

Manor Court Healthcare Limited

# Anson Court Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Anson Court is a residential care home providing personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 33 people.

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

Safe medicines practices were not always followed, and it was not always clear if medicines had been given as prescribed. Although people told us there were enough staff to meet their needs, staff availability to support people was stretched at busy periods, such as mealtimes.

The design and décor of the service did not always meet the needs of people living with Dementia.

We found instances of uncaring practice and incidents where people's dignity had not been respected. Although staff knew people well, there was a lack of personalisation in people's care records.

The systems implemented to monitor quality at the service had been ineffective in identifying areas for improvement.

People were kept safe by staff who knew how to identify, and report concerns of abuse. Risks to people's safety was being well managed and there were effective infection control procedures in place.

People were supported by staff who had received an induction and ongoing training relevant to their role. People had access to healthcare services where required and were supported to maintain a healthy, balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Where people had made complaints, these were investigated. People had been asked about their wishes at the end of life so the service could ensure these were met.

People and staff spoke positively about the changes in leadership at the service. People were given opportunity to feedback on the quality of the service and the manager displayed a commitment to improving care.

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

### Rating at last inspection (and update)

The last rating for this service was Inadequate (Published 27 June 2019). At this inspection, although improvements had been made in some areas and breaches of regulation met, enough improvement had

not been made in other areas and the provider was still in breach of some regulations.

This service has been in Special Measures since 27 June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to ensuring people are treated with dignity and respect, and management oversight of quality. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Anson Court Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Anson Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. 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. An interim manager was in place while recruitment began for a new manager.

#### 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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with three members of care staff as well as the cook, the manager, the nominated individual and the provider . We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

### Using medicines safely

- At the last inspection, we identified concerns around the storage and administration of medicines. At this inspection, although improvements had been made in some areas of medicine management, there continued to be areas where we could not ensure people were receiving their medicines as prescribed.
- Improvements had been made to the storage of medicines. Medicines were no longer accessible to people and staff were monitoring the temperatures where medicines were kept. Where people required medication on an 'as and when required' basis, protocols were now in place. We observed staff support people to take their medicines and saw this was done in a safe way.
- However, for some people, it was not clear staff had followed the prescribers directions for the administration of medicine. For example, where medicines were only to be given for a specific time period, records showed people had these for longer than prescribed. Although there was no indication that people experienced harm as a result of this, we raised this with the deputy manager who addressed this with the person's GP immediately for clarification.
- Medication Administration Records (MAR) were not consistently recorded, there were missing signatures, and where people could have one or two doses of their medicines, staff were not always recording the dosage given. This meant it could not be determined if medicines were given correctly as records were not completed accurately.

### Assessing risk, safety monitoring and management

- At the last inspection, it was found risks to people's safety was not well managed and unsafe moving and handling practices were seen. At this inspection, we found improvements had been made, although further work was required to ensure the environments safety.
- We found areas of the home that could pose a risk to people were easily accessible. For example, a door leading to a room with hazardous chemicals had been left open, as well as a second room that was in the middle of maintenance and had exposed nails coming out of the wall. We raised these with the manager to ensure these areas could be locked.
- Staff supporting people to move around the home, were seen to do this safely. Staff had received training in moving and handling and equipment was in place for people where required.
- Risks to people's safety had been assessed. However, some of the risk assessments did not fully detail the risk posed and how staff should support with this to ensure people's safety. The manager was in the process

of updating risk assessments to ensure these included additional detail and personalisation.

- Staff we spoke with understood the risks posed to people and how they should support with this. For example, where people were at risk of developing sore skin, staff understood their role in ensuring the person was supported to reposition, the equipment they need and how to monitor the person's skin for any signs of breakdown.

#### Staffing and recruitment

- People told us there were enough staff available to meet their needs. One person told us, "There is always staff around."
- Staff were visible around the home and people's needs were mostly met in a timely way. However, during busy periods such as breakfast time, people had extended waits for support. For example, one person was brought into the dining area for breakfast and was seen waiting for 30 minutes without any breakfast. Whilst staff were in the dining room, they were supporting other people and so did not identify the person's wait. The person then went back to sleep at the breakfast table. We raised this with staff who then supported the person and presented their breakfast. In addition, during the breakfast period we saw people in the communal lounge becoming distressed. One person had begun shouting, but staff were not in the lounge to support and prevent any escalation. We alerted the manager to this so the person expressing distress could be supported. A member of staff confirmed mealtimes can be busy. The staff member said, "We are not rushed, but when you are in the dining room, it can get busy."
- The manager had a dependency tool in place and we could see staffing levels reflected what had been assessed on the tool. We spoke with the manager about our observations at mealtimes and she advised she would look into this and would place extra staff on shift during these periods if required.

