

Mr Charles Jones and Mrs Sally Jones

Anbridge Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection was carried out over three days on the 3rd, 4th and 6th December 2014.

We last inspected Anbridge Care Home (Anbridge) in September 2013. At that inspection we found that the service was meeting all the standards we assessed.

Anbridge provides accommodation and personal care for up to 20 people in a large converted and extended residential building. Anbridge is located approximately one mile from Oldham town centre. Accommodation is

provided on 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.

Anbridge is legally required to have a registered manager. 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.

Summary of findings

Mr Charles Jones has been the registered manager since becoming the owner of the service in 2004. This provided a significant level of consistency for people who used the service and the staff team.

The atmosphere in the home during our visits was calm and relaxed. Staff were friendly and respectful in their dealings with each other, visitors and people who used the service.

People who used the service were positive and complimentary about the attitude and competency of the staff team. Care was assessed, planned and reviewed on a regular basis. There was good communication between all levels of staff at the home.

The provision of food was good. Social activities were a regular part of life at the home and accessible to all who wished to participate. This included, where appropriate, involvement with the local community.

The overall service was regularly reviewed by the service providers who were keen to continually improve the home's environment and the quality of care. Positive comments were received from health and social care professionals about their work with end of life care.

Information which we received from health and social care professionals who had contact with the home was positive about the care and support provided by the staff team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were appropriately vetted and trained. Training included how to respond to concerns about any poor practice observed. All people who used the service, visitors and staff who we asked believed people were safe.

Sufficient staff were deployed. The building and equipment were appropriately maintained to help ensure an environment which was free from foreseeable and preventable risk.

Good



Is the service effective?

The service was effective.

Staff had received training covering a variety of relevant topics to assist them in acquiring the necessary skills to provide appropriate support to people who used the service. This included an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had their needs assessed and regularly reviewed. This included an assessment of risk and strategies to manage risk. Staff communication was good, so they each had up to date information about the people who used the service.

Effective links were maintained with health care professionals so people who used the service had their medical needs catered for. People were provided with good food which helped to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

Everybody who we asked, including people who used the service, visitors and health and social care professionals spoke positively about the caring attitude and approach of the staff.

Relatives told us the care from staff extended to themselves, which they appreciated.

End of life care was dealt with well.

Good



Is the service responsive?

The service was caring.

Everybody who we asked, including people who used the service, visitors and health and social care professionals spoke positively about the caring attitude and approach of the staff.

Relatives told us the care from staff extended to themselves, which they appreciated.

End of life care was dealt with well.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

A registered manager was in place. The service providers gave a strong lead in connection with the ethos, values and skills which underpinned the care and support provided.

Staff understood their roles and responsibilities. The service providers were described as approachable and supportive by visitors, people who used the service as well as the staff members.

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 the 3rd, 4th and 6th December 2014. The visit on the 3rd was unannounced.

The inspection was carried out by one inspector.

To assist with our inspection we asked for information from some local health and social care professionals. This included GPs and the local authority commissioners.

During our inspection we spent time observing the care and support being offered to people.

We looked round the home. This included the communal areas and a selection of people's bedrooms. We looked at a sample of records which included four people's care plans, three staff personnel files, a selection of servicing and maintenance records for equipment used in the home, the staff training matrix, medication records and a sample of quality monitoring records.

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

Is the service safe?

Our findings

All the people who used the service who we asked said they felt safe with the staff at the home. One person told us, when asked if they felt safe at the home, “yes I do” and another said “oh yes, I like it here”.

Visiting relatives who we asked told us they believed their relatives to be safe. One person said they had “never seen anything like that [poor practice]” and also told us they would take action if they ever did. Another visitor said “I am happy with her [their relative] care” and “I don’t think anyone needs to worry about a relative in here”. Another visitor said they believed their relative was safe and added “I know they [their relative] would tell me if anything was wrong.”

