

# Mr Charles Jones and Mrs Sally Jones

# Anbridge Care Home

## Inspection report

1 Herbert Street  
Oldham  
Lancashire  
OL4 2QU

Tel: 01616652232  
Website: [www.anbridgecarehome.co.uk](http://www.anbridgecarehome.co.uk)

Date of inspection visit:  
08 August 2023  
09 August 2023

Date of publication:  
04 September 2023

## 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 ●

# Summary of findings

## Overall summary

### About the service

Anbridge Care Home is a residential care home registered with the Care Quality Commission to provide nursing and personal care for up to 21 people. The service provides support to older adults. The single room accommodation is arranged over two floors and has lift access. There are shared communal lounges and bathrooms and an outside secure garden area. At the time of the inspection 21 people were using the service.

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

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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 told us they were well treated, and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

The provider and manager responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The registered manager was available for people to contact, and managers undertook regular quality checks, to help ensure continued good standards of care.

The provider and managers followed governance systems which provided oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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 good (published 30 November 2017).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

### 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Anbridge Care 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.

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 1 inspector 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

Anbridge Care Home 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. Anbridge Care Home 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 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 the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the business manager, the deputy manager, and the provider. We received feedback from 10 care staff members.

We spoke with 8 people who used the service and 4 visiting relatives about their experiences of the care provided. We reviewed a range of records including 3 people's care records, risk assessments, medication administration records and associated documents. We observed care in communal areas and the dining room.

We looked at 3 staff personnel files including recruitment records. We looked at staff training and supervision records.

We reviewed records relating to the management of the service, including audits and a variety of policies and procedures. We looked at quality monitoring information, following visits undertaken by the local authority.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had policies and procedures for safeguarding and whistleblowing to protect people from the risk of abuse.
- Managers encouraged people to raise any safeguarding concerns. A person told us, "I like it here, I feel very safe and well looked after." A relative said, "I feel [person] is very safe. Staff are always watching what goes on to stop people from falling and to make sure they have their equipment when it is needed. I have no concerns about safety."
- Safeguarding incidents were recorded and investigated by managers.

Assessing risk, safety monitoring and management

- Risks to people and the environment had been assessed and regularly reviewed. The provider had systems in place to identify and reduce the risks involved in supporting people.
- Managers involved people, and where appropriate their relatives, in assessing risks to their support. Decisions about risks were recorded in people's support plans. A relative told us, "We have been given an 'About Me' booklet to complete about [person] for family input. The staff really want to get to know [person] which is nice."
- Staff had completed the appropriate mandatory training to keep people safe and understood where people required support to reduce the risk of avoidable harm.

Staffing and recruitment

- Staff were recruited safely. Staff records we reviewed contained the appropriate information and documents, including 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.
- During our inspection we saw many instances where staff demonstrated caring attitude towards people as well as offering practical support. Staff appeared to have a good knowledge and insight into the needs of the people they supported and a friendly rapport with the relatives. A person told us, "The staff are very good, all the girls are alright. The staff help us all, they are very good."
- Staffing levels were determined by the number of people using the service and their needs and were adjusted accordingly.

Using medicines safely

- Medicines were safely managed. The provider had systems in place to ensure people were receiving their medicines as prescribed. A person told us, "I take my own medicines, but I am sure the staff would help me if

needed. I know what my medicine is for. I am very independent."

- Managers ensured staff had received medicines training and had their competency assessed to ensure they gave medicines safely.
- Medication records were completed in line with the provider's policies.

Learning lessons when things go wrong

- There were systems in place to manage, monitor and support learning from accidents, incidents, and safeguarding.
- Staff understood the importance of reporting and recording accidents and incidents and how best to respond.
- Accidents and incidents were monitored by the registered manager to identify themes and trends, in order to reduce the chance of a reoccurrence.

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

There were no restrictions on visiting and the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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 good. The rating for this key question has remained 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

- Staff completed assessments of people's needs before they began to receive care and used these assessments to develop care plans.
- Staff documented people's assessed needs. Records showed the provider and registered manager monitored care to ensure care provision adhered to current guidance.
- Care plans included relevant health and personal information to help inform care provision. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience

- Staff completed a period induction so they could get to know people before starting to work alone. One staff member told us, "I did have an induction; I spent 1 week shadowing another member of staff who showed me where everything was and the policies and procedures I had to follow."
- Managers monitored staff training provided and maintained a staff training matrix. One staff member said, "I completed a full induction training which covers legislation, guidance, clean environment, hand hygiene and PPE, contract of employment, health & safety, fire, security, conduct, policies and procedures, communication, equipment handling."
- Care and support was provided by staff who had the skills and training to meet individual needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to maintain a balanced diet. People said they were happy with the meals provided and the choice and could change their minds regarding meals. One person told us, "The food is very nice, it's tasty. My plate is always clean, there's never anything left on my plate. When the food comes, it's well presented, not just chucked on the plate. At breakfast, I always have porridge, I like my porridge, then I have a slice of toast."
- The support people required with their dietary needs was recorded in their care plans. For example, some people had modified textured diets. The home had recently achieved the highest food hygiene rating, following an inspection in this area done by the local authority. Food was prepared freshly each day, and local food suppliers were used.
- Prior to lunchtime, we observed staff from the kitchen speaking to each person in turn. People were offered a choice of main meal and there was very little wastage. Portion sizes appeared ample, and people

clearly enjoyed the food, stating between each other how good it was. People who needed assistance to eat were given the full attention of the staff helping them, who got down to the persons' level, and explained what they were being given. Staff appropriately waited and asked between each mouthful if the person was ready for more.

