

Homesend Limited

Number 9 Anson

Inspection report

9 Anson Road
Victoria Park
Manchester
Greater Manchester
M14 5BY

Tel: 01612240302

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09 January 2024
10 January 2024

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Ratings

Overall rating for this service	Good ●
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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

About the service

9 Anson is a nursing home providing personal and nursing care to up to 20 people. The service provides support for people who have enduring mental health needs. At the time of our inspection there were 15 people using the service.

People's experience of the service and what we found:

People received their medicines as prescribed. We have made a recommendation to follow best practice in observing people taking their medicines.

Care records identified people's preferences, support needs and potential risks. Guidance was provided to manage these risks, which was regularly reviewed. People and relatives were complimentary about the staff and said communication with the home was good. Staff respected people's privacy and dignity. They understood and responded to people's individual needs. The home was clean throughout, and PPE was used appropriately.

Staff were safely recruited and there were enough staff to meet people's needs, including accessing the local community. Staff received the training they needed for their roles. Additional breakaway training was being organised by the registered manager. Staff felt well supported by the management team.

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. Where appropriate, people had advocates to act on their behalf.

People were supported to maintain their health and nutritional intake. Referrals to medical professionals were made appropriately. Where required, people were supported to attend medical appointments.

A quality assurance system was in place, with a range of audits being completed. Incidents were recorded, reviewed and discussed in staff handover meetings.

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

Rating at last inspection

The last rating for this service was Good published 16 May 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation to follow best practice in observing people taking their medicines.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Number 9 Anson

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.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

9 Anson 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. 9 Anson 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 was a registered manager in post.

Notice of inspection

The 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. Due to technical problem, the provider's Provider Information Return (PIR) was not available to the inspector prior to the inspection. A PIR is information providers send us to give some key

information about the service, what the service does well and improvements they plan to make. We reviewed a copy of the PIR during the inspection.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service. Some people using the service did not want to communicate with us. We observed interactions between people and the support staff throughout our inspection.

We spoke with 9 members of staff including the nominated individual, registered manager, nurses, senior support workers, support workers and activity coordinator. We also spoke with 4 professionals who worked with the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including 3 people's care plans and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed. An electronic medicines administration record (EMAR) alerted the nurses which medicines were due to be administered.
- However, we saw one person was not observed taking a tablet by the nurse. This meant there was a risk the person would not take the medicine, and this would not be known by the service. We discussed this with the registered manager who said they would re-iterate the home's medicines policy to ensure staff observe people taking their medicines.

We recommend best practice guidelines are followed to observe people take their prescribed medicines.

- Medicines were administered flexibly, at times suited to people's individual daily routines. For example, some people got up early and so had their medicines at this time, whereas others liked to get up later and so their medicines routine reflected this.
- People were able to ask when they needed any 'as required' (PRN) medicines, for example for pain relief or because they felt anxious. Care plans detailed the signs people were becoming more anxious and when a PRN medicine should be offered to the person.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Guidance was in place to manage these risks and staff took action to mitigate any identified risks. The risk assessments were regularly reviewed.
- People's mental health needs, possible triggers for their anxiety and strategies to de-escalate a situation and support people safely were identified and detailed. Staff knew people and felt confident in diffusing any issues that arose. One staff member said, "I feel equipped to deal with any outbursts. I'll disengage from the situation" and another told us, "We intervene and try to diffuse any issues. We don't dive in and can verbally diffuse things more often than not."
- Professionals working with the service said risks and people's anxieties were managed well. One said, "[Name] enjoys living there. They can be verbally aggressive, which the home manages well."
- Regular health and safety checks were completed, and all equipment serviced in line with legal guidelines.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. People, relatives, and professionals said people were safe living at the service. A professional said, "The home makes safeguarding referrals appropriately and engage with any meetings, they will spend the time to gather the information requested and plan for these meetings."

- Staff knew how to report any safeguarding concerns. All staff completed training in safeguarding vulnerable adults. They said they were able to raise any concerns with the nurses or registered manager.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. All incidents were recorded and reviewed by the nominated individual to identify any actions that could reduce further incidents occurring.
- The daily handover meetings were used to discuss any incidents, what worked well and what could be done differently in future to reduce people's anxieties before an incident takes place. A member of staff said, "We discuss what happened in handovers; what we could try differently to prevent it happening again. Staff pass on when people are responding to staff and the distraction techniques that worked."