We looked at a sample of personnel files relating to staff recruitment. The files we looked at all had a DBS (Disclosure and Barring Service) or CRB (Criminal Record Bureau) disclosure. Each file also contained an application form including the applicant’s employment history and written references to help establish an applicant’s good character. We were told that the home had only needed to recruit one member of care staff in the preceding 12 months. There were records to confirm that all the legally required checks had been undertaken in connection with this person. These checks enable the provider to make a reasonable decision about the risk posed by an applicant, to the people who use the service.

A health care professional whose opinion we asked told us “I have no concerns about any of my patients [at Anbridge]”.

The home had a copy of the Interagency Safeguarding Policy. This helped to ensure the correct process was followed if staff at the home needed to report any concerns. Information we received from the local Authority safeguarding team did not identify any concerns with the service.

Staff told us they had received training in the topic of safeguarding. This was confirmed by information on the training matrix (chart) which we saw. The registered manager provided documentary evidence that he had been on a safeguarding ‘training the trainers’ course. Staff demonstrated an understanding of the need to be vigilant about the possibility of poor practice by their colleagues. However, they all said they believed people who used the

service were safe. All the staff who we asked understood the process if they needed to report concerns (whistleblowing) and they told us they would follow the procedure. One member of staff told us that if they had concerns about people’s safety “I wouldn’t work here”. Another said “I like to think families can sleep at night knowing their loved ones are looked after”.

We looked at a sample of records relating to the assessment of needs and care planning for people who used the service. People’s records which we looked at had appropriate risk assessments, including risks associated with moving and handling, and nutrition. These assessments were regularly reviewed and updated when necessary. A health and social care professional told us that they found that the care staff were “open and approachable during reviews”.

One member of staff was an accredited moving and handling assessor. We saw documentary evidence to confirm their accreditation. Having an accredited trainer on site helps to ensure that moving and handling practices are safe.

We looked at the receipt, storage, administration and disposal of medication. The storage was appropriately secure, including the specific storage of controlled drugs. A pharmacy supplied the home with medication in a Monitored Dosage System (MDS). Medication was checked on arrival at the home. Any unused or spoilt medication was returned to the pharmacy for disposal. Some unused controlled drugs had been destroyed by District Nurses in a safe and appropriate manner. Medication administration records (MAR) were appropriately maintained, including controlled drugs being signed for by two staff. There was photographic identification held on each person’s MAR. All these processes helped to ensure the right person received the right medication in the right dose and at the right time.

Staff who we asked confirmed that before they were allowed to be involved in administering any medication at the home they received appropriate training. They also told us that the medication ‘round’ was flexible to allow medication to be administered with reference to instructions such as before food or after food. One visitor who we asked said they thought staff were “on the ball” with medication.

We undertook a tour of the building. This included communal areas and a selection of people’s bedrooms.

Is the service safe?

The building looked well maintained, clean and was odour free. This was confirmed by all the people we asked as the normal state of the premises. One member of staff described the home as “spotless” and added that in addition to the housekeeping team staff were “proud and we clean as we go”. Information from the local authority commissioners included “The home is very clean throughout with a good standard of décor”. Information from a health and social care professional also confirmed that the home was always clean and well-presented when they visited.

Staff who we asked had no concerns about the way in which the environment within the home was maintained. We looked at a sample of records and safety certificates relating to the maintenance of the equipment used and the building. These confirmed that, where necessary, equipment, including the lift, hoists, fire detection and alarm system, was regularly checked and serviced. We also saw health and safety assessments which had been undertaken and records of health and safety audits and cleaning schedules. The registered manager told us that each shift handover included a section on any repairs or maintenance needed within the building. This was confirmed by staff who we asked. We also saw minutes of

monthly ‘house meetings’ which included dissuasion about health and safety within the home and equipment in use. Staff told us they were trained and competent to use the equipment within the home.

The home had received 5 stars (the highest award) from the Food Standards Agency at their last inspection in November 2014.

The registered manager told us that staff were deployed to ensure appropriate staffing levels were maintained. We were shown staff rotas which confirmed that. The registered manager told us extra staff would be added to the rota if the needs of the people who used the service necessitated that extra support.