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

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. A person told us, "When I had [condition name], one of the staff members took me to all my appointments. The staff member told me they wouldn't let me go on my own and would come with me. I was being treated for several months, and every day [staff member name] came with me, went to get us a cup of tea, and we even had lunch there."
- Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people. Staff kept detailed records of the support provided each day.
- People's care plans contained important information relating to any equipment, such as specialist beds or moving and handling equipment. Where people had an identified health and social care professional involved, details were recorded within their care plan.
- People were supported by staff to seek medical attention where needed. Referrals were also made to health and social care professionals when required.

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

- The home was appropriately adapted, equipped, and decorated and furnished to a good standard. People had been involved in making decisions about how the home was decorated and each person's room was personalised.
- One bathroom required updating in parts; the provider responded immediately during the inspection and ordered the necessary equipment.
- People told us the service was a relaxed and comfortable place to live. One person said, "I like it here. They [staff] are quite good at decorating the rooms, and look at the lovely flowers, I like those. They [staff] always bring us what we need; it's good."
- The premises were kept free of obstacles and hazards which enabled people to move safely around the care home. There was clear signage around the building to enable people to navigate around. A relative told us, "You only have to mention something and the next minute it's done." The relative told us when [person] moved into the home, they mentioned a wall in the bedroom was scuffed, and the next day, the room was completely painted.
- There were outside areas for people to use, and several communal internal rooms which enabled people to socialise and take part in activities. Close to the entrance there was a 'café' area where visitors and more able people could make their own drinks. There were two lounges, so people had a choice of where to sit during the day. The building had been redesigned to be dementia friendly.

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's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. Peoples capacity to make decisions about their care and support was assessed on an on-going basis in line with the MCA.
- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, DoLS applications had been made to the relevant local authority where it had been identified as necessary. Staff had received training in the MCA.
- People were asked for their consent and staff acted in accordance with their wishes. Staff involved people in decisions and allowed them time to make their wishes known.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who treated them with respect and equality. Staff had received training in equality and diversity and were committed to ensuring people had equal opportunities. One person told us, "It's the same staff who look after us all the time, and they know me well; they always know what I like."
- People received kind and compassionate support from staff who used positive, respectful language which people understood and responded well to. A relative told us, "Residents are asked what they want after their tea. Some want to get ready for bed and relax in their pyjamas like I do, some don't. They are asked what they want."
- Staff knew people well and supported them based on their needs, preferences, and choices. Staff delivered care and support in a non-discriminatory way and respected the rights of people with a protected characteristic. Protected characteristics are a set of nine characteristics, protected by law to prevent discrimination, for example, discrimination based on age, disability, race, religion or belief and sexuality. The provider had an equal opportunities policy in place.
- We observed many instances where staff demonstrated a caring and supportive attitude towards people as well as offering practical support, for example, when one person became anxious, a staff member consoled them and spent time chatting to them until they felt better.
- Staff had a good knowledge and insight into the needs of the people they supported and a friendly rapport with their relatives; they communicated by name, and there was a lot of fun and banter between the staff and people. We witnessed a person asking a staff member when [their] up and coming holiday was and saw staff members asking people about their family members. The administrative staff were visible throughout the day and interacted well with people.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Support plans described what people could do for themselves and staff prompted this to ensure independence was maintained. A staff member said, "I would always try to prompt people to do things for themselves first; we are all taught to promote independence."
- People and their relatives were involved in making decisions about their care and support.
- Staff understood the importance of respecting people's privacy and supporting them to be an independent as possible. One person said, "We can get up when we want. Breakfast is at a set time, but if you get up later, you can have breakfast later. You can go to bed when you are ready. You can even go to bed in the daytime if you want. Everyone chooses where to sit and I always sit here, but I can sit where I want. People have their favourite place to sit, and this is mine."

- A Facebook page had been set up for the families and friends to have discussions and form friendships without management involvement. A relative told us, "When I ask if [person] is okay, they [staff] don't just say yes; they tell me how [person] really is, which is often not what I want to hear, but it's honest, and that's really reassuring."

