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Anbridge Care Home

Inspection report

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Date of inspection visit:
07 April 2016
08 April 2016

Date of publication:
23 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out over two days on the 7 and 8 April 2016. Our visit on the 7 April was unannounced.

We last inspected Anbridge Care Home (Anbridge) in December 2014. At that inspection we found that the service was meeting all the standards we assessed.

Anbridge Care Home provides accommodation and personal care for up to 20 people in a large converted and extended residential building. The service is located approximately one mile from Oldham town centre. Accommodation is provided over two floors with a passenger lift and stairs between the floors. The home was fully occupied at the time of our inspection. We found the building to be well maintained, clean tidy and odour free. Care staff said that in sunny weather the door leading out into the garden was left open so that people could walk freely between the two areas.

The home had a manager who was registered with the Care Quality Commission (CQC) and was present on both days of the inspection. 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. The manager has been registered since October 2010.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Care records reviewed included detailed risk assessments to mitigate risks associated with falls, moving and handling, pressure relief and nutrition, with clear plans in place to show how to minimise the risk. However no financial risk assessments was in place for one person to ensure that they were protected from the risk of potential financial abuse, as he had capacity to withdraw money from a cash point.

On reviewing care records we identified that the registered manager had not completed an initial needs assessment for a person recently admitted. This meant that the registered manager could not be certain the service could meet this person's needs.

The service had quality assurance audit tools in place. Audits were carried out by the registered manager however on reviewing these records we noted no member of staff had been identified to complete any follow up of actions. We have made a recommendation about the auditing of the quality assurance systems in place.

People who used the service told us they felt safe, and that they thought there were enough care staff available to support them.

The building and equipment were safe and secure. We saw that the home was clean and that cleaning rotas were in place and being followed to ensure that all areas were kept clean and hygienic, including kitchen and laundry areas.

We saw that systems were in place to ensure that all medicines were stored correctly and dispensed by care staff that had been appropriately trained.

The care staff we spoke with had a good understanding of people's individual needs and the support they required, and we found that care was delivered consistently by a team of carers who knew how to support people and meet their care needs.

We saw that mandatory training for care staff is followed and regularly updated, and care staff were supported to complete training in other issues.

People told us that they liked the meals and we saw that the food looked appetising and hot and was in sufficient quantities. Visitors commented "The food is appetising" and "[person] is well fed."

Care staff were attentive to people's health care needs and sought appropriate medical attention when required.

The registered manager and care staff had built up good working relationships with health care professionals such as district nurses, Speech and language therapists and other health care specialists.

One visitor described how the care staff knew how to care for their relative and commented "There's nothing they wouldn't do for [person], it's the next best thing to home, I have no worries leaving [person] here."

Visiting professionals we spoke to were impressed with the quality of care.

We saw the home promoted positive and close relationships with the people who use the service and the Registered Manager encouraged an open and friendly atmosphere.

Care staff treated people with dignity and respect and spoke politely to them.

People who used the service told us that care staff responded to their needs and provided them with support when they required it.

The home had a good understanding of dementia care and care at the end of life.

Care was delivered by a stable and consistent care staff team who spent time with the people who used the service, and knew them well.

We saw that there were a wide variety of activities on offer to people who used the service.

There were policies and procedures in place to support the daily running of the home and help to make sure that care staff were clear about their duties when they were involved with all aspects of people's healthcare and wellbeing.

Care staff had received training in safeguarding adults and whistleblowing. They were able to tell us of the correct action to take should they have any concerns about people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Suitable arrangements were not in place to help safeguard a person from financial abuse. However care staff were able to tell us what action they would take if abuse was suspected or witnessed.

People told us they felt safe in Anbridge Care Home and that there was sufficient care staff to meet their needs. Care staff had been safely recruited.

There were effective systems in place for managing medicines, infection control, risks and health and safety.

Is the service effective?

Good 

The service was effective.

The home's dining room had recently been updated and a conservatory added to the front of the home to create a reception/ information area..

Systems were in place to ensure care staff received the training and support they required to deliver safe and effective care.

Care staff understood their responsibility to support people to make their own decisions wherever possible and always asked for consent before carrying out care tasks.

People were provided with good food which helped to maintain their health and well being.

Is the service caring?

Good 

The service was caring.

People spoke positively about the care staff that supported them. The atmosphere at the home was calm and relaxed.

Care staff had received training in the end of life care pathway.