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The number of staff on duty increased through the morning, as many people chose to get up later. This enabled people to have the support they needed when they wanted it. A member of staff said, "Staffing varies during day and is okay. We have enough staff to be able go out 1 to 1 with people."
- Staff were safely recruited, with all pre-employment checks completed before a new member of staff starting work.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. The home was clean throughout. Staff wore appropriate PPE when needed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- People were able to receive visitors. Due to some people's lifestyle, this was managed to ensure the people visiting would not cause other people living at 9 Anson to become distressed. People were able to use the garden area for visitors where this was identified as a risk.

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 Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. The registered manager enrolled staff onto the courses they needed to refresh each month. These were then discussed within the daily handover meetings. A member of staff said, "We discuss the training courses we've done during handovers. The nurses ask questions and about the training to check we've done it and understood it."
- On line training in positive behaviour support and behaviours that challenge was part of the mandatory training all staff completed. Staff told us, and behaviour records showed, there were some incidents which involved physical aggression, although most incidents were verbal only. Staff had not completed practical training in breakaway techniques so they could disengage from any physical altercations safely. The registered manager showed us where this training had recently been discussed with the nominated individual. A suitable training provider was being sourced to provide breakaway training for the staff team.
- Training was completed to meet people's individual needs, for example anxiety, depression and substance misuse. Staff also said they could request additional training if they wanted to, for example a qualification in health and social care.
- Staff had regular supervisions and an annual appraisal. Handovers were extended meetings to discuss any topics staff wanted to raise. Staff said they were able to voice any ideas or concerns they had and felt they were listened to. One support worker said, "I know I can just speak to the nurses or management team and get the support I need for whatever the issue may be."

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 were delivered in line with current standards to achieve effective outcomes. People moved to 9 Anson from a hospital setting. The registered manager visited the person in hospital, attended discharge meetings and spoke to professionals currently supporting them to complete an initial assessment.
- This initial assessment, and other information provided by professionals, was made available to the staff team, and discussed in the daily handovers prior to the person moving in.
- A professional told us, "The discharge plan to the present placement is being managed very well." A nurse said, "[Registered manager] leaves the assessment for staff to read and we talk about the person's needs in handovers and also during the shift."

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

- People were supported to live healthier lives, access healthcare services and support. People's physical

and mental health needs were identified. People were encouraged to maintain their health. Staff supported people to attend medical appointments where required.

- The service worked with a range of professionals, including care managers, mental health social workers, GPs and community health services. A professional said, "They are responsive and will communicate directly with me where the challenges are. They ask when they need support from the CMHT (Community Mental Health Team)."
- A GP completed a weekly call to the service to monitor people's physical health needs.

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

- People were supported to maintain their fluid and nutrition intake. People's nutritional needs were identified in their support plans.
- People had a choice of meals and were supported to make their own snacks and drinks if they wanted to. Most people told us they liked the food provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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)

- The provider was working in line with the Mental Capacity Act. DoLS applications were made where required. A professional said, "I was involved in carrying out the MCA and best interest meeting a few weeks after [Name] moved to 9 Anson Road."
- Where people were not on a DoLS, we observed they were able to go out when they wanted to.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The home was well maintained to meet people's needs. Due to the needs of people living at 9 Anson, communal areas were appropriately decorated, but did not have pictures or ornaments. Repairs were reported and completed in a timely manner.

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 Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well supported. Staff knew people and their needs, including how to support people with their mental health and reduce their anxieties. We observed and heard positive interactions between people and support staff.
- People were seen to be relaxed with the members of staff. People told us they liked the staff team and liked living at 9 Anson. A relative said, "[Name] seems happy there; they talk about the staff and what they've done a lot."
- Relatives and professionals were also positive about the staff team at the service. A relative said, "The staff have got patience, and all know [Name] and what they need. I'm confident and have got peace of mind that their looked after." A professional told us, "[Name] is happy there; they feel safe and has supportive staff."
- People's cultural and religious needs and wishes were recorded. People were supported with their cultural dietary needs.

