

Agincourt Care Home Limited

# Agincourt Care Home

## Inspection report

116 Dorchester Road  
Weymouth  
Dorset  
DT4 7LG

Tel: 08000121247  
Website: [www.agincare.com/care-homes/dorset/agincourt-care-home-weymouth](http://www.agincare.com/care-homes/dorset/agincourt-care-home-weymouth)

Date of inspection visit:  
10 May 2022  
18 May 2022

Date of publication:  
24 June 2022

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Agincourt Care Home is a care home which is registered to provide care and accommodation to up to 31 people. The home specialises in the care of people over 50 years old with dementia and mental health care needs. At the time of the inspection there were 28 people living at the home. The house is an adapted residential building with accommodation arranged over two floors.

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

We found further improvements had been made in the quality of care people received against the backdrop of continued challenges of the Covid-19 pandemic.

People were supported by staff who understood the risks they faced. Risks were safely managed and monitored. Staff had access to people's risk assessments and care plans and were confident they knew how to reduce these risks. People received care and support from staff who knew them well and treated them with respect, compassion and dignity.

There were sufficient numbers of staff to meet people's needs and keep them safe. The registered manager kept deployment under review as people's needs changed.

People were supported to have choice and control of their lives and, where best interests decisions had been made, staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Action was taken by the registered manager during our inspection to ensure staff fully understood when to involve people's legal representatives.

We were assured by infection prevention and control (IPC) measures in the home. Practices that protected people from cross infection of communicable illness were well embedded amongst the staff team.

There were ongoing maintenance works, and furniture replacement, scheduled to maintain and improve the environment.

Relatives spoke highly of their communication with the registered manager and staff team.

People were cared for by staff who cared about and supported their colleagues. Staff felt part of a strong team with a shared purpose. Staff felt supported by the senior team.

People lived in a home where oversight such as audits, monitoring and observation were used to improve the quality and safety of people's 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 requires improvement (published July 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced inspection of this service in May 2021 breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve dignity and respect and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-led which contain those requirements and identified other shortfalls in provision. 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 from requires improvement to good. This is based on the findings at this inspection.

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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our effective findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our effective findings below.

# Agincourt 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 Care Act 2014.

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 two inspectors.

#### Service and service type

Agincourt Care Home 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. 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 looked at all the information we have received from, and about, this service since the last inspection. We had not requested a provider information return with time for completion prior to our inspection. This is

information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We were able to gather this information during our inspection. We also gathered information from the local authority's quality monitoring team and a health care professional before we visited. We used this information to plan our inspection.

During the inspection

During the inspection we spoke with three people who lived at the home, eight members of staff, the registered manager and a representative from the provider organisation. Throughout the visits we were able to observe staff interactions with people in the communal areas we also 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 spoke with a visiting relative and received further feedback from four relatives with loved ones living in the home about their experience of the care provided.

We looked at a selection of records which included;

Records related to the care and support of seven people. This included Medication Administration Records (MARs.)

Quality assurance documents

Communication with families

Training records

# 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 requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us they felt safe because staff were always around. They said it is "like having a family with you". Relatives spoke of the reassurance they felt knowing their loved ones were 'safe' and 'happy'.
- The risks people faced to their health and well-being were assessed. Staff understood, and described consistently, the care and support people needed to reduce these risks. Staff recorded the support they provided to enable effective monitoring of risks.
- Risks associated with the environment were managed and a program of home improvements was ongoing.
- The registered manager had acted on advice from the fire service to enhance staff understanding of how to keep people safe in case of a fire.

### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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 supported to receive their visitors in line with current guidance. The team were committed to ensuring people had as much contact with friends and relatives as possible.

Systems and processes to safeguard people from the risk of abuse

- One person told us: "I feel safe here. The staff are all very kind." People who no longer used words as their main communication due to their dementia were relaxed and smiled with staff.
- Staff told us they had received safeguarding training. They understood their responsibility to report concerns within the organisation and knew which external organisations they could report to.
- The registered manager raised safeguarding concerns about the impact of a person on the other people they shared the house with. The emotional wellbeing of people was kept under review.

Staffing and recruitment

- People were supported by sufficient staff although there were times they were busy and unable to spend time with people who were seeking their input. We discussed this with the registered manager. They described the changes that had been made to deployment and told us they continued to keep this under review.
- The staff team had worked hard to ensure adequate safe staffing levels after a significant number of staff had left when the vaccination requirement was introduced.
- Staff all told us that there were enough staff to ensure people's needs were met.
- New staff had been appointed following safe recruitment systems.

Using medicines safely

- People told us they received their medicines as prescribed. One person told us "I have all the pills I need always on time." They also told us they had help to apply a prescribed cream to protect their skin. Medicines were safely managed.
- Staff administering medicines had received appropriate training and had spot checks on their practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. An error had been made when transcribing one person's medicines. This was for an as required medicine that had not been needed by the person. This omission was addressed immediately.
- Medicines were audited regularly with action taken to follow up any issues identified.

Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and these were reviewed by the senior team to ensure lessons could be learned. Monitoring was in place to identify potential trends in order that solutions could be sought. For example, the time and location of any fall was reviewed to address any factors that could be addressed such as lighting or staff deployment.

