

Manor Court Healthcare Limited

# Anson Court Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Anson Court is a residential care home providing accommodation and personal care to up to 33 people in one adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 17 people using the service.

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

Continued improvements were required to the provider's audit and governance processes. These included monitoring people's fluid and nutritional intake, consistency in care plans and risk assessments and accuracy of daily records. There were systems in place to obtain feedback from people, relatives and staff about how the service could be improved.

Risks to people's safety had been assessed. However, risk related to use of flammable creams had not been considered for one person who smoked. Staff understood their responsibilities to report abuse and protect people. Staff were safely recruited and deployed effectively to support people. Medicines were administered safely and stored securely. Accidents and incidents were investigated and learning shared with staff. There were adequate processes in place to monitor infection control.

Improvements had been made to people's mealtime experiences since the last inspection. Staff training had been reviewed and updated. Work had continued around the home to become more dementia friendly. The service worked with health and social care agencies to monitor people's health and wellbeing. 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.

We saw kind and caring interactions between people and staff. Staff had time to sit and engage with people in a meaningful way. People and relatives were happy with the care provided and spoke positively about the staff who supported them. People and the relatives felt people were treated with dignity and respect and supported, as much as possible, to be independent.

People received care and support to their needs. Care plans were clearer with instructions for staff on how to deliver support to people. Care plans were in the process of being reviewed although sometimes contained inconsistent information. People were supported to engage in meaningful activities, although more could be done to support individual hobbies and interests. People and their relatives knew they could speak with the manager or staff with any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was inadequate (published 15 July 2022) and there were breaches of regulation. The provider and their consultants completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of some of the regulations.

This service has been in Special Measures since May 2022. During this inspection the provider and their consultants demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider still needs to make improvements. Please see the well-led section of this full report.

In response to the issues identified at this inspection, the manager and consultants took immediate action to address them.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anson Court Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a continued breach in relation to the provider's governance processes at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Anson Court Residential Home

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

### Inspection team

The inspection team comprised of 2 inspectors.

### Service and service type

Anson Court Residential Home 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. Anson Court is a care home without 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 not a registered manager in post. A new manager had been in post for 3 months and has started the application process to register.

#### Notice of inspection

The first day of the inspection on the 09 November 2022 was unannounced. The second day of the inspection on the 10 November 2022 was announced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this 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 information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

We reviewed information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

#### During the inspection

We spoke with 8 people who used the service, 2 relatives and 2 health care professionals about their experience of the care provided. We spoke with 6 members of staff which included care, domestic and catering staff, plus the home manager, deputy manager, a company director and 2 consultants commissioned by the provider to support the service. One of the consultants is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to review additional information requested by the inspection team, post inspection, which was promptly submitted to us by the provider.

# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At the last inspection, the provider had failed to provide people with safe care and treatment across a range of areas. This was a breach of regulation 12 safe care and treatment.

Enough improvement had been made at this inspection to meet the required standard and the service was no longer in breach of this section of the regulation.

- Risk assessments had improved from the last inspection and contained more detail, with directions for staff to follow when providing people with support. However, we identified a gap for 1 person who smoked and had flammable pain relief cream, occasionally, applied to their skin. However, the service introduced an appropriate risk assessment to mitigate the risk of burns.
- Overall, people were supported to move and transfer safely using hoisting equipment. However, we saw staff were not always confident using the equipment. On 2 occasions, we saw staff had difficulty attaching the sling to the hoist and required additional support from senior staff. Post inspection, we received evidence, staff have now received additional moving and transferring training. The provider has also introduced competency assessments to monitor the staff.
- For people at high risk of weight loss, we found there had been improvements made to the monitoring of their weights. Weekly checks for people at high risk of losing weight had been introduced and closely monitored. Staff had recognised where there had been a continued weight loss, timely referrals had been made to health professionals, to make sure there were no underlying medical conditions, contributing to the weight loss.

### Using medicines safely

- The monitoring of people's medicine stock had improved from the last inspection. Medicines were being safely stored and correctly disposed of.
- We observed staff administering medicines to people in a safe manner. The staff were calm, patient and encouraged people, when people were reluctant, to take their medicines. We found best interest decisions had been made for people that required their medicines to be dispensed in their food or drinks.
- Generally, the medication administration reports (MARs) were completed accurately with staff signatures to evidence people had received their medicines. We did find an administrative error where a small stock of 1 medicine had not been carried forward on the MAR. On checking stock levels and MAR sheets, the medicine amount in stock was correct and the MAR was amended to reflect the correct figure.

### Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. We arrived early in the morning and found 2 night staff wearing face masks under their chin. This is not in line with current guidance and increased the risk of infection. The manager was informed when they arrived on site and they dealt with the matter in line with the service's own policies and procedures. All other observations of staff use of PPE and infection control practices was managed safely and in line with current guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. We saw visitors talking with their relatives in the home during our time on site.

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

- People were being protected from the risk of abuse. We found safeguarding incidents had been thoroughly investigated and referrals had been made to the appropriate agencies.
- Staff knew their legal responsibilities to keep people safe from risk of abuse. One staff member told us, "Any issues at all I would take them straight to the manager or deputy."
- People and relatives we spoke with told us they were happy at the home. One person said, "The staff work very hard to look after us." One person said, "The staff are very good to me, they work hard to look after us all."

### Staffing and recruitment

- There were enough staff on duty at the time of the inspection, to support people safely. We discussed with the manager how they would safely increase the number of people currently living at the service. We were told a 'staff dependency tool' would be used. Dependency tools can help services decide how many staff they need. Information about the needs or dependency of people is collected and the tools help to calculate how many hours of staff support is required.
- There were recruitment checks in place to make sure staff were safely recruited.

### Learning lessons when things go wrong

- Incidents and accidents were managed safely. Issues were investigated with an analysis completed of the incidents/accidents to identify trends. Action plans were implemented to mitigate against future reoccurrences.



# 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 inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection we found people had not been supported effectively and consistently with their nutritional needs. This was a breach of the regulation 14 meeting nutritional and hydration needs.

Enough improvement had been made at this inspection to meet the required standard and the service was no longer in breach this section of the regulation.

- Overall, the dining experience had improved from the last inspection. However, not all staff were consistent in their approach when offering an alternative meal to people who refused. For example, some staff used picture menus. Other staff asked people, living with dementia, what would they like to eat instead, without making suggestions or use of pictures. Most of the people were unable to tell staff what they wanted.
- There had been some improvement to make sure people, at risk of losing weight, were supported with their food supplement intake and 'home-made' milkshakes. Staff told us they made sure people had their supplements and offered milkshakes and checked on them regularly, until everything had been consumed by the person.
- Catering staff knew how to prepare gluten free choices for people and used separate kitchen equipment to reduce the risk of cross contamination. We saw gluten free foods were prepared and stored safely away from food stock that could cause contamination. This was an improvement from the last inspection.

Staff support: induction, training, skills and experience

At the last inspection, we found staff had not received appropriate support and training as necessary to enable them to carry out their duties. This was a breach of regulation 18 staffing.

Enough improvement had been made at this inspection to meet the required standard and the service was no longer in breach of this section of the regulation.

- All staff had received up to date training in dementia awareness, behaviours that challenge and moving and handling/transferring. This was an improvement from the last inspection.
- Staff we spoke with confirmed they had received appropriate training and it had helped them in their role. For example, 1 person had become upset, the staff member supported the person to sit where it was quiet and comforted them with plenty of reassurance. This was in line with the person's care plan and an

improvement from our last inspection.

- New staff told us they had completed or were in the process of completing their induction training. One staff member said, "I've not been here long but so far I'm really enjoying it. I've completed all my induction training."

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

- Overall, the home environment had improved since the last inspection. However we had observed there was no clock in the main lounge and 2 people had asked us the time. This was raised with the provider at the time and they took immediate action to purchase two dementia clocks. We also observed on the first day of the inspection, the radio and television were playing at the same time which could cause disorientation for people living with dementia. This had improved on the second day with only the television playing
- A sensory room had been created with soft lighting and items for people to touch. People were seen to enjoy relaxing in this room.
- People's bedroom doors had been personalised. One staff member told us, "Since [person] bedroom door has been repainted, they know which is their room and walk straight to it, it's great." We saw dementia friendly equipment had been purchased such as coloured toilet seats.
- The carpet and furniture had been replaced making the home cleaner and fresher. This was an improvement from the last inspection.

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

- Support people needed with oral health care was recorded. These identified support people needed to maintain good oral hygiene. Although it was noted 1 person had been left without their dentures on the first morning of our inspection. Staff had not remembered to help the person put them in and they had struggled with eating their breakfast until staff were told by the inspection team and they got the person's dentures.
- Care plans and risk assessments reflected people's needs. Care plans and risk assessments for people's specific health conditions had been reviewed and contained details to help staff support people more effectively.
- The assessments included information about people's cultural and religious backgrounds to make sure people's diverse needs were identified.