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. Staff provided people with choices about their care and what they wanted to do. Where appropriate people had an independent mental capacity advocate (IMCA) appointed to advocate on their behalf.
- People often did not like formal meetings. Staff were able to discuss people's wishes and views about their care in informal ways, for example when they supported people to go out.
- Relatives said they were invited to people's review meetings to discuss their care and support. A relative said, "They've been in touch about [Name's] review next week, which I'm going to attend."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Support workers explained how they maintained people's privacy and dignity whilst supporting them. When people wanted time on their own, this was respected.
- Support workers encouraged people to be involved in their own care, for example making their own drinks or snacks. Staff knew who needed encouragement to do things for themselves and those people who needed their assistance.
- People were able to do their own laundry if they wanted to, with staff support.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs.
- People's support was adapted to their routines and wishes. For example, some people liked to start their day later. Medicines administration, support and activities were organised around this. The rota reflected this, with staff starting their morning shifts at different times to reflect more people were around later in the morning.
- People's support needs were regularly reviewed. This involved other professionals involved in the person's care and support where possible, although not everyone had case managers assigned to them. A case manager said, "I do visit [Name] on regular basis to get an update of their well-being and ensure that the care plan has been followed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood. People were able to communicate verbally. Care plans noted where people's communication needs changed depending on their mental health at the time. Guidance was provided to enable ongoing communication at these times.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were relevant to them. People preferred most activities to be on a 1 to 1 basis. Two activity coordinators planned this support and allocated staff on shift to support people with activities and going out, for example playing computer games, going shopping or to a local café.
- The activity coordinators produced a monthly plan of activities, which including film nights, a local disco and 'pamper' sessions. A member of staff said, "We go out with people even if they can go out on their own so they can have some time with staff and have a chat."
- One person told us they were supported to attend football matches and was looking forward to going to

another game in a few weeks' time.

- Relatives said the staff supported people to go out when they wanted to. One relative said, "Staff know [Name] and their needs. Staff know it's better to go out early with [Name] rather than waiting round all day before going."

Improving care quality in response to complaints or concerns

- A complaints policy was in place. There had been no formal complaints made in the last 12 months.
- Relatives said they were able to raise any issues or queries with the management team and these would be responded to. A relative said, "I would phone up if I had any questions. I can leave a message and they will phone me back." And another told us, "If there were any issues I'd speak with [registered manager] at the home."

End of life care and support

- 9 Anson supported younger adults with enduring mental health needs. The home did not routinely support people at the end of their lives. When people approached the end of their lives, the home worked with them and other professionals to support them according to their wishes at that time.
- Where people wished to discuss their end of life wishes, they were recorded.

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

Continuous learning and improving care

- A quality assurance system was in place, including regular audits for medicines, care plans and reviews of any incidents. Issues were identified and actions completed.
- A weekly management meeting was held to discuss any issues and future plans. Staff handovers were used to check staff understanding of training and review any incidents or changes in behaviours.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. Staff knew who to speak with if they had any issues or concerns.
- We discussed with the registered manager the situations where certain notifications to the CQC were required.
- Professionals told us the registered manager informed them of any issues appropriately. One professional said, "They will escalate to me any changes in behaviours when they need to so plans can be agreed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- People were observed to be relaxed with the staff team. One said, "The staff are trying to help me, they're okay."
- Relatives said there was good communication with the home. One said, "They will phone me if there are any changes."
- Staff enjoyed working at 9 Anson and said the teamwork was generally good. They also told us they could speak with the nurses or management team if they had any concerns and would be listened to and supported. A nurse said, "I think the teamwork is alright most of the time. Staff work differently and have differences of opinion, so we learn to work alongside each other. Any issues tend to be short-lived and then settle down."
- Professionals working with the service were positive about the service offered by the home. One said, "They offer a good standard of care to meet people's complex needs. It is a safe and homely environment."

Working in partnership with others

- The provider worked in partnership with families, where appropriate, and a range of professionals, including case managers, psychiatrist, social workers and medical professionals.
- The registered manager attended hospital discharge meetings where relevant as part of people's admission to 9 Anson.

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 provider understood their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong. A professional said, "Communication with the home is okay; They've got the balance about right and we get told the important things and not the day to day issues."