

Agincourt Care Home Limited

Agincourt Care Home

Inspection report

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18 November 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

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 with dementia and mental health care needs. At the time of the inspection there were 27 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

The registered manager was committed to person centred care and the staff team reflected this ethos of personalised care in a homely setting. During our visits we saw some kind and skilled interactions with people and heard about positive outcomes. However, there were a number of shortfalls which were impacting on the safety and quality of people's care.

People lived in a home where oversight had not identified that the quality of care people received was not adequate. People were not always receiving care as outlined in their care plan. People looked unkempt at the start of our inspection and did not always receive responsive care. Staff did not always know important information about people.

Records were not sufficient to ensure safe and high quality care and whilst this had been identified prior to our visits it had not been adequately addressed.

Risks associated with the environment and people's behaviour were not safely managed or monitored. The environment did not sufficiently enhance the experience of people with dementia. We have made a recommendation about this.

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.

People were cared for by staff who told us they were part of a strong team, They were committed to the home and had ensured there had been enough staff to cover a period of change in the team. There were adequate numbers of staff to meet people's needs and keep them safe.

There were organised activities and entertainment which provided people with social stimulation. People were supported to maintain contact with friends and family members.

Rating at last inspection

The last rating for this service was good (published December 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the responsiveness of care people were receiving. A decision was made for us to inspect and examine those risks. We planned a focussed inspection to answer the questions "Is the service responsive?" and "Is the service Well-led?" During our inspection we gathered evidence that indicated that a full inspection was appropriate to check the quality of care people were receiving. We have found evidence that the provider needs to make improvements. Please see the full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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.

Inspection team

The inspection was carried out by three 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 and safeguarding teams.

We used this information to plan our inspection.

During the inspection

During the inspection we spoke with nine people who lived at the home, four friends and relatives, nine members of staff, the registered manager and two representatives from the provider organisation. Throughout the visits we were able to observe staff interactions with people in the communal areas. 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 a selection of records which included;

Records related to the care and support of 16 people

Quality assurance documents

Medication Administration Records (MARs.)

Health and safety records

After the inspection

We received further information from the provider to clarify evidence found and provide additional information about actions that would be taken. We looked at training data. We received feedback from health professionals who visit the service. We received the last feedback on 18 November 2019.

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 good. At this inspection this key question had deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks were not adequately assessed. One person moved small pieces of furniture on each day that we visited. They also went into other people's bedrooms without staff supervision. The registered manager acknowledged that this was usual behaviour for this person. There was no reference to the risks associated with this in their care plan. Large pieces of furniture in their bedroom and rooms they went into was not secured to the wall. The person was at risk because the risk had not been adequately assessed and actions had not been taken to mitigate this risk. Two people were in bed with bed rails in place without bumpers on the first day of our inspection. The risk associated with removing bed bumpers had not been adequately assessed. These people were at risk of getting their limbs trapped in the bed rails.
- Where plans were in place to reduce risks, records were not always sufficient to monitor the effectiveness of these plans or ensure safe care. Records were not sufficient to monitor and respond to risk related to skin integrity. Four people needed support to move so that their skin stayed safe. These records were not completed accurately. We spoke with the registered manager about this. They acknowledged record keeping was not sufficient and identified that this would improve when an electronic system was provided in the home. Feedback from the district nurse team highlighted that people had pressure areas that had required treatment. One of the people they referred to did not have records indicating they were always supported to move in accordance with their care plan. Another person had a summary care plan referring to emergency medicine to be given if they had a seizure. This was the care plan held within the care delivery records that staff accessed daily. They no longer used this medicine. The information available to staff did not describe the current response to dealing with an emergency situation. This put the person at risk of delayed treatment.
- Emerging risks were not always identified effectively. Records related to times when people were upset and agitated were not sufficient to monitor safety and plan appropriate support effectively. One person had been agitated and acted in an aggressive manner towards a staff member. This had been recorded in daily records but not referred to in a related accident report. The person's care plan did not reflect that they had become aggressive when distressed. The registered manager and two members of staff were not aware of this potential. One person hit another person during our inspection. This was not referred to in either person's daily care records and no incident form was completed when care delivery records covering this time period were complete by staff over an hour after the incident occurred. The provider informed us following our inspection that this paperwork had been completed after inspectors left the service. Another person's care delivery records did not reflect incidents that were recorded elsewhere. This included aggression towards staff. We discussed the recording of incidents with a senior member of the staff team. They commented that staff would be constantly completing paperwork if they completed incident forms every time a staff member was hit. They told us this was part of the job. This meant the risks to staff and people were not being assessed or managed safely.