Care staff we spoke with were able to show that they knew people who used the service well.

Care staff demonstrated a commitment to promoting people's independence and choice.

Is the service responsive?

The service was responsive.

An initial needs assessment for one person had not been carried out to identify if Anbridge Care home could meet their needs.

There was a wide range of activities for people to get involved in if they so wished, including activities for people living with advanced stages of dementia.

People who used the service were confident they would be listened to if they were to express any concerns about the support they received.

Effective links were maintained with health care professionals to ensure people's health needs are met.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Audits were carried out by the registered manager but no member of staff had been identified to complete any follow up of action from these audits.

People we spoke with told us they thought the home was well-led and that registered manager and senior care staff were readily available and approachable at all times.

The registered manager promoted a whole team approach to the running of the home.

Requires Improvement ●

Anbridge Care Home

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 on 7 and 8 April 2016 and was unannounced. The inspection team consisted of one adult social care inspector. We last inspected Anbridge Care Home (Anbridge) in December 2014. At that inspection we found that the service was meeting all the standards we assessed.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received a detailed PIR from the registered manager.

Before our inspection we reviewed the home's PIR and information we held about the service including the previous inspection report and notifications the provider had sent to us. We also contacted the Local Authority Commissioners and Health watch Oldham for their views about the service, no concerns were raised.

During our inspection we spent time observing how people were being cared for and supported. We looked round the home, including the communal areas and a selection of people's bedrooms. We looked at three people's care records, four care staff personnel files, and a selection of servicing and maintenance records for equipment used in the home. In addition we looked at a range of records relating to how the service was managed; including training records and records relating to the service's quality assurance systems.

We talked with five people who used the service, six relatives, four members of care staff, the domestic and the registered manager and the co-owner of the service.

Is the service safe?

Our findings

We saw in the care records we reviewed that risk assessments had been carried out with people across a number of health areas. This included risks relating to falls, continence, moving and handling, pressure relief and choking, these assessments were reviewed monthly. However we noted that no risk assessment had been identified for managing people's finances. The Registered manager told us that the service did not manage any person's finances, however on the second day of our inspection, we observed a person handing money to the registered manager. We addressed this incident with the registered manager immediately who said that this incident had never occurred before and he was unaware that this person had a bank card or the capacity to withdraw money. We established that the person had been supported by a carer to withdraw the money from a local cash point and was handing the money to the Registered Manager for "housekeeping." We queried if this had been discussed at the pre-admission meeting and the Registered manager told us "I did not discuss anything relating to finances and assumed the local authority would be managing his finances." This meant that suitable arrangements were not in place to help safeguard people from harm and potential financial abuse. A safeguarding referral was made to local authority in order to protect this person's finances.

This was a breach of regulation 13(1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People who used the service told us that they felt safe living at Anbridge Care Home. When asked what they would do if this was ever not the case. All the people we spoke with said they would speak to whoever was in charge that day or to a relative. People told us "Yes I feel very safe here. The carers are good to me. Make sure I am safe and keep an eye on me. Take me to the shop for my newspaper daily." "I feel very safe with all the care staff. You can talk to any of them and they will come running", and "I feel absolutely safe, otherwise I wouldn't be here."

Visiting relatives also told us that they felt the care their relative received at Anbridge Care Home was safe and that needs were monitored and care and support was changed as necessary. "I feel that the care [my relative] receives is safe and always has been. I visit nearly three times a week and never felt any bad vibes here.

Care staff received training in safeguarding and additional training that covered whistleblowing. We asked care staff about whistleblowing. A carer told us that if they saw poor practice, "It doesn't matter who it is I would not hesitate to disclose it to my senior or [the manager] straight away."

There was a coded keypad at the entrance to the home, so that any person not recognised to the home could not gain entry and to protect people living at Anbridge Care Home.

We saw that there were two hoists and individual slings available for care staff to use and staff worked as a team when transferring people. When hoisting or helping people to transfer we saw that care staff always asked the person first if it was alright to do so and explained what they were doing and offered constant reassurance. They also ensured that people's dignity was preserved by adjusting their clothing if necessary.

A relative talked with us about the use of equipment, they told us "We asked about cot sides (bed rails) but the home did a full assessment involving family and [my relative] and it was agreed that as of now [my relative] was more mobile, and did not need cot sides. But they may try to climb out of bed still because of dementia and fall. So they have provided an alarmed crash mat."

