervision and appraisals from the registered manager. There were regular staff meetings, which staff found were helpful to raise issues. They gave us examples of what was discussed or where things had changed. The minutes of staff meetings reflected our discussion with the staff. However, no timescales to complete each action had been identified. The registered manager assured us timescales would be included for all meeting minutes in order to effectively monitor improvements.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and some staff we spoke with understood what MCA and DoLS meant and their role to protect the rights of people using the service. They knew the procedure to follow where they suspected a person's liberty could be deprived. At the time of our visit no one was subject to an authorised DoLS. The registered manager had made one DoLS application to the supervisory body. They assured us that advice would be sought from the supervisory body for another person to ensure the safety measures in place were appropriate and least restrictive option to the individual and others using the service.

Care records showed that the principles of the MCA Code of Practice had been used when assessing people's ability to make decisions. This is a law which provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves. We saw that a mental capacity assessment had been carried out in relation to specific decisions, such as a person who managed their own medicines. For people with a 'lasting power of attorney' for their care and welfare the records showed that their representatives such as relative and health care professionals had made best interest decisions on their behalf.

Staff told us that people had various levels of capacity and gave examples that demonstrated how they helped people living with dementia when they become anxious or to make choices about their meals. They told us they sought consent before assisting people and we observed this to be the case.

People told us that there was sufficient amount to eat and drink. One person said, "Oh yes, the food is very good" and another said "the meals are reasonable and there's always a choice." A relative told us that although the tea time meal choices were limited staff always provided meals that their family member liked. We saw one person had a small fridge in their room so they could have snacks when required.

The staff and the cook had sufficient information about people's dietary needs, preferences and known food tolerances. There was a choice of meals on the menu, which were nutritionally balanced and included vegetarian choices, a 'soft' diet for people at risk of choking or had difficulty swallowing, and meals suitable for people with a health condition such as diabetes. The cook ensured the food stocks were plentiful and stored at the correct temperatures.

Staff said snacks such as fruit, biscuits, sandwiches and yoghurts were always available if people were hungry or ate small amounts often. Staff referred to people's care plans for information about people's dietary needs if they

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Is the service effective?

were unsure. Throughout the day we saw a choice of drinks and snacks were offered. Care records showed that nutritional risk assessments and care plans completed took account of their dietary needs. People were weighed regularly and any concerns about their weight, appetite or difficulty with swallowing had been referred to the dietician. Records showed instructions from the dietician had been followed and people's weights and appetite had been monitored in order to promote the person's wellbeing.

People told us they were supported to maintain their health and had access to health care support as and when required. One person was seen attending a medical appointed supported by a member of staff. People's care records we looked at also confirmed that they received health care support from a range of health care professionals, such as doctors and specialist nurses and attended regular health checks with the optician and chiropodist.

Records showed that regular checks were undertaken on people who required additional monitoring due to their health needs. We saw one person was provided with the appropriate pressure relieving mattress to prevent the development of pressure sores. Their records showed they were regularly checked, re-positioned and their intake of food and drink was monitored to ensure their health was maintained with the exception of one entry. The registered manager assured us this would be addressed with all the staff. Staff monitored people's health and acted quickly to report any concerns effectively.

Staff told us medical emergency advice would be sought if someone was unwell, had a fall or a serious illness. Staff knew the people in their care and recognised changes in moods and mobility which could be a sign of deterioration in health or an infection, and would call the doctor. Staff were aware of people's advance care plan where they had made an advance decision about their care with regards to emergency treatment and resuscitation. This meant people could be confident that staff would act in accordance with their wishes.

The accommodation was arranged over two floors the upper floor accessible by using a passenger lift. The handrails are painted in a different colour in each area, which helped people and their visitors. The registered manager was made aware that improvements were needed to decoration in some bedrooms and bathrooms which had been damaged, worn and looked bare. People had access to the outdoor space and seating provided that people used on the warmer days.

Following our visit the registered manager sent us evidence to show of rooms decorated. They assured us that remaining works would be completed and assured us that steps would be taken to monitor and ensure improvements have been sustained.

Good

Is the service caring?

Our findings

People told us that staff were caring and kind towards them. One person said, “Everyone [staff] I’ve seen I feel is very good.” Another person said “The management is superb and the staff are wonderful, they are very kind.” People told us they had a positive relationship with the home’s staff who knew how they liked to be supported.

Over the two days of our visit our observations showed that staff were caring when they supported people and respected their wishes. Staff and the registered manager had developed positive relationships between them and people using the service and their visitor. At the lunch service we saw most people made their way to their dining room independently or with support from staff. Meals were taken to people who were confined to bed or made a decision to stay in their room. Staff supported people to eat without rushing them. We saw staff listened to what people were saying or expressing, and they acted accordingly. We saw staff checked that people were comfortable and asked them if they needed anything throughout the day with the exception of one occasion when we had to intervene. This related to a person who displayed signs to show they needed to use the toilet, which was consistent with their care plan. Staff acted quickly when we told them that someone’s dignity had been compromised.