# 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 changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People enjoyed their food and told us it was good. They were offered choices of where they ate their lunch and what they ate and drank.
- Staff were familiar with people's likes and dislikes and used this information to help ensure people ate and drank well. Relatives told us their loved ones were "well nourished". One relative told us "the food is plentiful and presentable".
- The risks people faced associated with eating and drinking were managed safely and effectively by the staff. Care plans were detailed about people's dietary needs and people received the support detailed in their care plans.
- The support people received during their meal was consistent and attentive.
- Staff kept records that were monitored and used to ensure people were supported to eat and drink enough.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. We received positive feedback about communication between staff and health care professionals.
- People had care plans detailing the support they needed to maintain and promote their oral health. Toothbrushes were available in all rooms and had clearly been used. Records detailed the support offered and provided to people. If people refused support with oral care this was also clearly documented, and staff knew to offer this support again.

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

- Agincourt Care Home is an adapted house. A rolling redecoration program remained underway and the staff team continued to support people to make the best use of a building layout that presents some challenges due to the size of available communal areas.
- An additional member of staff had been appointed to help the team manage the challenges posed by the layout of the laundry and linen storage.
- There were continued plans to utilise the building to better meet the needs of people with dementia such as continuing to develop an area for activities. Some plans had been put on hold during the pandemic.
- People and relatives commented on improvements in the house. One relative told us: "The overall appearance of Agincourt is muchly improved..."

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

- Care plans were informed by pre-admission assessments to give staff guidance about how to meet people's needs. Care plans were developed and further personalised as staff got to know people better.
- Assessments and care plans were reviewed regularly. Staff had access to updated assessments on handheld devices linked to the electronic recording system.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and that they had access to the training they needed to undertake their roles effectively. Staff who had joined the team in the last year described a welcoming supportive team who helped them put their induction training into practice.
- Training was available to all staff via the provider. Refresher training that was considered mandatory by the provider had been completed or was scheduled.
- Staff were encouraged to develop their knowledge, further their skills and take on areas of responsibility.

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.

- Mental capacity assessments were completed appropriately. Where consent was required to support a person with care, a mental capacity assessment and best interest decisions had been made.
- The management team understood their responsibilities in relation to DoLS. Appropriate DoLS applications had been put in place for people having their liberties restricted.
- Where people had conditions applied to their DoLS these had been, or were being, met.
- A concern was raised by an ambulance crew during our inspection in relation to appropriate involvement of a person's legal representative. The registered manager described the measures they had put in place after this situation arose to ensure people's legal representatives were involved effectively.

# 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 changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity. Ensuring people are well treated and supported

At our last inspection people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made and the provider was no longer in breach of regulation 10.

- People were supported by staff who were kind, considerate and cheerful. People spoke highly of the staff; making comments such as "They are all very good and kind and helpful. What more could be said!" Relatives also fed back about the 'caring' nature of staff. One relative described the rapport they had witnessed between their parent and the staff team referring to "what feels to me like her extended family has been comforting and good to watch".
- People were supported to maintain their appearance and were offered discreet assistance when they needed support to get to the toilet.
- People's relatives and friends told us they were able to visit when they chose and were made welcome by the staff and senior team.
- People were supported to retain independence with skills that they valued. Staff explained how they supported people to do the parts of tasks that they could undertake themselves and helped them with the parts of tasks that they struggled with.
- People were able to move freely around their home. They had access to the secure, well maintained garden.

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

- People were encouraged to make decisions about their day to day care. We observed people being offered the choice to take part in activities, to move to different seating to eat, the choice of food and drinks, and to move to different parts of the house.
- Staff knew people well. They were able to describe what made people happy and content and the individual likes and dislikes that informed the support they provided.

# 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 requires improvement. At this inspection this key question 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.

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

At our last inspection failures of oversight had resulted in risks to people and staff not being identified or acted upon and a deterioration in people's quality of care. Recording was not accurate or complete. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made and the provider was no longer in breach of regulation 17.

- People and relatives spoke highly of the approachability of the registered manager and the changes they had initiated and embedded. One person told us about how kind the manager was. A relative told us: "Communication is excellent." Another relative reflected on the improvement overall in the standard of care people received.
- The systems in place to monitor standards and address shortfalls were being operated effectively and led to improvements in the quality and safety of the care people received. For example, medicines administration errors had been identified and actions taken to reduce the chance of reoccurrence.
- The registered manager, and other senior staff, communicated regularly with the staff team to ensure they were up to date with any changes and received feedback about their practice. This communication was both formal and informal and staff told us the senior team was both approachable and accessible.
- There was ongoing work to continue to improve the way the electronic recording system was used to support good practice. The registered manager explained additional training had been sourced for a member of the staff team and they would be taking on the role of champion of the system. This staff member would provide additional support to staff and contribute to developing the use of the system.

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

- All staff described an ethos of homely and personalised care. This was reflected in the support and care they provided to people.
- Staff felt part of a supportive team. They described their colleagues and management as available and approachable. The registered manager spoke highly of the team throughout the inspection.

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

- We received positive feedback from a health care professional working with the home. They told us communication was effective.
- People and their relative's views were sought both formally and informally. Feedback from relatives was very positive about communication with the service and the care their loved one's received.
- Staff felt well supported and able to share their views. They all spoke positively about the support they received from their management and the wider staff team.
- The registered manager was working with the team to further develop the roles of both dementia and dignity champions. This development alongside provider level work on a Dementia Strategy sought to embed continual improvement in the experience of people living with dementia.