We saw that when people were using wheelchairs that foot plates were always used. We saw that one person had a moulded wheelchair seat to fit their body shape. This meant that people were being correctly supported in their wheelchairs to ensure their stability, that no undue pressure was being placed on their body and that they remained secure and safe.

During the inspection we noted all people living at Anbridge Care home had a Personal emergency evacuation plan (PEEP) in place. These plans explain how a person is to be evacuated from a building in the event of an emergency evacuation and take into consideration a person's individual mobility and support needs. We were told by the Registered manager that the service practised horizontal evacuations with the staff twice a year. However there was no evidence to demonstrate that this had happened in the last 12 months. This posed a risk to the safety of people living at Anbridge Care Home and staff working there as we could not be sure all staff and people could be evacuated.

We talked to Registered manager about what other checks they carried out in relation to the health and safety of the home. We saw that valid certificates were in place for gas safety, portable electrical appliances, quarterly checks of the fire alarm system and Legionella test.

People who used the service and their relatives thought that there was sufficient care staff on duty to ensure that people received the care and support they needed in a timely manner and our observations supported this. We observed care staff spending time with people and we observed a person centred care approach rather than task orientated practice. Relatives told us "There always seems to be plenty of care staff in the day. There's never been a time when no care staff have been present when I have been here," and "Could not be better looked after. Care staff make time and give people their full attention and don't rush around."

Care staff also thought that there was sufficient care staff available for them to meet the needs of people who used the service. The weekly rota's for the home showed that the Registered Manager is on site 6 days a week. The service aims to have four members of staff on duty, one team leader, one senior carer and up to two carers each day. A carer said "It runs very smoothly here. What I like is that's its comfortable and relaxed atmosphere. After lunch every day we sit down with the residents and have time for chatting and play games with them".

The home was fully staffed for care staff, but the Registered manager was recruiting to create a pool of additional care staff. There were also plans in place to recruit a new administrator to support the Registered manager.

We looked at three care staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable care staff. The care staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and two references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The home had recently recruited a new carer. This person told us they had received a full induction, which

included the fire exits and had a detailed handover and a plan of the day duties given to them. "It's a very good home here, and they give good care. I don't have any concerns, much better than the previous home I worked in."

People who used the service and their relatives told us as far as they are aware people received their medication on time. We observed a senior carer administering medication. One person was reluctant to take their medication but they patiently took time to explain what was happening and ensured it was taken and swallowed before they walked away. One person refused their medication so the carer left them alone and came back shortly afterwards and tried again and this person then took their medication. The senior care told us, "I don't force the medication, I just go away and come back a little later and try again."

We looked at medication practices at the service. Medicines were stored in locked trolley, which were securely held in a locked treatment room when not in use. Either the Registered manager or the senior carer held the keys to the treatment room throughout the shift. The locked fridge for medication was kept in an office on the first floor and only the senior carer or Registered manager had access to the locked fridge.

We saw on medicine administration record sheets (MAR's) that there was a photograph of the person to help care staff identify that they were giving the right medication to the right person. Records were seen to be accurate and up to date. We noted when giving PRN medication that the reason for giving PRN medication was recorded. Medicines that are taken "as needed" such as paracetamol are known as "PRN" medicines.

We saw that the medication fridge and treatment room temperatures were checked and recorded daily. Controlled medicines were appropriately stored and signed for by two care staff. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. The controlled medicines that we checked corresponded with the records.

We noted that the home was visibly clean and clutter free and found no unpleasant odours. One relative said "As for cleanliness, this home is spotless. Just look around it speaks for itself. The cleaner is always on their feet she never stops," and "The home is very clean and so are the people who live here."

We spent time talking with the housekeeper and two care staff. The housekeeper told us "I have a detailed cleaning schedule, which I follow daily and I note down any maintenance repairs in the book so that [registered manager] can pick this up. I have had specific COSHH training and cleaning training in infection control. All the tools that I need to do my job are provided and I can order more on a weekly basis." COSHH (Control of Substances Hazardous to Health Regulations 2002) is the law that requires employers to control substances which are hazardous to health.

We saw that there were cleaning schedules in place for the home including the kitchen. We saw that colour coded mops and buckets were in use to help prevent cross infection for example, from toilets areas into bedrooms. The home followed the National Colour Coding Scheme. All bins had foot pedals to prevent contamination of people's hands.