- The folder that would be handed to emergency services personnel to assist with an evacuation was not up to date. Emergency plans had been completed to ensure people were supported in the event of a fire, however when people were no longer living in the home their records had not been removed and one person had moved room at the end of September and this had not been updated. This put people and emergency services personnel at risk.

- Risks associated with the environment were not identified and acted on appropriately. A toilet cistern was broken and presented a hazard. Following our inspection, we were made aware the handyman had identified this risk but had not reported it or had the opportunity to make it safe. Fire doors on people's bedrooms did not all close and a strip to stop smoke had been painted over. The registered manager and provider acknowledged these risks and detailed how they would be addressed.

People were not protected from emerging and ongoing risks due to failures to identify and monitor relevant information. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager were responsive during the inspection. The emergency folder was updated immediately, and the provider identified training that would be provided for staff to support their understanding of record keeping.

- Risk assessments undertaken included health and safety, nutrition and hydration and skin integrity. Where people were identified at high risk of skin breakdown pressure relieving mattresses were being used.

Preventing and controlling infection

- People lived in a home which was not always clean. On the first day of our inspection there was a strong malodour in some parts of the home. Carpets were cleaned, and the smell diminished by our second day. We were told the carpet was scheduled to be replaced and would be done in the next few days. We received evidence of this work following our inspection.

- A fabric head board and a fabric divan bed were stained and armchairs in one of the communal areas were stained. We discussed this with the registered manager and a provider representative and were told these would be replaced as soon as possible. Following the inspection we received evidence that some of this work had been completed.

- Two areas of the home could not be cleaned due to disrepair. This included open plaster in a bedroom and a communal corridor. Following our inspection, the provider sent us photos of repairs to both areas.

- There were gloves, aprons and gel dispensers around the home for staff to use. We observed staff using the correct protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.

Systems and processes to safeguard people from the risk of abuse

- Some people told us they felt safe. One person told us: "I feel very safe here." People who no longer used words appeared relaxed when staff approached them and some people sought out staff.

- Staff said they had received training in relation to safeguarding adults. They understood their responsibility to report concerns to the registered manager and deputy manager and were confident action would be taken if they raised a concern. Most staff also knew about external agencies they could also report to.

- The failure to accurately and consistently record information related to altercations between people highlighted a risk that staff might not see such occasions as safeguarding incidents.

- At the time of the inspection there were safeguarding investigations in progress related to allegations of staff using disrespectful language.

Staffing and recruitment

- Staff and the registered manager explained there had been a period of staff turnover. The staff team had worked hard to ensure that shifts were covered and that safe staffing levels were maintained. One member of staff reflected on this saying: "It has been difficult but we have managed, we all get on really well."
- New staff had been appointed following safe recruitment systems.

Using medicines safely

- Medicines were safely managed.
- Staff administering medicines had received the necessary training to support their responsibilities in dispensing medicines. They wore a red tabard advising staff not to disturb them to reduce the risk of errors.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- The pharmacist providing medicines to the home had undertaken a review. The senior team liaised with the pharmacist to ensure the safety of medicines administration.
- Medicines were audited regularly with action taken to follow up any areas for improvement. The registered manager advised us that they would heighten the auditing of medicines that needs additional security.

Learning lessons when things go wrong

- When staff had recorded accidents and incidents these were reviewed by senior staff. The registered manager and senior staff reviewed these records to ensure lessons could be learned. There had been an increase in the number of falls in the home. The registered manager had identified this trend and was planning to introduce a monitoring system that improved their understanding of the situation. They had already identified a possibility that lighting may be a factor and had introduced additional lighting. We received information from the provider following our inspection detailing further actions that have been taken including monitoring equipment and environmental changes.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Risks associated with eating and drinking were not sufficiently managed. One person had a fluid chart due to risk of dehydration. For four days prior to our visit their fluid for the day totalled 300mls or less. No action had been taken to analyse this or take remedial action. Another three people did not have their fluid balance totalled. This meant that staff could not identify if they were at an increased risk of dehydration or if changes were required in their care.
- One person had been identified as at high risk of malnutrition and dehydration. Their care plan identified that food and fluid records should be in place from the start of October 2019. These records could not be located and a senior staff member told us they started on these records at a later date. This person was identified as being at high risk but was not weighed for 20 days.

