

Manor Court Healthcare Limited

Anson Court Residential Home

Inspection report

Harden Road
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Walsall
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Tel: 01922409444

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Anson Court is a residential care home providing personal and nursing care to up to 33 people. The service provides support to older people and those living with dementia. At the time of our inspection there were 25 people using the service.

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

People told us they felt safe living at the home. There were risk assessments in place to mitigate risks to people's safety. Staff supported people safely with their medicines and staff understood how to recognise abuse and report this. The home was clean, and staff understood how to prevent the spread of infection. There were enough staff who had been recruited safely.

Staff received training and support in their role and demonstrated a good understanding of people's assessed needs and care plans which had been completed to guide staff on providing effective care. Staff supported people to maintain a balanced diet and manage health conditions with support from other professionals as needed. The environment had been adapted to meet people's needs.

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.

People, relatives and staff spoke highly of the home and the management team. There were systems in place to ensure people received good quality care. Staff were able to share their views about the service and people and their relatives were also able to give feedback. Feedback was used alongside audits of the service to develop an action plan to make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 January 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to people's health needs and falls. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

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 to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anson Court Care Home on our website at 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Anson Court Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by 2 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Anson Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people, 3 relatives and 6 staff including the deputy, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed the care people received. 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 looked at 7 care plans and a selection of medicines administration records. We looked at a range of records including audits, staff recruitment records and policies.

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 the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service and were happy with the support they received. One person told us, "The staff are all really good to me and I am happy being here." A relative told us, "I am quite happy with my relative being here, they are content here which is a good sign."
- Staff understood how to recognise the signs of abuse and could describe how they would report any concerns to the management team for further investigation.
- The provider ensured staff received training in safeguarding adults and had systems in place to ensure all incidents were reported to the appropriate body.

Assessing risk, safety monitoring and management

- People were protected from risks to their safety through risk assessments and management plans being put in place. One person told us, "I cannot say anything bad about the care I am getting here."
- Where people had risks to their safety these were assessed, and plans put in place to minimise the risks. For example, risks relating to skin integrity, dietary intake and mobility had been identified and plans put in place to reduce the risks which were reviewed on a regular basis.
- Staff understood how to follow the guidance in people's management plans to reduce the risks to people's safety. One staff member told us, "[Person's name] is at risk of falls, there is a crash mat in place by the bed and a sensor to alert staff if they attempt to get up."

Staffing and recruitment

- People and their relatives told us they felt there were enough staff to support them, and they did not have to wait for support. One relative told us, "My relative has a fall alarm pad and a buzzer they can press if they need someone, and the staff always come quickly when either of these are activated. Which is really good."
- Staff told us they were busy, but people did not have to wait or go without support.
- There was a dependency tool used to calculate the number of staff needed to support people safely. On the day of the inspection, we saw staff were not always deployed in communal areas, nobody came to harm because of this. The nominated individual took immediate action to review staffing levels and make changes they will continue to keep this under review.
- Staff were recruited safely. There was a recruitment policy in place which was under review at the time of the inspection which ensured staff employed had checks in place to ensure they were safe to work with vulnerable people. This included having a check with the Disclosure and Barring Service (DBS) service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to have their medicines as prescribed. One person told us, "I am on daily medication, and I get 4 tablets AM, 2 at 4pm and 1 when I go to bed. They always offer me a drink with my tablets".
- Medicines administrations systems were effective in ensuring people had their medicines as prescribed. There was clear guidance in place for staff who had received training and had their competency assessed.
- Medicines were stored safely, and medicines administration records were accurately completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to have visitors to the home without restrictions, visitors were asked to avoid mealtimes where possible.

Learning lessons when things go wrong

- The provider had systems in place to learn when things went wrong. When people had accidents a review of their care plan was carried out and changes made as required, and any learning shared with staff.
- Learning from incidents was considered and where required actions were created to make changes. For example, where concerns were raised about monitoring peoples weight changes were made to improve this.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed and care plans put in place to guide staff on how to support them. People told us staff understood their needs and preferences. One person told us, "I have only been here about 5 months, but the staff all know that I really like coffee drinks and they know which biscuits I prefer. They are all really good."
- Staff told us the assessments and care plans in place guided them in how to support people effectively. One staff member told us, "I refer to the care plans on a regular basis."
- Assessments and care plans considered people's needs, preferences

Staff support: induction, training, skills and experience

- Staff were supported in their role and received an induction with regular updates to their training. One staff member told us, "I receive all training I need and I feel supported by the management team, whom I feel I can approach."
- Records showed staff had received training in how to undertake their role and had checks on their competency.
- We saw staff use their skills to support people effectively. For example, when supporting people with transfers using equipment.