All staff said that there were enough staff to ensure the health and safety of people who used the service and that people were not kept waiting if they needed assistance. This was confirmed by a health and social care professional who we asked. The presence of enough staff was also confirmed by people living in the home and visitors. One visitor said there was “always someone knocking about”. Similarly one person who used the service told us “any help you need they are always there.” They added there were “usually two or three staff around. [It was] better with three, but there was always one about”.

Is the service effective?

Our findings

All interactions between staff and people who used the service, which we observed, were seen to be calm and relaxed.

One relative who we asked said they thought the staff were “definitely” competent. Another told us that staff “know what they are doing” Another visitor who we asked about staff competency said “they are wonderful, all of them. Really good”. People who used the service also told us they thought the staff were good at their jobs.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. The registered manager told us they had received training in the Mental Capacity Act 2005 (MCA) which was confirmed by a certificate we were shown. He was in the process of applying to the local authority for a DoLS in relation to one person who used the service. At the time of our visit this had not been processed by the local authority.

We saw that mental capacity assessments had been undertaken with some people who used the service. A health and social care professional told us they believed the manager had “a good understanding of the new directives in DoLS”.

Information about the MCA was seen in staff training manuals. MCA training certificates were seen on some personnel files. A majority of the care staff were trained to NVQ3 or higher.

We were shown the training matrix (chart) which showed that staff had access to a wide range of appropriate training opportunities. These included induction and moving and handling, which all staff were recorded as having done. Staff who we asked said the registered manager was keen to promote and support staff training. One person said “very big on training is Charles [the registered manager]” Another member of staff said “we are always learning” and a third said “you can always be better”. Regular training and refresher courses also included dementia awareness and

end of life care. Staff told us they were never asked to do anything they were not competent to do. One member of staff said “I won’t do anything if I am unsure, I’d get a second opinion”.

Staff told us they had regular supervision and appraisals. This was confirmed by records we looked at. Staff also told us there were regular team meetings where the progress of each person who used the service was addressed.

A health care professional told us they found staff to be “knowledgeable about the residents”. Visitors talked of good communication. One said there was “excellent communication” and “everyone seems to know what has gone on”. Another relative told us staff rang them if there were any concerns about their relative’s health or wellbeing and said “any queries [I have] they know instantly”.

Staff who we asked talked about good team work and communication. One said they were part of “a good team who share the passion” and another told us their colleagues were “professional, but had not lost their heart”.

The provision of food was reported to be good by all the people we asked. We were told by the cook that they were “not short of anything” and that communication about individual’s needs and preferences were effectively communicated. This included information following an assessment by the Speech and Language Therapy (SALT) team.

We saw menu plans in the kitchen and the day’s lunch choices were accurately written on a blackboard in the main dining room. Visiting relatives and people who used the service confirmed there was a choice at mealtimes. One person using the service said there was “nothing wrong with the food – it is quite good actually and we also go out”. Another told us there was always a choice and said – as an example – “they know I don’t like liver. Kitchen staff know but they also come round to ask.” One visitor told us that their relative had been asked to express their preferences and staff “went out of their way” to cater for people. One member of staff told us that staff “watch out if someone is not eating, and you can go to the kitchen and get something different”.

Staff also confirmed that they thought the food was plentiful and good. One said the food was good and added “I eat it”.

Is the service effective?

We sampled the food which was well presented and tasty. People were seated in several locations for their main meal. Staff told us this was out of choice. Staff were observed to be helping people with eating in a discreet manner.

People who needed a level of support had appropriate eating aids – such as specially moulded plates - to assist them to eat independently while maintaining their dignity.

The building was described by one health and social care professional as “dementia friendly” including a safe enclosed outdoor area with flower beds and seating. The registered manager pointed out several changes to the layout and décor of communal areas which had been undertaken specifically to improve the environment for people living with dementia. These improvements were commented on favourably by visitors and staff.

Is the service caring?

Our findings

Everybody who we asked, including people who used the service, visitors and health and social care professionals spoke positively about the caring attitude and approach of the staff.

