

Care UK Community Partnerships Ltd

# Anning House

## Inspection report

Cross Road  
Weymouth  
Dorset  
DT4 9QX

Tel: 01305233300

Date of inspection visit:  
03 May 2022  
06 May 2022

Date of publication:  
15 June 2022

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Anning House is a residential care home providing personal and nursing care to up to 70 people. The home is arranged over three floors and specialises in the care of older people including people who are living with dementia.

At the time of the inspection there were 43 people living at the home.

Since the last inspection the home's name and provider has changed.

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

People felt safe and were comfortable and relaxed with staff who supported them. Throughout the inspection we saw kind, relaxed, compassionate and caring interactions between people and staff. We observed that staff were respectful of people and took time to offer support and reassurance when needed

Any risks to people were fully assessed and planned for. The manager told us they were starting to make people's electronic care plans much more personalised.

Staff were recruited safely and there were enough staff to meet people's needs. There was an ongoing recruitment programme. Staff received training, support and supervision. Staff told us they felt well supported and they spoke fondly and knowledgeably about the people they cared for.

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.

There was a happy relaxed atmosphere with a wide variety of activities and social stimulation for people. People were able to make choices about their day to day lives and were encouraged to continue to follow their interests.

There was an open and positive culture within the home and people, their relatives, staff and professionals told us the manager and management team were approachable and helpful.

There were governance arrangements in place and systems to monitor the quality and safety of the service provided. The manager and provider took immediate action to address some governance shortfalls identified at the start of the inspection. Accurate record keeping remains an area for improvement identified in the manager and provider's service improvement plan.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

### Rating at last inspection and update

At our last inspection we recommended that management of risks, pre-employment checks and oversight and monitoring of the service were improved. At this inspection we found the provider had acted on the recommendations and they had made improvements.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 and 6 May 2022.

We undertook this focused inspection to check if the provider had made improvements and in response to some concerns raised in feedback via our website. The concerns related to staffing, visiting, risks related to eating and drinking, activities and communication with people and relatives. This report only covers our findings in relation to the key questions safe, responsive and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this 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.

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

### 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 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.

# Anning House

## Detailed findings

### Background to this 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 was carried out by two inspectors and a medicines inspector.

#### Service and service type

Anning House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The manager had submitted their application to CQC and this was being processed at the time of the inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, this included notifications made by the service and concerns raised with the Care Quality Commission. We sought

feedback from the local authority and health professionals who work with the service. We used all of this information to plan our 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 used all of this information to plan our inspection.

During the inspection

Inspection activity started on 3 May 2022 and ended on 13 May 2022. We visited the service on 3 May 2022.

We spoke with three people who used the service to ask about their experience of the care provided and with one visiting relative. We spoke with 11 members of staff including the operations manager (provider's representative), manager, deputy manager, nursing staff, senior care workers and care workers. As most people were living with dementia, 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 elements of four people's care plans and care records and Deprivation of Liberty Safeguards authorisations. We looked at a variety of records relating to the management of the service.

We also held remote video calls with the manager to discuss the governance arrangements at the service and also to give inspection feedback to the manager, operations manager and regional manager.

After the inspection visit

We continued to seek clarification from the provider to validate evidence found. We looked at further records in related to oversight, audits, complaints and compliments.

We asked the provider to share a poster asking staff and family and friends to contribute to our inspection. We received feedback from three relatives and one person. We subsequently spoke with one person and one of the relatives. We received feedback via our website until 13 May 2022.

# 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 requires improvement. At this inspection we have rated this key question good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection people's risk management was an area for improvement.

- People's care plans contained risk assessments which gave staff a clear description of identified risks and guidance on the support people required. For example, where people were at risk of falls, actions had been taken to minimise the risks to them, such as; using sensor mats, mattress alarms and beds that could be lowered to floor and floor mattresses. Staff consistently followed people's risk management plans in place.
- One person's positive behaviour support plan needed some additional details to ensure their safety during some planned and agreed restrictive interventions. The manager and provider's representative took immediate action to address this.
- There were care plans in place for any risks to people from eating and drinking. People were supported to eat, and drink as described in their care plans. This included and specific diets and any modified diets and drinks. Staff supported people to eat and drink in a relaxed way and chatted with them throughout.
- Staff understood the risks people faced. They were able to describe the measures in place to support them with confidence.
- The service was well maintained. Regular checks of the environment were undertaken to make sure it was safe. Equipment such as fire detecting and lifting equipment was regularly checked and serviced by outside contractors.

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.

- Where people had restrictions placed upon them, legal authorisations had been submitted to deprive a person of their liberty. There were systems in place to ensure any conditions on their DoLS authorisations were met.
- Staff demonstrated good knowledge of the MCA. Staff asked for consent before any care or support was provided. One person said, "They always ask my permission before doing anything." Another person said, "Staff know what they are doing. They asked consent before helping me."
- People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision, best interest processes were followed and recorded. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.