Staff told us they liked working at Enderby Grange because the care was good. They were knowledgeable about the people they cared for and actively encouraged people to maintain their independence as long as possible. Each person had a named member of staff; known as a ‘keyworker’, who ensured they had everything they needed such as toiletries and clothes. Staff gave examples that showed they knew how each person liked to be supported. For instance, we were told that one person liked their pillow opening on a certain side and their care records reflected this. We saw another person took care of the resident cat by making sure it was fed.

We observed staff offered people everyday choices and respected their decisions. Staff spoke clearly to people, and explained what they were doing. One person had enjoying having a bath said, “I nearly got lost in the bubbles!”

Another person told us that they preference to have a strip wash every day or a bath as they did not like showering. People were supported to observe their religious and cultural practices and staff were aware of this. We noted that everyone had orange squash or water with their meals even though there was a choice of drinks listed on the menu. Staff saw staff confirmed that meal people had chosen and offered an alternative when one person had changed their mind.

Of the people we spoke with some were aware of their care plan and told us that staff had involved them in discussions about their care and support arrangements. Others were not able to tell us about care plans because they were living with dementia. Care plans were comprehensive, took account of people’s preferences and confirmed that people or their family member had been involved in decisions made about their care and support. These had been reviewed regularly and updated when changes were identified.

We saw people were dressed in clothing of their choosing and staff helped those who needed more support to maintain their dignity. One person told us that they chose what they wore as their presentation was important to them. All the bedrooms were lockable and had en-suite facilities that contributed to maintaining people’s privacy. Private facilities were available where people could meet with their relatives and receive medical treatment from health care professionals.

Staff were courteous towards people and their visitors, addressed them by their preferred name and respected their wishes. Staff were seen promoting people’s rights, privacy and dignity as they always knocked on doors before entering and used a blanket to cover people’s legs whilst being hoisted. Staff were seen looking for non-verbal cues, which helped them to understand what people living with dementia were saying and whether they were happy with the staff supporting them. We saw a person using a wheelchair had a thin cardigan covering their legs. Staff explained that whilst the person’s decision about dressing was respected, their modesty had been maintained for them and others using the service.

Good

Is the service responsive?

Our findings

People told us that they were happy with the care and support they received and that staff were responsive if their health was of concern and supported in a way they wished to be. One person said "I can wash and dress myself" and another person said, "I don't like slacks [trousers], I prefer to wear a skirts" and went on to say staff respected their preference once told. People had their own post box and one person made a point of checking their mail box every day. This showed that steps were taken to encourage people to be actively involved and supported to maintain their independence and welfare, where possible.

People told us that they received visitors throughout the day without any undue restrictions. One person told us that they would like staff to be able to spend quality time with them and said that staff were responsive if required. We saw this to be the case, when in one instance a member of staff recognised someone living with dementia was becoming distressed and went to support them. This showed staff were attentive and anticipated when people may need support.

A relative told us that when their family member had fallen staff acted quickly with the appropriate medical support. They explained that steps to prevent them further risks of falls, which had been discussed with them and their family member to ensure measures put in place had been agreed.

People who we were able to speak with told us that they had been involved in their assessment of their needs and in the development of their plans of care. Relatives we spoke with also told us that they had been invited to support their relative and attend meetings to review the care needs for their family member living with dementia. The assessment process included the views of people who were considering using the service, their relative and relevant health care professionals, where appropriate. The plans of care were personalised and took account of how people liked to be supported, their preferences, likes and dislikes and their life history, hobbies, interests and what was important for them.

During the morning on the first day of our visit it was quiet and staff were busy supporting people with their daily personal care needs and with breakfast. We saw people spent time alone watching staff go about their duties, watching television in the lounge or chose to spend time in the privacy of their room. The 'loop system' in the lounge was not working properly to aid people with a hearing impairment. This was raised with the registered manager and following our visit they confirmed it had been fixed.

There was an activities plan for the month displayed. We saw some people took part in a crafting activity making decoupage cards and their comments showed that they enjoyed it. On the second day of our visit people were laughing and enjoying singing songs that were meaningful to them with the external entertainer. Staff were there supporting and encouraging people to sing along. In the afternoon, we saw some people sitting in the garden as it was warm. People told us that the bingo and singing activities were very popular along with the monthly church service. One person said, "I don't do anything downstairs [in the lounge]. I like to stay in my room and do crosswords and listen to my CD's, I keep myself occupied". Another person said, "I prefer to come and sit in my room and watch the television". This showed people had opportunities to take part in activities, socialise and enjoy the outdoors and their wishes respected.

There was a room which had been converted into a 'shop' but there was a very limited range of items and people were not aware of it. The registered manager explained that they were purchasing a trolley which staff could take round to people and would encourage someone to take responsibility for this with support.