# 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 to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- People received personalised care which met their needs and preferences. Care plans were person centred, and included information on what was important to people including their needs, preferences, likes and dislikes.
- Staff reviewed care plans regularly, and understood the preferences of the people they supported well.
- People felt staff understood their individual needs. A person told us, "I feel quite at home here. The staff usually get me everything I need, and I never have to wait long; they come as soon as they can. I can have whatever I like in my own room."
- Managers maintained an oversight of complaints and logged any complaints and actions taken. A person told us, "I have never had to complain, there's nothing to complain about. If I needed to talk to staff about worries, I would, but I've never had to complain about anything." A relative said, "We've never had any cause for complaint; if we did, we would go to [staff member names]."
- Managers maintained an oversight of complaints and logged any complaints and actions taken.

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.

- The registered manager understood the importance of the Accessible Information Standard and there was a policy in place to support this. Information could be provided in different formats, such as large print, on request.
- The registered manager and staff ensured people's communication needs were met. People had communication care plans in place, including any factors which may hinder communication, and any sensory issues.
- Staff understood how to communicate with people effectively. People had communication risk assessments in place, detailing how to best communicate with them. Mental Capacity Assessments considered people's abilities to communicate, and Best Interest checklists were used to ensure staff encouraged people's involvement in actions undertaken on their behalf or in any decisions affecting them.

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

- Staff supported and encouraged people to take part in activities and maintain social relationships to

promote their wellbeing. Relatives visited regularly and some people accessed the community with their relatives or with staff. One person said, "I like to go out. The staff take me out when I want. They take me down to the park at the bottom of the road. They always take me out when I ask because I can't go on my own."

- People commented positively on the opportunities available to them. One person said, "I don't like to just sit about. I need to be busy. At lunch I fold all the napkins and get the tables ready for dinner. I go to dry the pots." One person had their own small pets in their bedroom; we saw from care plan information these pets were important to the person and it was clear the pets brought the person a lot of comfort.
- We observed a staff member leading a singalong in one of the lounges. All of the people in that lounge were enthusiastically joining in. A person told us, "I love to sing, I've been singing since I was about 3 years old. They [staff] always make sure I get a chance to sing."
- Staff had contacted a local school about coming in to the home and getting to know people and had a recent open day had been held for anyone wishing to visit. An iPad was available for all people to use to keep in contact with their relatives who did not live locally.

#### End of life care and support

- People's end of life care needs were discussed with people, relatives and relevant other staff and any equipment to aid comfort was provided. Doctors and relevant other professionals such as district nurses supported end of life care provision. The service followed the Six Steps to Success end of life care pathway; this programme aims to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care.
- People had supportive care records, which identified people's wishes at this stage of life and identified if people had a 'do not resuscitate' order in place.
- People had a 'hospital passport' which provided a range of relevant information for health staff, in case a person was unexpectedly admitted to hospital.

# 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 good. The rating for this key question has remained 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; 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 registered manager had the skills, knowledge, and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. The registered manager was aware of their responsibilities to report significant events to CQC and other agencies; our records confirmed this.
- The provider promoted openness and honesty and kept in contact with people and their relatives. A relative told us, "The owners are lovely, we have a lot of banter. I need them to be straight with me and they are." A second relative said, "It's clear the staff care; they know all the residents by name. When I ring to ask about [person], they [staff] don't rush me to get off the phone, they give me reassurance, and they are honest."
- The registered manager and management team reflected on past performance issues and used this to improve the services provided.

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

- The provider's audit systems monitored the quality of service delivery and showed the management team were able to question and act on issues raised. There were systems in place in for monitoring complaints, accidents, incidents, and near misses. Staff performance was monitored and spot-checked by managers. A staff member said, "I do feel supported in my role. Even if the manager has gone home or the owners have gone home, I know that I could ring them and that would be ok with them. We have a good team and lovely residents; it makes me happy to make my residents happy."
- The registered manager promoted a culture of person-centred care in the home, which focused on developing good outcomes for people. A person told us, "It's all good; the staff are always asking me if I'm alright, and that's nice." One relative said, "It's amazing, there are no faults. We are kept informed all the time, for example when [person] had a small sore on [their] hand, the district nurses were called, and we were informed straight away. Any little thing they [staff] inform us; they are very professional." Another relative stated, "It's lovely here, and very welcoming."

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

- Staff worked with people and their relatives to ensure they understood people's support needs. Staff



explored people's equality characteristics as part of the care planning process.

- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support. Results from the 2023 resident and relatives survey were overwhelmingly positive, with comments referring to the caring attitude demonstrated by staff, the quality of the environment and the ethos and values of the service. One comment from a relative stated, 'My mind is at peace with [person] in your care. The staff are friendly and so caring. The food always looks nice and appetising. [Person's] room is always clean. Can't really fault anything. Just so thankful for [person's] care; you're simply the best.'
- There was an up to date equality and diversity policy in place and staff were trained in equality and diversity and dementia care.
- The manager and staff team worked with people, relatives, and healthcare professionals such as chiropodists, and opticians to provide the best outcomes for people.
- Records showed a multidisciplinary approach in meeting people's needs and responding to any changes and there was evidence of joined-up work between the provider and other professionals to meet the needs of people living at the home.