## Staffing and recruitment

At our last inspection, fully completing pre-employment checks was an area for improvement.

- At this inspection pre-employment checks were fully completed. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was ongoing recruitment campaign at the home and new staff had been recruited as a result.
- People told us there were enough staff. One person said, "You just ask, and they help you and it is not too long to wait for them." Another person said, "The staff are really wonderful, they listen to you and they care".
- There were enough suitably skilled and experienced staff on duty to meet the needs of people currently living at the service. There was a core of staff who had worked at the home for a number of years and they knew people well. Staff told us they felt there was a good mix of new, agency and experienced staff working. A staff member told us, "Staffing levels are ok and we now have the ability to get support from other floors. For example, if there are more people who need support with eating and drinking."
- There had been a high reliance on agency staff in recent months and regular agency staff were used who knew people well. This was because of the impact of staff absences due to the pandemic and recruitment difficulties. To mitigate the risks, the staff rotas were planned nine weeks in advance. This was so regular agency staff could be booked or existing staff could volunteer to cover any staff shortages.

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

- People looked very comfortable and relaxed with the staff who supported them. People said they felt safe and staff treated them with kindness. One person said, "Care is very good, kind and the staff help quickly."
- There were safeguarding and whistle blowing policies in place and staff understood their role when reporting potential abuse or harm.
- Staff had completed safeguarding training. Staff we spoke with understood how to identify and report safeguarding concerns.
- The manager had worked with the local authority safeguarding team in an open and transparent way.

## Using medicines safely

- People received their medicines in a safe and caring way, as prescribed for them.
- People were supported to look after their own medicines, after it has been assessed as safe for them to do this.
- When people were prescribed medicines 'when required', we saw that there were clear person-centred plans for when they might be needed. One person who was prescribed a sedative medicine when required, had managed to have this reduced with support from the staff and GP.
- Staff received training in safe administration and had checks to make sure they gave medicines safely. Further updated competency checks were also being carried out.



- There were suitable arrangements for storage, ordering, receiving and disposal of medicine. This included medicines needing cold storage and those needing extra security.
- Regular medicines audits were completed, and any issues or errors that were identified were reported and investigated to reduce the chance of reoccurrence

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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

- Essential visitors had been identified for people and confirmed they had continued to visit their family member at the home at all times. One relative fed back to the manager, "Visiting is always a pleasure and has been managed with compassion and care during Covid and all the associated issues."
- When visiting was restricted, staff supported people to keep in touch with loved ones through safe outdoor visits, using a pod, telephone and video calls and e-mails.
- We received feedback from relatives about their frustrations in relation to national visiting guidance restrictions during COVID-19 outbreaks. We established the manager and provider were following the guidance as required.

#### Learning lessons when things go wrong

- Safeguarding, accidents and incidents were recorded and investigated and where appropriate, measures were put in place to mitigate the risk of reoccurrence. For example, a majority of falls were happening when people got up at night to use the bathrooms. In response, reactor lights were installed in people's bathrooms and corridor, and communal area lighting was improved.
- Lessons learned were shared with staff at handovers and meetings.

# 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. The rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

### Planning personalised care

- Activities staff were working with people to complete their life stories. This was to ensure staff had a better understanding of people's experiences, interests and preferences.
- People's preferences in relation to meals and drinks had been sought and new menus had been developed from this consultation. One person regularly had their favourite snacks and foods from their country of birth.
- People were able to follow their own routines. People said and we saw they made choices about all aspects of their day to day lives. During the inspection we saw people were constantly offered choices from where they wanted to spend time, what they wanted to do and what they wanted to eat and drink.

### 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.

- People had their communication needs assessed and planned for. This helped to ensure that all staff had information to support people to express themselves and their needs. This included the use of glasses and hearing aids and staff knew people's different ways of expressing and communicating their needs. For example, a staff member was able to explain how they used eye contact and touch to communicate with a person living with dementia.

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

- Prior to the inspection, we received mixed feedback from relatives about the activities provided during the pandemic. However, people and relatives spoke positively about the activities on offer. One relative said, "All the staff are so kind and loving and Mum is treated with the utmost respect and patience. She really enjoys the excellent array of activities on offer, the delicious food and the opportunity to have her hair and nails done regularly."
- There was a planned programme of activities seven days a week. This included both individual and group activities. These were based on people's individual preferences and interests. We observed activity, nursing and care staff engaged with people and participating in reminiscence activities, flower arranging and discussions about the daily news. Activities staff were passionate about further developing activities and occupation for people at Anning House. This included mini bus trips out.