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

- People told us they enjoyed the food and had access to drinks and snacks whenever they wanted. One person told us, "I never used to eat breakfast but now I can have porridge or bacon and egg. We have different meals every day and if I say I don't like that when they bring it to me then they will go and bring me something different".
- Staff understood how to support people to maintain a balanced diet. One staff member told us, "[Person's name] has a modified diet and is always monitored when they are eating and drinking."
- Where people were at risk of malnutrition or dehydration there were plans in place and staff monitored people's intake.

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

- The home was adapted to meet the needs of people. There were adapted bathrooms and toilets in place for people to use and their bedrooms were personalised.
- There were multiple communal areas which had been decorated to create a homely environment. There was a sensory room in place which people were observed using during the inspection.

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

- People and their relatives told us they felt supported to improve and maintain their health and wellbeing. One person told us, "I couldn't walk before I came here, used to be in a wheelchair but thanks to the staff here, I can now walk with an aide."
- Staff understood people's health needs and there were clear plans in place to support people to manage their health conditions.
- Visiting health professionals were confident people were supported to manage their health conditions in the way they were advised and access support when they needed it. One health professional told us, "They escalate any concerns about people straight away and always follow instructions given."
- Staff received regular updates about people's support needs. This included having a handover at the start of each shift. Staff told us this ensured people had consistent care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People were supported to make decisions in line with the MCA. Assessments of capacity were undertaken when needed and decisions were taken in people's best interests for specific decisions.
- Where people were deprived of their liberty an application had been made to the authorising body for a DoLS.
- Staff understood the principles of the MCA and had received training. People's care plans reflected how they were supported to make decisions and staff were observed seeking consent when supporting people.

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

At the last inspection the arrangements for auditing and checking the quality-of-care people received were not effective in keeping people safe. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

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

- The provider had systems in place to monitor the service people received. There were audits which checked on people's weight, fluid and food intake and pressure care delivery.
- Checks on the medicines administration process and recording were in place. These were effective in ensuring medicines were stored safely, administered as they were prescribed, and records were completed accurately.
- The registered manager had an action plan in place which identified any learning from audits and other events in the home which monitored completion of actions to make improvements. For example, issues had been identified with the care planning system and a new one was being implemented.

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

- People and their relatives spoke highly of the home and the support people received. One relative told us, "I would recommend this home to anyone. They always contact me straightaway if there are any concerns over my relative which is very reassuring to me."
- People and their relatives were positive about the staff and the management team. One person told us, "All the staff are really nice to me, they treat me so well. Nothing is too much trouble for them, they always take time to talk to me which helps me feel better." A relative told us, "I have found that the registered manager and all the staff in the Office are very approachable."
- Staff were positive about the home and its management team. One staff member told us, "Things are better here now, the environment is better, there are more staff, better management and I feel supported by the senior and management team."

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 provider had systems in place to ensure duty of candour was met when things went wrong. When incidents occurred, these were discussed with people, their relatives and other agencies as appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were able to direct their own care and spend time with people that mattered to them. One person told us, "I have a wash every day and can have a bath as often as I want. Another person told us, "I am quite happy to be here. My relative can visit me every day."
- Relatives told us the staff were aware of people's needs and followed people's wishes and preferences. One relative told us, "My relative is eating well here and likes to go to the dining room for their meals." Another relative told us, "I take my relative out most Saturdays and I ask the home to save my relative a meal for when they get back and they always do and offer me something to eat which I never need but I appreciate their thoughtfulness towards both of us."
- Staff told us they were supported in their role by the management team, and they believed the home had made improvements. One staff member said, "Things are better. There is a better environment, more staff, better management, and I feel supported by the management team."
- People and their relatives had opportunities to share their views about the service using a survey the results of which were analysed. All the comments from people and relatives were positive for example one relative described the service as, "very welcoming" and the staff as "helpful and amazing with my relative."
- The provider worked in partnership with other agencies to support people. For example, where people needed support to manage their health needs this was in place and staff followed health practitioners' advice.