Before we entered the kitchen we asked the cook if they required us to put on an apron, wearing an apron helps prevent the spread of infection and ensure good food hygiene. We saw that the kitchen used colour coded chopping boards and knives. Fridge and freezer temperatures were taken and a heat probe was used to check that cooked foods had been cooked to the correct temperature. The kitchen had a 5 star food hygiene rating from environmental health officers.

Staff told us they received infection control training and were able to tell us the infection control precautions they took when working with people. All staff wore a uniform. In addition we saw that care staff used tabards, vinyl gloves and other protective measures when completing personal care tasks and cleaning.

Soiled items were transferred from people's bedrooms or toilets to the laundry in special bags that could be put straight into the washing machine to help reduce the spread of infection.

The home uses a sterilising Ozone system to wash all laundry, which ensures bacteria on laundry are removed. This system is environmentally friendly and laundry lasts twice as long.

Is the service effective?

Our findings

Anbridge Care Home had been tastefully refurbished. In planning this refurbishment the needs of people living with dementia were taken into consideration. People who used the service and their relatives were full of praise about the décor made to the home environment.

A café had been added to the reception area for people to sit and chat together informally with drinks and snacks readily available. The café was also available for members of the local community to use.

On the ground floor individual rooms had different coloured doors and personal memory boxes, which had been chosen by people who used the service and their families. This would help people find their own rooms reduce anxiety and promote independence. There were also 'bus stop' signs along the corridors to help people find their way to the toilet and bathrooms. Toilet and bathroom doors were painted in bright yellow, enabling people to easily identify them. Both the communal areas and individual bedrooms were personalised according to each person's individual wishes and taste, and were bright, clean and well maintained.

The main garden had been created as a dementia friendly garden and included a wooden bench to enable people who used the service to sit in the garden. Care had been taken over plants used to ensure they were safe. We saw people actively using all these areas as part of daily living throughout our visit. One relative said "[My relative] has been in for a few months so far, he is free to walk about and go outside when he wants. Carers will go and support people with gardening; it's a friendly homely home."

People who used the service and their relatives thought that care staff had the necessary knowledge and skills to provide the care that was needed and that there were sufficient care staff to meet people's needs. The people we spoke with believed that the carers were competent. One person said, "The carers seem competent and know what they're doing". Comments from relatives included "Yes all the carers seem very competent and know what they are doing."

We spoke with two new members of care staff who had previous experience of working in other homes. They said "The training is good here and [registered manager] is always available to support, it's a small home so everyone helps each other" and "I really found the training helpful and it reinforced my previous learning."

Carers told us that the home had good and on-going training to help them to meet people's needs and that the Registered manager was open to suggestions about further training needs. Care staff received induction training which covered fire prevention, floor plan familiarisation, emergency contact numbers and the call bell system, and a detailed programme of each person's needs.

We looked at the training records for the care staff team. We saw that all care staff completed mandatory training in emergency procedures, fire drills, food safety, health and safety, infection control, moving and handling objects, safeguarding, safer people handling and understanding equality and diversity.

We found that apart from 2 members of staff, all staff had completed two levels of dementia training, basic and advanced, which the Registered manager had sourced from an external consultant. Topics covered included a person centred approach to dementia, creating therapeutic relationships and understanding and resolving behaviours.

We saw from care staff records that care staff received supervision. Care staff confirmed they had regular supervisions to help them provide good quality care and to ensure a consistent approach. Supervision records showed that the topics discussed included care and support and training. One care staff records showed that care staff had received an annual appraisal where goals and an individual development plan for the care staff member were set for the year.

We observed the morning and afternoon verbal handover from carers. The verbal handover included information about people and their needs and keys to the home were passed onto the person in charge. Allocation of work then was given to all the day care staff. We saw throughout the inspection examples of team work which included task such as moving and handling.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager was able to demonstrate a good understanding of the legislation to ensure people's rights were protected. Authorisations for DoLs were in place and people were assessed by appropriate health and social care staff.

We were told by people who used the service and relatives that care staff asked for peoples consent and agreement before they provided care. We saw many examples of this which included "It's lunch time shall we take you to the toilet first and then you can have your lunch," and: "Shall I help you get up and into your chair?"

One person was receiving one to one support from care staff to prevent them falling and exacerbating an injury. Care staff spent an hour at a time with this person. We saw that care staff were very patient and did all they could to engage with the person as they walked up and down the corridors ensuring the person did not fall.