Risks associated with safe nutrition and hydration were not effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 mixed feedback from health professionals about the way the staff followed guidance.
- Two health professionals told us that referrals were made appropriately. Health professionals also gave two recent examples when the staff team had not identified and raised skin damage.
- Oral health care was championed by a member of the staff team who was committed to this care. Some people had oral care assessments in place and care plans that related to them. This work was ongoing. Whilst care plans were in place we noted that tooth brushes were not available in some people's rooms and in others they had caked dry toothpaste on them that made it evident that they had not been used recently. We showed the registered manager and a provider representative this and they acknowledged that oral care was not being delivered effectively.

People were not receiving care to meet their assessed needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People said they liked the food and could make choices about what they had to eat. Comments included, "I enjoyed my lunch."

- People's dietary needs and preferences were clearly documented in the kitchen and the staff working in the kitchen understood people's needs.
- The registered manager told us that they liked to be spontaneous and homely with food and sometimes people chose to have a takeaway.

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

- Care plans were devised from pre-admission assessments to give staff guidance about how to meet people's needs. These were adapted as staff got to know people better.
- Assessments and care plans were usually reviewed monthly by staff. This did not always happen, and we found examples of specific care plans that had not been reviewed. One person who was assessed as being at high risk of falls had last had their falls risk assessments and associated care plan reviewed at the end of July 2019. There was a risk that people's needs were not reflected in their care plans. Staff told us that they did not generally refer to the care plans as a means of getting their information about people. One member of staff said they "don't usually get time" another member of staff commented they "don't really" refer to them. They told us they mostly got this information from other staff. This increased the risk that people would not receive care in line with their assessed needs because staff did not all demonstrate the knowledge held in care plans.

Staff support: induction, training, skills and experience

- Staff had not refreshed specialist training that reflected the needs of people living in the home. Six staff had not undertaken refresher training about dementia since 2015. Eight staff had not refreshed dignity and respect training since 2015. Four staff had not updated their behaviours that challenge training since 2015. The inspection highlighted concerns with respect to staff practice in these areas. Following the inspection we received information from the provider highlighting that where issues are identified they will be required to undergo additional training,
- Staff said they worked alongside experienced staff to get to know people as part of their induction. A member of staff told us how helpful this had been and told us: "I can always ask... staff are always willing to help."
- Training was available to all staff via the provider organisation. Refresher training that was considered mandatory by the provider had been completed by all staff.
- Staff told us they received regular supervision where they had the opportunity to discuss any issues of concern.

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

- Agincourt Care Home is an adapted building. Whilst a rolling redecoration program was underway the environment was not sufficiently maintained to ensure safety and promote dignity.
- People's rooms were personalised to varying degrees. There was a programme of redecoration which changed people's bedroom door to a coloured door that looked like a front door. Where these had been done most people had chosen a picture to go on their door.
- Signage was being added to the home to support people to find their way around.
- Many of the people living in the home lived with dementia. The environment did not support their independence with particular reference to meaningful occupation and stimulation.

We recommend you review your environment against current dementia research and good practice.

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 personal care or continence 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.
- One person had conditions attached to their DoLS just prior to our visit. The conditions required staff to record information about the person's care and the activities they engaged in. Records related to activities were sparse and did not include detail of how the person had spent their time. These records began to improve after the first week of recording.
- Where people did not have the capacity to make decisions, and best interest decisions had been made, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- There was mixed evidence regarding people's experience of support with dignity and independence. People's appearances and possessions were not always respected. Most friends and relatives we spoke with referenced either clothing or their loved one's appearance not being valued. People appeared unkempt during our inspection. We were told by the registered manager that many people resisted personal care, however, we saw that staff took time with people to clean their nails whilst we were visiting and this was not resisted. People's appearance improved by the conclusion of our visits.
- Feedback from health professionals included examples of people being spoken to or referred to by staff with a lack of respect.
- A toilet door did not lock, and staff told us this was because people had locked themselves in. A lock that could be opened from the outside had not been fitted. This meant people were not able to remain private whilst using the toilet. Actions were taken to address this during our 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.

