

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Anbridge Care Home

1 Herbert Street, Oldham, OL4 2QU

Tel: 01616652232

Date of Inspection: 12 September 2013

Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Mr Charles Jones and Mrs Sally Jones
Registered Manager	Mr. Charles Jones
Overview of the service	Anbridge provides accommodation and personal care for up to 20 people. Accommodation is provided in a large converted and extended residential building. Anbridge is located approximately 1 mile from Oldham town centre
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Management of medicines	8
Requirements relating to workers	9
Complaints	10
<hr/>	
<b>About CQC Inspections</b>	11
<hr/>	
<b>How we define our judgements</b>	12
<hr/>	
<b>Glossary of terms we use in this report</b>	14
<hr/>	
<b>Contact us</b>	16

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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During this inspection we spoke in private with three people who used the service, three relatives of people using the service and two members of staff. Everybody who we spoke with was positive about the care and support provided to them.

People told us they were involved in discussion and decision-making about their care. One person told us that staff treated them with "great respect".

People's care and support was based on a written plan which in turn was based on a comprehensive series of assessments. Care plans were regularly reviewed. People told us that "they [staff] always listen to me" and "they [staff] find time to sit down and talk to you". Staff told us that communication within the home was good and they were kept up to date with the changing needs of individuals.

There was an appropriate procedure, which was followed, for the safe storage and administration of medication.

Staff were only recruited after a rigorous vetting process. This helped to ensure only suitable people were employed at the home. Staff were described by people using the service and their relatives as "friendly" and "lovely".

The home had a written complaints procedure. People told us they were confident that any complaint they may have would be appropriately dealt with.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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During this inspection we spoke in private with three people who use the service, three relatives of people using the service and two members of staff. Everyone we spoke with was positive about the care provided at Anbridge Care Home.

One person who used the service told us that staff treated them with "great respect". One visiting relative was confident their mother was treated with respect and had their dignity maintained and said they had seen "nothing disrespectful". People told us that they were involved in discussion and decision-making about their care.

One member of staff had attended a training course to become "dignity champion". This was an indication of the value the service provider placed on treating people as individuals and maintaining their dignity. We were told that other staff members were booked to attend this training.

Staff who we spoke with confirmed that treating people with respect and maintaining their dignity was an expectation of the service provider, in addition to their own professional and personal values. Staff also told us that people were involved in discussion about the way in which their care needs were met. This included being able to influence any aspect of their daily living.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We looked at a sample of files relating to the assessment and care needs of people living at the home. Each file that we looked at had a written care plan and documentary evidence that the plan had been reviewed on a monthly basis. Care plans were based on a comprehensive set of assessments and were person centred. This meant that each care plan gave specific guidance to staff as to how to meet that individual's personal needs.

People using the service who we asked, were happy about the way in which their care needs were met. One person told us they talked about their care and "they [staff] always listen to me". We asked people what they thought was the best thing about living at Anbridge. Comments included "being cared for when going to bed, as though I was at home. Staff are very kind", and "being looked after well".

Visitors told us they were involved in discussion about their relative's care. One person said that there was discussion about care "all the time" and told us that communication with staff was "very good" and that staff "come to update you and explain anything". When asked what the best thing about the home was one person said "you can always find somebody to talk to and they listen to what you have to say which gives you peace of mind. They [staff] find time to sit down and talk to you."

Several people talked to us about the positive way in which staff treated people using the service as individuals. One visiting relative said the staff team treated "everybody as an individual and it's like one big family". Another relative said "every person is treated as an individual. The home has always been willing to do anything to make the person's life happier and better."

Staff who we talked to told us that they experienced good communication and they believed they were kept informed of individuals changing needs and circumstances. In addition to the written care plan each shift had a detailed verbal handover. Staff also referred to the daily records which had information about how each individual had been both during the day and night.

Interactions which we observed between staff and people using the service seemed relaxed and friendly.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We looked at the home's system for storing and administering medication. Medication was seen to be stored securely. There was a fridge dedicated for the storage of medication which needed to be kept at a reduced temperature. We saw that the temperature of this fridge was checked on a regular basis and a record kept.

We looked at a sample of the medication administration records (MARs) which appeared to be in order. Accurate MARs are important to help ensure that the provider can demonstrate that the correct person received the correct medication at the right time and in the right dose.

One example was seen where the pre-printed MAR provided by the pharmacist appeared to be incorrectly dated. This did not appear to have any impact on the person receiving the medication. However, the provider may wish to note that checking to ensure the accurate date of the pre-printed MARs would assist in the provision of robust evidence (should it be needed) that medication had been correctly administered.

All the people who used the service and visiting relatives who we asked, were confident that people were receiving all the medication which had been prescribed for them.

Staff who we asked were confident that medication was administered accurately.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We did not ask any people using the service about staff recruitment. However, everyone we spoke to was positive about the attitude and competency of the staff team. One person described the home as "excellent" and said "I wouldn't leave [relative] here if I wasn't happy with their care." Another person told us that one of the best things about the home was "always knowing [relative] is all right and safe".

We looked at a selection of staff files relating to the recruitment and vetting process of new staff. All the files we looked at contained evidence that the necessary legally required checks had been undertaken. The rigorous vetting of staff helps to minimise the risk of appointing people who are unsuitable to work with vulnerable adults.

Staff who we spoke to confirmed that they had been subject to the necessary checks before being appointed. One member of staff was able to cite a current example of a (prospective) new member of staff who was "dying to start" but could not because all the necessary vetting had not been concluded.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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Anbridge had a written complaints procedure. The procedure would enable any complainant to follow an appropriate process for their complaint to be addressed. This included the option of taking a complaint further if they did not believe it had been satisfactorily resolved with the service provider.

We were told that no formal complaint had been made since the last inspection.

People using the service who we asked, told us they were confident that any complaint they may have would be appropriately dealt with. One person told us they had no complaints that if they had, staff would take notice adding, "my face would be enough [for staff to respond]". Another person cited as amongst the best things about the home "if I was concerned [about anything] I would tell them."

Visiting relatives were confident that any complaint would be listened to. One person when asked if they could complain replied "most definitely" and described the staff as "very approachable". Another visitor said they felt that any complaint would be dealt with "straightaway".

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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