One health and social care professional organisation commented “the atmosphere is friendly and relaxed; Anbridge has a homely feel about it”. Another organisation commented “Families and residents report repeatedly that the atmosphere is homely and friendly and that they feel [they are] kept well informed about the care and support their family member is receiving.”

We observed a relaxed atmosphere in the home. Staff interactions with people who used the service were friendly discreet and helpful.

All the relatives we talked with were positive about the caring attitude of the staff at the home. Comments included “you can see she is happy, that is everything in a home, happiness”; “[staff are] very friendly and everybody knows my Mum well”; They do look after people” and “anyone fortunate enough to be there [Anbridge] are receiving quality of life”.

Visitors also spoke about feeling supported themselves. Comments included “staff are very welcoming ... brilliant with visitors, we have become friends – no awkwardness”; “they help you with anxieties”; “always welcoming and they support us [relatives] as well”; and “[you are] made to feel welcome ... [staff are] definitely committed and they care about you”.

Staff also confirmed our observations and the views of visitors. One member of staff said “we [staff] treat them like the person they are” and “we have a good relationship with families – we cater for everyone”. Another member of staff said “everybody is dead friendly ... families are made to feel welcome to come in and help themselves to a brew. They can sit here all day”. One member of staff cited as amongst the best thing about the home “the atmosphere, always pleasant, always laughter.”

People who used the service were also positive about the caring attitude of the staff. Comments included “they are very good here”; “yes it is a nice place to be – I appreciate it”; “their [staff] ways are very nice” and “taking it all round this is a very nice place”.

The registered manager and several staff had undertaken the “Six Steps” training. This is a training course designed to enable people who use the service to receive high quality end of life care provided by a care home that encompasses the philosophy of palliative care. Evidence of the implementation of this approach was seen in care plans which encompassed end of life care planning and had been signed by the person to whom it related.

One health care professional told us “I am particularly impressed with the care and dignity they give our end of life patients ... all of the staff seem to genuinely care about their residents like family.”

One visitor we spoke with was able to talk about their experience of their relative who had died at Anbridge. They told us “the care in the last 48 hours with [my relative] was fantastic – amazing, I’ll never forget it. A most peaceful experience because the staff were supportive”.

Is the service responsive?

Our findings

People who used the service told us they were involved in discussions about how their care needs were met. One person told us “they know my likes and dislikes”; another said “I’m happy here, I can do what I want” and someone else told us that amongst the best things about the home was “help that is given when needed”.

We looked at a sample of records relating to the identified needs of individuals who used the service. The records covered a comprehensive range of potential needs. Each record we looked at had been regularly reviewed and updated when necessary. At the time of this visit the home was changing from a paper based to an electronic based system of maintaining records. The transition was being managed effectively.

A health and social care organisation told us they found the care plans to be “up to date and person centred.” Another organisation said they found the care plans to be “clear and up to date”. They also said the care staff were “open and approachable” and that “the owners have been involved and are keen to work with [us] to address minor issues which have been raised.”

Staff talked about the importance of the service being based on individual needs and preferences. One member of staff talked about the importance of sitting and talking with people. They also talked about a key principle of the home being “it is where they [people who used the service] live” and being “person centred”. They gave as an example “a bit of rouge is important if the person wants it – it is the little things that make a difference to a person’s life.” Another member of staff said it was “important to listen to residents. You have got to give them choice.”

Visitors who we asked confirmed that they felt involved in the care planning process for their relative. One person said they had noticed “over the years a development of personal care and staff training ... [staff were] continually looking at personal needs.” Another relative told us they had been involved in “specific meetings about Mum”.

There was evidence in the records we looked at, that people who used the service had access to the full range of medical support in the community. Relatives told us they

were confident that a GP would be contacted or other emergency action taken if necessary. This was also the view expressed by people who used the service who we asked, two of whom talked about being taken to the doctors if necessary.