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

- The service effectively supported people to access healthcare services. For example, nursing staff, dieticians, occupational health therapists, Speech and Language Therapists (SALT), mental health professionals and GP.
- Staff recognised changes in people's behaviours or demeanour and sought medical input. One health care professional told us, "They [staff] are very quick to contact us with any concerns they have about the residents."

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the

service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA and DoLS application procedures. Where there were concerns over people's capacity to consent, mental capacity assessments had been completed.
- We saw staff seek consent from people before providing them with support.
- Where DoLS authorisations had been granted, they were reviewed and processes were in place to submit new applications when they expired.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

At the last inspection people were not always well supported. This was a breach of regulation 10 dignity and respect.

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

- People's human rights and diversity were respected by staff. Staff knew people's likes and dislikes and we saw staff engaged with people in meaningful conversations. This was an improvement from the last inspection. A staff member said, "Things have definitely improved since you were last here, we've all worked so hard to make things better for the residents."
- People's cultural and religious preferences were respected by staff. Staff knew how to support people with their culturally specific diet.
- People looked at ease and comfortable in the presence of staff. One person told us, "The staff are very kind to me, they are all lovely." Another person said, "I like it here, I like what they (staff) do (for me)."

Respecting and promoting people's privacy, dignity and independence

- Staff were seen to speak in quiet tones with people in a more respectful and caring manner.
- People were seen to take their relatives into the 'garden room' which provided privacy for their visit. One relative told us, "I don't know what I'd do without it (Anson Court). I know [person] is being cared for and looked after. Staff love [person], I've not a bad thing to say about them (staff)."
- People were supported to be as independent as possible. We observed staff supporting people to maintain their independence. For example, ensuring people had their walking frames close to them at all times, should they want to get up and walk around.
- Privacy window film had been applied to people's bedroom doors to make sure their dignity and privacy was respected.

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

- The care plans did not always make it clear how people or their relatives were involved in decisions about their care. However, relatives told us they felt involved in making decisions about their family member's care. We saw staff ask people about their choices on a day to day basis. For example, what choice of drinks, meal or how to spend their time relaxing.

# 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 requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider had failed to provide person centred care. This was a breach of regulation 9, person centred care.

Enough improvement had been made at this inspection to meet the required standard and the service was no longer in breach of this section of the regulation.

- At this inspection the provider had successfully made the transition to electronic care planning and we were told no paper copies were in use. This was an improvement from the last inspection. This meant staff only had to use one system.
- Interactions between staff and people were more person-centred. However, there still remained some task-based approaches. For example, on 3 separate occasions we observed staff use the hoist, there was not always the reassurance given to people who, from the looks on their faces, appeared apprehensive about the (moving and handling) transfer. This had made the process more task based than person-centred.
- We saw staff trying to hoist and transfer 1 person who made it clear they wanted to remain where they were. However, the staff continued to encourage the person with transferring, which only led to the person becoming upset. This was not responsive to the person's choices. We discussed our observations with the manager and consultants and emphasised the person had clearly made their choice but the staff had not accepted it.
- Two people told us it had not been their choice to rise early on the morning of the first day of inspection. Members of the inspection team arrived between 7am and 7.08am and gained access to the building at 07.12. At 07.16 we saw 7 people were sat in the main communal lounge area. One person told us, "No, it wasn't my choice, I got up because everyone else did." The second person said, "The staff came in and got me up." The manager explained if people were early risers it was documented in their care plans. We checked the care plans and found this was correct. The manager gave their assurance staff would be reminded it was people's choice what time they preferred to rise.
- The care plans we looked at had been updated, although not all had the complete plan updated, only sections. For example, 1 care plan had been reviewed however information relating to falls risk had not been updated and the information was incorrect. This was discussed with the manager and they explained they were still in the process of fully updating everyone's care plans and hoped to have this completed by the end of November 2022.
- Although some of the care plans were not completely up to date, we found the overall quality of the

information contained within them and risk assessments, were more person centred and detailed. This meant staff had the information available for them to support people.

#### End of life care and support

- No-one at the time of the inspection was receiving end of life care.
- There was information in people's care records to show discussions had taken place with some people and relatives about their wishes and preferences in respect of end of life care. However, more could be done to reflect people's religious and cultural wishes.

#### 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.

- We did not see staff use the provider's flash cards to aid communication. However, there had been an improvement with some staff using picture menus to support some people to make decisions and choices regarding their meals.
- People had a communication care plan and we could see there had been some consideration given to people's communication needs.