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

- Staff knew how to identify and report any concerns of abuse. One member of staff told us, "If I see something, I tell the manager and if they didn't deal with it, I would go even higher."
- The manager had taken appropriate action where concerns were raised about people's safety. This included informing relevant external agencies as well as CQC.

#### Preventing and controlling infection

- There were systems in place to prevent and control the spread of infection. The home was clean, tidy and free of any odours. Staff were seen to wear personal protective equipment where needed.

#### Learning lessons when things go wrong

- The provider and manager displayed a commitment to learning. Following the last inspection in which serious concerns about people's safety were identified, the manager had implemented changes in a number of areas; including reassessing people whose needs they could not meet, overseeing changes in the staff team and updating records. People and staff told us they had seen positive changes as a result of learning from the previous inspection. One staff member told us, "It has all changed and for the better."



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- At the last inspection, it was found there were significant gaps in staff training. At this inspection, we found these gaps had been addressed and staff had access to training relevant to their role.
- Staff spoke positively about the training provided. One member of staff told us, "It is constant training. It is useful though, as if we are unsure of anything we can ask."
- Records looked at showed staff had received training updates where needed and had their competency assessed to ensure they were applying their learning in practice.

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

- The decoration of the service did not always meet people's needs. For example, the provider had not considered how to make the environment more accessible for people with a diagnosis of Dementia. There was a lack of signage or other aids to support people to recognise their own bedroom. Where signs were in place, these were at time confusing; with one door having two people's names written on.
- In addition, where people did not speak English as a first language, signs placed around the service were not in the person's spoken language. We raised these issues with the provider who advised they would address these.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act 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, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where there were concerns over people's capacity, mental capacity assessments had been completed. However, records did not show the provider had fully followed the MCA when completing assessments. For example, it was not always clear what decision required making.
- Where DoLS authorisations had been granted, staff were aware of these and how they should support people in line with their DoLS and any conditions attached to these.

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

- People's needs had been assessed prior to them moving into the home. These assessments considered people's medical history and current care needs. Assessments showed consideration had been given to any protected characteristics under the equality act, such as Religion.

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

- At the last inspection, people's cultural or religious needs had not always been taken into consideration when planning meals. At this inspection, we found this had improved. Where people had specific religious requirements with meals, such as only eating halal foods, this was accommodated. Kitchen staff understood who required specific diets and demonstrated how they met these.
- People spoke positively about the food available. One person told us, "I am a vegetarian and the food is excellent." A relative added, "Oh yes [person] likes the food. She used to be fussy, but they know what she likes – they are very attentive in that sense."
- Although staff were busy at mealtimes and some people had to wait for support, people did receive staff support to eat their meals. Where this support was provided, staff were patient and discreet.

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

- People and their relatives told us they had access to healthcare services when needed. Records we looked at showed people had been seen by health professionals such as dieticians, speech and language therapists and their own GP.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Although people told us they felt treated with dignity, we saw instances where privacy and dignity had not been respected.
- One person was being supported on the toilet, staff providing this support had not closed the bathroom door. This left the person exposed to any person walking past. The staff member closed the door once it became clear the person was seen by inspectors.
- We found one person walking around the hallway with their trousers down, exposing their private areas. Staff responded to this and escorted the person to the toilet. However, staff did not remain with the person as required and shortly afterwards, the person was seen again in communal areas without their trousers.
- Where people required support to eat, this was not always provided in a dignified way. We saw one staff member supporting two people to eat at one time. The staff member provided one person with a mouthful of food, before turning away to support the second person and then returning to the first person. We saw this action continued throughout their meal.
- We raised all of these issues with the manager who informed us they would address this with the staff team.

The failure to ensure that people's dignity and privacy is respected is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives told us they had choices. Staff we spoke with could demonstrate how they supported people to make choice. One member of staff told us, "I will let them [people] know the options and give them time to choose. If they change their mind, with the food, we will get them something else." One member of staff demonstrated how they had taken time to learn phrases in a person's spoken language to support them in offering choice.
- Records kept did not always promote choice. In records seen, people had been assessed as not being able to make choices because of their diagnosis of Dementia. However, no consideration had been given to alternative methods to support people to make choices, despite their diagnosis. Records had also not considered whether people could make some or all choices independently, or whether additional support was required. We raised this with the manager who acknowledged people with Dementia are still able to make choices and informed us care records would be updated to reflect this.