Staff told us they believed they had good working relationships with people’s GP’s. One said medical support would “definitely” be sought and another commented that whenever possible staff accompanied people to their doctor’s appointments.

We saw that the home had a written complaints policy which included the option for people to take their complaint outside the service if they were dissatisfied with the internal complaints response. Everyone who we asked was confident that any complaint would be dealt with appropriately. One relative, when asked what would happen if they complained, said it would be “absolutely acted on and treated with respect”. Another said they were confident that a complaint would be dealt with and added “very professional is Charles [the registered manager]”. Another visitor told us that “if you mention anything they see to it” and another said they felt they could complain because staff were “approachable and friendly”.

Staff and the registered manager also told us they believed complaints would be dealt with appropriately.

People were positive about the range of activities available at Anbridge. One social care organisation reported that “activities are done each day and are chosen by the residents”. Another organisation said “Families and residents report that in- house activities are on offer at regular intervals”.

On our visits we saw that different activities, including making Christmas cards and decorations, were taking place in different communal areas. This enabled people with different levels of engagement to be supported by staff in an individual and dignified way. People who used the service confirmed they could be involved in activities if they wished. One told us “I work in the garden from time to time”.

Visitors were positive about the activities available for their relatives. One person said there were “lots of activities”, another said people were “always doing something”

Is the service well-led?

Our findings

The service providers have owned the home since 2004 with one of the providers being the registered manager throughout this time. Health and social care professionals, visiting relatives, staff and people who used the service, who expressed a view, were positive about the attitude and leadership demonstrated by the service providers.

There was a stable staff team. The registered manager told us that they had only needed to recruit one member of the care staff in the previous 12 months. Staff told us they were supported by the management team and that the registered manager was open to new ideas. One member of staff told us that “Charles is impressed if someone shows their initiative”. Staff training and personal development was encouraged with over half having NVQ 3 or above.

Other staff talked with us about a well led service with a “good team” and “good communication” within the team. We saw minutes of regular team meetings. Staff told us they could raise ideas about changes or have other suggestions about the running of the home. Good ideas were always received well by the registered manager.

We saw evidence of a range of quality audits being undertaken. An annual quality audit report was produced from these individual audits which in turn fed into an annual report done at the end of each year. This, together with information from ‘resident and relative surveys’ (questionnaires) enabled the service provider to create an annual business plan. The registered manager said the new business plan would be done in January 2015 as January was the date of the annual cycle. We saw documentary evidence of this from 2014 and previous years.

The registered manager told us that the business plan was reviewed monthly and we saw documentary evidence of that. The registered manager also told us that “only” 6 questionnaires had been returned in 2014 and he was looking at better ways to pick up relevant information.

During the tour of the building the registered manager showed us several changes they had made to the layout and décor of communal areas in order to make the environment more ‘dementia friendly’. Relatives told us of improvements they had seen at the home and comments included “[they are] continually trying to improve” and “[the registered manager] always listens to suggestions”.

Other comments on leadership in the home, from relatives included “[there is] good leadership, we all have a laugh”; “very well run”; and “a sense of belonging and developing relationships brings a quality ... the presence of the owners is part of it”. Another visitor, when asked what the best thing about the home was said “Charles and Sally are Anbridge ... they are always here, hands on”.

One of the service providers showed us how they were improving the way in which activities and events were being digitally recorded to provide richer information for relatives who were not able to visit regularly.

The registered manager told us they were interested in making Anbridge a dementia resource for the local community to share their learning and understanding. They also said they were involved in a local project to convert a disused bowling green into an area for growing food for the community, with a view to ensuring the area was developed in a dementia friendly way and could consequently be a resource for people who used the service.

A health care professional told us they found the service to be “supportive of all the local Clinical Commissioning Group (CCG) initiatives to improve the quality of clinical care within care homes”. A social care organisation said “The manager and his team appear to be very proactive and have often been seen out in our town centre or at events taking place around the town with a small group of residents. He encourages independence and accompanies individual residents to join community activities on occasions e.g. lunch clubs [and the] Men in Sheds Project.”