There was one dining room which had a lounges linked by a sun lounge. The dining tables were set with tablecloths, placemats, cutlery and condiments on some tables to create homely ambience. The menu board showed the meal options for the day. Staff were seen offering people choice of drinks and described the meals as those were served. We saw a member of staff support one person with their meal in a sensitive manner and responding to the person's facial expressions as their speech was limited.

Care records showed that plans of care were reviewed regularly and relatives were invited to attend review meetings which sometimes involved health care professionals. That meant people could be confident that staff were provided with information about people's needs so that care provided was person centred and responsive.

People told us that they would talk to the staff or the registered manager if they had any concerns or were

Good

Is the service responsive?

unhappy with any aspect of their care. A relative explained that when they made a complaint the registered manager had dealt with their complaint quickly and to their satisfaction.

The provider's complaints procedure was provided to people when they first started to use the service and copies were available. The procedure included the contact details for an independent advocacy service, should people need support to make a complaint. It also included the contact details for the local authority social services department and the Care Quality Commission. Staff were aware of the complaints procedure and their responsibility. They told us that they would try to resolve it themselves if the issue could be addressed immediately, otherwise would report it to the registered manager to address.

We looked at the complaints records and found the service had received one complaint which had been concluded to the satisfaction of the complainant. The registered manager told us that they had analysed practices within the service to ensure any areas for improvement were addressed but none were found.

Good

Is the service well-led?

Our findings

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by the deputy manager and senior staff. The registered manager told us that they were supported by the provider who visited regularly.

The registered manager understood their responsibilities and displayed commitment to providing quality care in line with the provider's vision and values. They kept their knowledge about health and social care up to date and worked with external health and social care professionals and organisations. They told us that the local authority responsible for commission the care for some people using the service were carrying out a visit to monitor the care provided in accordance with the contractual agreement.

People who used the service told us that the registered manager and staff were approachable. One person said, "The manager is very good. She comes round every day to see that you're ok". Another person said, "[Registered manager] would deal with any problems or complains that you might have." A third person told us that the registered manager sought their views about any changes planned even though they chose not to attend meetings held for everyone using the service.

The provider enabled people that used the service, relatives and visiting professionals to give feedback about the service. Feedback forms were available in the reception area and routinely given to people to complete. Of the people we spoke with three people told us about the meetings held whereby they could make comments, suggestions and share their views about the service. The minutes of the recent meeting showed that people's views had been sought about the menus, environment, social activities and any concerns, amongst others but no actions had been identified. The registered manager assured us that all successive meetings would show how people's views had been acted upon.

Satisfactions surveys had been sent out questionnaires to people using the service, their relatives, health and social care professionals and staff. The registered manager told us that the results would be collated and the findings including the action plan would be shared with people using the service. The provider told us that the registered manager was responsible to managing the improvements, and they would monitor the progress to ensure timely action was taken to benefit people using the service.

Staff had high praise for the registered manager; they felt valued and were encouraged to develop the service and themselves. Staff that we spoke with all said they liked working at Enderby Grange and told us that the senior staff, registered manager and the providers were approachable.

Staff told us they worked well as a team. They had access to people's plans of care and the daily handover meetings which were informative. These meetings provided staff with updates on changes to people's wellbeing, concerns, any planned visitors or health appointments and information about new people. These meetings also provided staff with information about new people moving to the service and their care needs. There were regular staff meetings and were supported with regular supervision. Staff meetings were used to convey updates and issues relating to health and safety, staffing and training. The registered manager assured us that all successive meetings would include review of actions from the previous meeting, new action points and timescales for completion.

The registered manager monitored the systems in place for the maintenance of the building and equipment. Staff were aware of the reporting procedure for faults and repairs. The maintenance records we looked at showed that regular fire safety, health and safety checks were carried out.

The provider had quality assurance systems and processes in place that showed the provider was monitoring the quality and safety of the service. There was evidence that several areas of the home needed improvement. Although this was documented there was little evidence to show how these were monitored. When this was raised with the registered manager they assured us action would be taken by updating the audit records. There were checks made on staff practice and audits on care records, management of medicines and monitoring of accidents and incidents, which the provider had notified us. Notifications are changes, events or incidents that affect the health, safety and wellbeing of people who use the service and others, which the provider must tell us about. There was evidence to demonstrate that appropriate action had been taken by the registered manager following an incident to minimise further risks. That showed lessons learnt from incidents to prevent similar occurrences.

Good

Is the service well-led?

The registered manager told us the providers carried out regular monitoring visits to ensure themselves the service was safe and quality care was provided. There were no records of these visits. During our visit we spoke with the providers. They confirmed that action was being taken to address the environmental issues that we had identified and assured us that audit records had been updated to include these areas. The providers told us that they monitored how the service was run and reviewed the complaints and notifications of any significant incidents that were reported to us. The registered manager and provider assured us a record of the provider visit would be re-introduced and include an action plan to address the shortfalls identified. This showed that they were taking steps to assure themselves and people using the service received a quality and safe provision of care that was well-managed.