We observed the lunch and tea meal times. We saw that tables were laid with, cutlery and napkins, condiments were also provided on some tables. The home also provided specialist equipment such as plate guards, feeder cups; heated deep plates which keep food warm for longer and scoop plates were available for those people who needed them to enable them to maintain their independence. Some plates were colour coded in order help people identify the plate of food.

There was a daily menu in the dining room. A choice was always offered and people could request an alternative if they wanted to. Allergen information was displayed in the kitchen. The main meal of the day was served in the afternoon. We saw meal times were a socialable occasion with good interaction between people who use the service and the staff who supported them. People who used the service could eat in the dining room or in their rooms or in the lounge areas. Food was served directly to people from the kitchen. Temperatures of food were tested to ensure that the meal was warm. The food looked and smelt appetising and everyone asked had nothing but praise for the meals they received at Ambridge Care Home. People told us that they liked the meals and we saw that the food looked appetising and hot and was in sufficient quantities. Visitors commented "The food is appetising" and "[person] is well fed"

Care staff offered assistance where required, this ranged from helping to hold cutlery, cutting up food and also full assistance to eat. Care staff were seated at eye level when assisting people to eat and gave the

person their full attention. They went at the pace that suited the person and spoke to them throughout the meal asking if they were ready for more, if they wanted a drink and encouraging them to eat.

People who used the service had access to snacks and fruit throughout the day. People were offered a choice of hot and cold drinks. Refreshments were served throughout the day and not just as "coffee time."

People told us that they could visit the home at any time but were aware of and agreed with the protected meal time so that people could concentrate on eating their meals. One visitor told us that if they arrived early they always waited in the cafe area until the meal was over.

We talked with the cook. They told us that there was a four week rotating menu in place and they were happy with the quality of food supplied to the home. We saw information that showed the kitchen care staff were aware of any special dietary needs people had for example soft diets and vegetarian diets.

During the inspection a District Nurse visited. She told us "It's a very lovely home, the care is good and the staff here are very proactive, I have no issues with this home". We saw that care staff on the ground floor had additional guidance for supporting people who were "high risk" which was updated daily. This contained information about food and fluid intake, elimination and positional changes for people with a high level of need. People were weighed on admission and then monthly so that this could be monitored as required.

The Registered manager told us that care staff contacted relatives, if a person's needs changed or there were any concerns and that care staff were good at seeking professional help, from GPs, therapists or other health professionals when necessary. One care staff told us "We contact the district nurses immediately if we know things are not quite right." Relatives told us, "The care staff are really quick to call help from the GP if they know [person] is not well." "[Registered manager] keeps us up to date with [person] health needs and he always calls us so that we know what's happening at all times".

Is the service caring?

Our findings

People we spoke with who used the service and their relatives told us care staff were kind and caring. They described them as friendly, always smiling, never hurried and patient. We saw this from our observations of interactions between all care staff and people who used the service and relatives. The atmosphere was calm and relaxed.

We saw that care staff always spoke to people in a quiet manner, making eye contact and where appropriate were tactile and offered reassurance. Care staff were also respectful and discreet, for example when asking people about toileting before lunch; and did not shout to one another across the room.

We also saw that care staff always asked for consent before carrying out caring interventions and explained what they were about to do as well as talking to people throughout the delivery of care and support. People confirmed care staff always asked before they did anything and offered choices. People also told us care staff listened to them and acted on what they said.

People told us "[Care staff] always knock when coming into my room and ask me if it is alright before they help me to wash. They never rush me as it takes time in the morning for me to function," and "Care staff are caring and they listen. All are respectful and very friendly." "They have been marvellous with me here. I do pretty well. Always got time and a smile for you whatever they are doing." "Care staff are all very caring and friendly. Will have a laugh and joke but still respectful towards me, it's a big family and we all get on".

Relatives said they were always made to feel welcome and felt care staff not only listened but acted on what they said. "This place is like a breath of fresh air, it's not like an old person's home. I just felt like [my relative] will be well stimulated and encouraged to still be as independent as much as possible. All the care staff seem to know his needs as the turnover is not high, they all seem very caring. I come in and make a drink, it's a family environment and it's [my relative's] home." It's not a problem what time I visit, I can even visit during meal times, and to be honest I think this is an excellent caring home". Another relative told us "Always found it friendly here, you're not frightened to bring anything up, they do anything you need and look after [my relative] very caringly. There's more interaction here, care staff talk to people on a one to one basis here and people are not left on their own."