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

- People spoke positively about staff and told us staff were kind and caring. Comments made included, "They are nice lovely people," and, "The staff are very pleasant."
- We saw caring interactions between staff and people. Staff were visibly affectionate, and we saw staff, hug, kiss and hold hands with people when speaking with them. Staff spoke in a compassionate way about people and it was clear they cared about people's well-being.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- People told us staff knew them well. Staff demonstrated they had taken time to get to know people's likes, dislikes and preferences with regards to their care. However, records held in relation to people's care was not consistently person centred and did not reflect the knowledge staff held about people. We identified parts of records that referred to people as 'the resident' rather than by their name, and other records had missed key pieces of personalised information about people.
- We shared our feedback about records with the manager. She informed us work would be undertaken to ensure care records were more personalised in future.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although there was no-one with specific sensory loss, care plans had considered and recorded people's communication needs. Staff were aware where people may need additional support to communicate and had taken steps to upskill themselves to support people with this.

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

- People told us that although there were activities for them to take part in, they would like the opportunity to go out more. Comments made included, "It would be nice to talk to people and go out", and, "I just sit here. There are activities on certain days."
- We saw that although activities were not consistently available for people, staff were keen to spend meaningful time with people and would sit and talk with people throughout the day. People enjoyed this interaction and would happily engage in conversation with staff. Staff tried to involve people in these interactions by asking them questions and encouraging people to speak with each other.

Improving care quality in response to complaints or concerns

- People knew how to complain. Although no formal complaints had been made, the manager had kept a record of all concerns raised and how these were acted upon. These records showed that concerns were investigated and resolved.

End of life care and support

- Although no-one at the service required end of life support, people's specific wishes at the end of their life had been explored. This would ensure that should someone pass suddenly, staff would know of and be able to act on their last wishes.

# 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17

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

- The management team had begun to implement audits to monitor the quality of the service. This included audits of medication, infection control practice and activities. However, the audits had not always picked up area for improvement. For example, the medication audits had not identified some medicines had been given for longer than required. In addition, the activities audits had not identified people wanted to do more outdoor activities.
- Where audits had identified areas for improvement, this had not always been effective in driving changes. For example, on our last inspection audits of pressure area support found staff were not completing repositioning records as required. At this inspection, we found this remains the case and staff continue to not record people's repositioning support consistently. Although there was no indication people were not receiving this support, the lack of records in relation to this meant the provider could not ensure people received this support as required. Audits had not identified previous actions to improve this had been ineffective.
- Records held about people's care were not always accurate or complete. The manager was beginning to devise new care planning records. However, a plan to transition from one system to another had not been effectively planned and this had meant people had a mix of two care record systems in one place. Some areas of care records were completely blank as not yet completed and this meant staff may not always have access to the information they needed.
- The service did not have a registered manager as required. The previous registered manager had left their position and the provider was in the process of making decisions about the future management of the service.

The failure of governance systems to identify and drive improvements in the service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

outcomes for people

- People and staff spoke positively about the management at the service. One relative told us, "I'm quite happy with this home. I don't want him to be anywhere else. Compared to two years ago he has improved a lot."
- Since the last inspection, there had been a change in management team and this had been well received. Comments made by staff included, "[manager] has come in and shown us a new way of working. We are less rushed and get to spend more time with people' and, "Since the last inspection, there have been staffing changes and morale has picked up. Improvements are being made."

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 displayed an understanding of the duty of candour and could evidence how they act on this when things go wrong. The manager had reported incidents to external agencies and CQC as required and investigated incidents as needed.

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

- People had been given opportunity to provide feedback on the service via questionnaires. We reviewed responses received to these and found feedback had been positive. Where people had made suggestions for areas of improvement, the manager had begun to act on these.
- Staff told us they felt more engaged with the service since the last inspection. One member of staff told us, "I am supported now, and I know that if I have a problem or suggestion I could go to [manager]."

Continuous learning and improving care / Working in partnership with others

- At the last inspection, the provider was rated as 'Inadequate' overall and placed into special measures. At this inspection, it was clear that although further work was required to improve the quality of care provided, the provider and manager had been working to learn from previous concerns and improve the service. The manager had identified areas of care that she wished to improve and had plans in place to achieve this.
- The manager was keen to work with others to drive improvements at the service. She had taken time to reflect on the issues identified at the last inspection and was confident that improvements could be made over time. She told us, "All areas [of the service] need to be looked at, we are doing it and it will all come together with time."



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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People were not consistently treated with dignity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the quality of the service were not effective.