#### 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

- The activities were still predominately group based but had improved from the last inspection. We did see 1 person was supported to follow their interest in playing a musical instrument. However, more could be done to introduce individual interests and hobbies for more people.
- Overall, most people appeared to enjoy the music and games being offered. However, 2 people were not enjoying the loud music being played by an external entertainer visiting the home. Staff had not recognised and responded to their body language. This was discussed with the manager at the time.
- There was a planned, weekly activity programme displayed in the corridor. A new staff member had been employed to develop and introduce social activities for people to enjoy. During the 2 days we were in the home, we saw lots of positive interactions between people and staff.
- The provider had created a new sensory room. This was a quiet, relaxing room with soft lighting and sensory items for people to touch. One staff member said, "[Person] just loves sitting and relaxing in this room, it is lovely and peaceful, we're very proud of it (the room)."
- People were supported to keep in touch with family and friends. This included visits to the home and during our time on site, we saw family members visiting their loved ones in the comfort and privacy of the garden room. A relative told us, "It's fantastic (the home), bang on. [Person] has been here over a year and there's 100% improvement in their health."

#### Improving care quality in response to complaints or concerns

- There was a complaints process in place and concerns had been dealt with as per the provider's policy. Outcomes were shared with the staff for any learning.
- People and relatives felt comfortable to raise any concerns with the staff or manager.

# 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 as inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection there were significant failures by the provider leading to multiple breaches in regulations. They had failed to make sure there were effective governance processes in place to monitor the quality and service delivery. This was a breach of regulation 17, good governance.

At this inspection we found there had been improvements made. However, not enough improvement to meet the required standard and the service has remained in breach of this section of the regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance checks had not always been effective. For example, monitoring how much food, fluid and food supplements people had consumed on a daily basis. Records were not consistently completed to demonstrate people were eating and drinking enough to meet their minimum target or they were taking their food supplements and milkshakes daily. MAR records we looked supported people had received their supplements as prescribed and it was more a recording issue in the daily notes
- Where people had been assessed as being at risk of developing pressure sores and required positional changes recommended by health care professionals, records seen did not provide evidence that this was being achieved at the recommended frequency.
- Audits had overlooked the potential risks to some people. For example, a potential fire hazard for one person who smoked and required the application of skin cream.
- The manager was in the process of updating care plans and risk assessments. However, audits had failed to identify sections of care plans had been updated while other sections remained unchanged. For example, 1 care plan had been amended to reflect the person required the support of 2 care staff and to be hoisted. Though, under the 'mobility' section of their care plan, it stated the person was able to transfer in and out of the bath with the assistance of 1 care staff and made no reference to use of a hoist.

Governance systems required continued improvement and were yet to become embedded into practice. They had not identified the inconsistent completion of food, fluid and nutritional records, repositioning records and a risk assessment for the use of flammable creams. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. An improved process was introduced to monitor people's food, fluid and supplement intake more consistently and accurately. Risk assessments

were amended to reflect potential risks for people requiring flammable creams and positional changes when being cared for in bed.

- CQC had been informed of all notifiable incident and events, as the provider is legally required to do so.
- A monthly report required to be sent to CQC had been submitted on a regular basis since the last inspection.

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

- Feedback from people and/or their relatives was positive about the service.
- Staff felt valued and supported by the manager and consultants.
- The manager and consultants encouraged an open and honest culture at the service. The manager understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, they ensured that all relevant people were informed about them.

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

- Staff received regular supervision and confirmed there were team meetings.
- The provider sought feedback on the quality of the service using quality assurance surveys sent to people and relatives.
- Relatives we spoke with told us they were kept informed of any changes to their family member's health needs.

Working in partnership with others

- The manager told us they had good working relationships with visiting health and social care professionals to the service.
- The management team worked in a timely manner with health professionals to ensure people received the medical care when they needed it.
- The health care professionals we spoke with were positive about the service and the improvements made since our last inspection. One professional told us, "I didn't recognise the home when I visited last time (because of the improvements made)."



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance checks had not always been effective at identify gaps in recording daily information. Audits had not consistently identified the potential risks to people.</p>

### **The enforcement action we took:**

The Registered Provider must send to CQC a monthly report relating to effective governance systems at the Anson Court. Information to include all audits, action plans to sustain improvements, evidence of action put in place and taken, the improvement actions to be taken, details of who is responsible.