The Registered manager told us that he was committed to providing all care staff with the training they needed to promote kindness. Care staff received training in dementia which enabled care staff to think about kindness and dignity.

We saw that people's records were kept securely in the manager's office on the first floor, but were easily accessible to staff on duty. We noted consent to disclose personal information had been provided by people who used the service and had been recorded in their care records.

The service had a resident's committee that was held regularly. This had replaced the relatives meetings, which the Registered Manager told us had been poorly attended.

We saw that the Registered manager had given thought in the refurbishment programme of the home, about facilities for people who used the service and relatives. The new café in the reception area of the home had become a focal point for people who used the service and relatives to meet and raise any ideas or concerns they had. A room had also been made available for people who used the service to talk privately with their family and relax in.

Some care staff had received training in the Six Steps End of Life pathway. We saw that records clearly identified where a person had a Do Not Resuscitate (DNAR) in place. A do-not-resuscitate order, or DNAR order, is a medical order written by a doctor. It instructs health care providers not to do cardiopulmonary resuscitation (CPR) if a patient's breathing stops or if the patient's heart stops beating.

Is the service responsive?

Our findings

We looked at the care records of three people who used the service. We found them to be detailed. People were included in the development of their care plans and during regular reviews. Internal audits of the care records were carried out and checked by the Registered manager to ensure they were kept up to date. However we noted on reviewing one care record that the Registered manager had not completed an initial needs assessment for a person admitted recently, and his likes and dislikes had not been identified. An interim care plan had been developed, which only covered basic information. A detailed care plan had not been developed or timescales identified for when it would be completed. We were told by the Registered manager that this process was on-going and his method of achieving a detailed person care plan was one based on getting to know the person. The Registered manager was relying on information provided by the Local Authority, which was out of date and the person's current needs had changed. This meant that the Registered manager not fully assessed the person's needs prior to admission to ensure Anbridge Care Home could meet this person's needs.

This was a breach of regulation 12 (1) (2) a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there were assessments from other health care professionals including the local NHS Trust and a community care assessment, this included a SALT assessment. These assessments were incorporated into developing care plans. A list of peoples belongings were noted at the point of admission and a record kept on file.

During our inspection we only heard a call bell buzz once. A relative told us "The care staff are always at hand if people buzz." People who used the service and their relatives confirmed that care staff responded quickly if they did press the buzzer. People told us they rarely had to wait for more than couple of minutes. We saw that if people asked for something, for example, support with toileting or a drink, care staff responded almost immediately and people did not appear to have to wait.

We talked with people who used the service about their care plans. Although they could not recall seeing them one person said "Yes the care staff know what I like and if they are not sure they will always ask me, if I ever want to have a lie in then I know I can but I have never done that". Another relative said "The care staff recognises [my relative's] likes and dislikes and I can see she is well cared for."

People told us that they were given choices about everyday matters and that care staff respected their choices. This included when to get up; go to bed, what to wear, what to eat, how and where to spend their time. People told us "Plenty of choices. I can come and go as long as I have a carer with me." Another person told us "I go out in the garden; I enjoy keeping the garden tidy as I've always had green fingers." And "I do games here, they talk to me about my past, and what I did when I was young, I play dominoes, I go to the local shops for my magazine and chocolate and I go out into town with [care staff] to buy my own clothes, they all respect me" and "Lots of things to do here." Another person told us "You can still be the boss here."

People who used the service and their relatives told us about how care staff tried to encourage and support people to be as independent as possible but were always mindful of safety. One person who used the service said "I try to do what I can for myself but need help with getting up in the morning and going to bed, We have a good laugh but care staff are very kind and respectful of my dignity. They just wash my back where I can't reach and I shout them when I need them."

Everyone we spoke with had nothing but praise for the activities that were available at Anbridge Care home. Care staff encouraged and were actively involved in the provision of activities at the home. We spent time talking with the care staff who showed us that a wide range of activities were planned and timetabled. They were clearly enthusiastic about their role and demonstrated that they liked to be challenged to come up with new ideas and did not assume limitations for people living with dementia.