- The provider was introducing a computer application to record people's day to day lives, well-being and activities. This meant people's relatives would be able to remotely access (with consent) in real time their family's member's activity and well-being records and photographs.
- People were supported to maintain contact with friends and family. During the COVID-19 pandemic the home had followed all government guidelines regarding restrictions on visiting. Staff made sure that people were able to keep in touch with those that were important to them.

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

- There was a complaints policy in place which provided a clear process to record and investigate any complaints received. People and a relative told us that they were able to discuss any issues with the manager. They told us they were confident if they had any worries or concerns that these would be addressed.
- For those people who were living with dementia, their care and support plans included details of how they would let staff know if they were unhappy or worried.

#### End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.
- People's individual preferences and wishes had been discussed with them and their relatives and recorded in their care plans.
- Bereaved relatives had written thank you letters and cards to the staff at Anning House following the death of their family member. One relative wrote, 'Words cannot express and there are not enough chocolates in the world to express our thanks for all your skill, professionalism, expert care, kindness and devotion to [person] and me. We could not have wished for better.'
- Staff are offered a debrief and support following a person's death.

# 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 requires improvement. At this inspection we have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the home had not been consistently well led. There were omissions in record keeping and systems in place to monitor the quality of people's care and safety had not been fully implemented to drive improvements.

- Since the last inspection the home has changed provider. The provider is slowly introducing their policies and procedures. They are actively engaging with people and the staff team.
- At the time of our inspection, there was not a registered manager in post. The manager had submitted their application to register and this was being processed at the time of the inspection.
- At this inspection, the records used to monitor people's food and fluid intake were not consistently totalled or reviewed to ensure people were meeting their fluid targets to keep them hydrated. The manager and provider's representative took immediate action to address these shortfalls and implement a monitoring system. We have not been able to assess the impact of these changes. Accurate record keeping remains an area for improvement identified in the manager and provider's service improvement plan.
- Quality assurance systems in place were robust and effective in managing the risks to the quality and safety of the service. The provider had an electronic system in place which meant they had remote oversight of the home. In addition, the provider's representative visited the home on a weekly basis.
- A range of audits were undertaken to enable the manager and provider to ensure all areas of the home operated safely. Clinical oversight of the home was maintained through daily checks and monthly clinical risk meetings where any required actions were documented and followed up.
- Audits fed into a service improvement plan which was monitored by the provider to check progress made against identified targets.
- The provider's representative told us they were reviewing the record keeping systems at the home and planned to introduce a different electronic system.
- The manager was passionate in their vision for the home and was fully supported by the provider's representatives.
- The manager was committed to continuous learning and improvement. For example, following feedback from staff, the manager had introduced a weekend handover record to make sure that all important information and events from weekends or bank holidays were handed over to the management team and staff.

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

- Prior to the inspection we received some mixed feedback about the communication from the service. People, relatives and staff spoken with as part of the inspection told us that communication had improved recently.
- A relative fed back to the manager, 'We trust Anning House staff completely and really appreciate the communication between us to keep us up to date with Mum's needs...Mum is very happy at Anning House, which in turn makes us happy and gives us peace of mind.' An agency member of staff said, 'It's a very good place to work and the handovers are very good. I choose to work here over anywhere else.'
- There was a positive culture in the home, staff told us they felt supported and included and were positive about the proposed changes with the provider. Staff told us there was good teamwork at the home.
- People and staff were complimentary about the improving leadership of Anning House. Comments from people included; 'I don't find any problems,' 'First class really can't grumble at all,' 'It's a good place I'll tell you,' and 'Staff are good at their job and just ask can I help you?'
- The manager and provider had introduced a resident of the day, which involved staff spending time with person, finding out what the person likes, dislikes and how they want to live their life. In addition to this, each person now had a nominated care worker to help them settle in when they moved in.

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

- The manager walked around the home every day to speak with people and staff and to be visible and approachable. The manager told us they actively engaged with staff during staff meetings and handovers.
- The service had received compliments about the care provided and had also received positive feedback from a national care home review website.
- There were monthly resident meetings where people were involved in decision making and consulted about their preferences and lives at the home.
- Face to face relatives' meetings and forums were planned once restrictions allowed. The manager planned to have speakers and sessions to support relatives and representatives. For example, dementia awareness and end of life sessions.
- The provider had sent surveys to people shortly before the inspection. The manager told us once the results were collated any actions would feed into the service improvement plan.

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 manager understood their responsibilities to be open, honest and apologise if things went wrong.
- The manager made sure we received notifications about important events so we could check appropriate action had been taken.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. People's care records detailed the involvement of family members, specialist nurses, GPs and district nurses.
- A health professional told us, 'The nursing and senior care staff are knowledgeable about their residents and always give me prompt and accurate information.'
- The home was part of a local care forum and were planning to host the next face to face training forum.