People who used the service were given the opportunity to join in group activities and one to one sessions. There were baking, gardening, various craft sessions as well as exercise sessions. We observed one person doing leg exercising on her machine to improve her circulation. Group activities included quizzes and games and film afternoons. In addition there were one to one sessions with individuals including hand massage, manicures and playing traditional games like dominoes. Anbridge Care Home was well equipped with appropriate equipment to enable people to enjoy activities and pursue their interests. These included jigsaws, board games, books, DVDs, CDs, memory boxes, newspapers, rummage boxes and dolls. The lounge areas all had TVs, but these did not dominate the whole room each lounge had separate areas for activities other than watching television. As part of the accessibility to the community the home has a wheel chair accessible vehicle so that people could be taken out with ease

We saw that craft work completed by people who used the service was displayed throughout the home.

During our inspection there was music and dancing, cold drinks and plenty of food. People were seen to be laughing, chatting with each other and care staff, singing along to the music being played and dancing. People told us "I have had a really good day and I am very happy living here". A relative told us "It's a marvellous place, care staff are wonderful, and the stimulation is marvellous they treat everyone with respect and dignity."

We saw that the home had a complaints procedure and this was displayed for people who used the service and their relatives to see. A record of all the compliments, concerns and complaints had been logged but was disorganised and no formal process was used to record how the complaint had been dealt with and what action was taken. The Registered manager explained that he did follow up any comments but did not see them as complaints as he dealt with them informally without the matter escalating. We recommend that all complaints and concerns are recorded formally and analysed so that improvements can be made in the service.

None of the people who used the service we spoke to told us that they had ever had any reason to make a complaint. One person said "Never needed to complain." Another person told us "Oh no, I've never needed to complain but if I did I know they would sort it out immediately" Relatives told us they felt able to talk to the Registered manager about their relatives care.

Other relatives told us "We have never had to complain and would recommend this home to anyone. Care staff are always about and you can get up and make a drink anytime you're here".

Is the service well-led?

Our findings

The service had a Registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). The Registered manager was a registered nurse with over 40 years nursing experience in both the NHS and private healthcare provision. The Registered manager was supported by a team leader, Senior Carer and two carers, one cook and one housekeeper. Carers on duty also provide activities as part of their daily role supporting residents. The Registered manager is also responsible for maintaining the property and arranging maintenance support as and when required

Before our inspection we checked our records to see if any accidents or incidents that CQC needed to be informed about had been notified to us by the Registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. We saw that the Registered manager had reported all incidents and what action they had taken to resolve or respond to the issue.

We had also received a detailed provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The registered manager gave us information about what improvements they intended to introduce in the next 12 months, which included arrangements for the supervision and appraisal of care staff.

The home's statement of purpose and a service user guide were on display in the reception area along with the home's complaints policy and procedure and information about safeguarding and whistle blowing.

People we spoke with told us they thought the home was well-led and that the Registered manager was readily available and approachable at all times. We saw the Registered manager, was part of the care team and integral to the service and delivery of care. Carrying out a daily walk round, speaking to people who used the service, relatives and care staff and checking if there were any concerns. One relative said "The manager is seen out and about in the home and is always approachable and very hands on." It was evident that like most of the care staff the manager was very familiar with and knew the people who used the service.

Care staff we spoke with told us that they enjoy working at the home. Care staff who had worked at the home for many years had seen a lot of changes. They thought that the Registered manager was fair and listened to care staff as well as people who use the service and the culture at the service was fair and open. They said the Registered manager was "always here and supports us very well."

Audits were carried out by the Registered manager; areas covered included people's weight, infection control, housekeeping, medication, cleaning schedules, care plan reviews, staff sickness and supervision. On reviewing these records we noted that information was often incomplete and no member of staff had been identified to follow up actions required. We recommend that the service reviews quality assurance systems in place, to ensure audit records are fully completed including details of the action required, who is responsible for completing the action and timescales.

We saw a copy of the home's last annual satisfaction survey which was carried out in 2015. This is an annual assessment carried out by the service. We saw returned questionnaires that indicated high levels of satisfaction with the service. When asked about annual satisfaction survey; one relative could not recall any specific questionnaires or satisfaction surveys. However, in addition to the open door policy, there was the facility to give feedback in the café area through a suggestion box or directly to the registered manager.

The Registered manager had a clear understanding of what makes good dementia care and ensured care staff delivered this across the home. He told us "The home involves residents in every aspect of their care and they help shape how the service moves forward".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager failed to complete an initial needs assessment for a person. This meant that the Registered manager could not fully assess the person's needs prior to admission, or be able to meet his needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People who use the service were not protected against the risks associated with finance abuse. We found no financial risk assessments was in place for one person to ensure that they were protected from the risk of potential financial abuse.</p>