- People were supported to retain independence with skills that they valued. One person worked in the kitchen on a daily basis and viewed this as their paid employment. The registered manager supported this and ensured they had appropriate protective clothing and that they received a wage.
- People who were independently mobile moved freely around the home.

Ensuring people are well treated and supported;

- Staff interacted with people with varying degrees of kindness, compassion and skill. People who were harder to reach due to their dementia did not always experience positive interactions. During observations staff engaged with those people who were readily able to communicate. The people who no longer used words effectively had very little interaction.
- People's relatives and friends were able to visit when they chose. Most people who visited told us they felt welcome.

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

- People were encouraged to make some decisions about their day to day care. At lunchtime people were offered the choice of whether they wanted to wear clothing protectors. In the upstairs communal area there was not enough room for everyone to sit at the dining room table for lunch and as a result this choice was not available to some people.

- Staff knew people's individual likes and dislikes and described people with warmth.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- The registered manager was committed to providing person centred care. Evidence gathered indicated that this was not always the experience of people living in the home.
- Staff understood the importance of getting to know people, so they could provide care and support in their preferred way. They also told us they did not always have time to read information in care plans and there were examples of how this impacted on people's care. We had identified a person who was distressed and not received timely input from staff. Their care plan guidance detailed discussion topics that could be used as a distraction when they were distressed. The guidance detailed that discussing the person's life experiences with them helped them when they were distressed. Information about their life history was available in their file. We spoke with an established member of staff who had been working with this person. They told us they didn't know anything about the person's life history. The person was not receiving responsive person centred care because staff were not following their care plan.
- Personal care needs were described in people's care plans. There were examples of people not receiving their care as described in their care plans. One person's care plan referred to regular nail care. This had not been carried out and there was no record of the person refusing this care. Another person's care plan referred to how they wished to be supported with their facial hair. They were not receiving this care. These people were not receiving responsive person centred care.

People did not receive care that reflected their needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they communicated well. They received a handover before each shift to ensure they were aware of any changes and spoke with each other throughout the day. Record keeping did not support the effective hand over of information.

Meeting people's communication needs

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

- People's communication needs had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded.

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

- People had access to a range of activities including musical workshops and entertainers and art based activities. An activity coordinator visited the home twice a week. They told us they spent their time predominantly with people who spent time in their rooms or whose dementia made them harder to reach.
- People had enjoyed trips out within the immediate local area and further afield.
- Recording about activities made it hard to review how people had spent their time and whether they had enjoyed it. Daily records did not usually refer to what people had been doing and this was recorded on a separate activities sheet. These often referred to people being 'settled', 'unsettled' rather than a description of what they were doing to pass or provide meaning to their time. Other entries reflected 'wandering' without reflecting what purpose this was serving the person and whether it was bringing enjoyment. This meant it was not possible to review people's experience of activity.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was available to people and visitors.
- People and relatives knew how to make complaints should they need to. Records indicated that complaints were acknowledged in line with the policy. One complaint detailed a clear response in respect of actions that would be taken to ensure personal care was provided to a person. The actions described in the letter dated August 2019 were not in place when we inspected. The complaint had not led to an improvement in the quality of the care the person received because the actions had not been checked.

End of life care and support

- People had been given the option to make end of life care plans.
- We heard examples of staff ensuring that people's wishes about what they wanted to happen after death were respected.
- Staff had received compliments regarding the care a person had received at the end of their life. Comments included: "You all do a fantastic job. Thank you for looking after (name) in the final months of (their) life." And "Thank you for all you've done."

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 Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management of the home had changed in the weeks prior to our inspection. The registered manager whilst still based in the home had taken on oversight responsibilities in other homes. The deputy manager was fulfilling day to day management functions in their absence.
- There were systems in place to monitor standards and address shortfalls, but these had not been effective. A daily walk around by the senior staff team and formal audits had not identified and addressed the environmental, risk management and care issues identified during the inspection. The health and safety audits of August and September 2019 had not identified that fire doors were not closing or that the evacuation information in the emergency folder was not accurate. The evacuation information was over a month out of date. Nutrition and hydration audits completed in August and September 2019 stated that fluid charts were calculated daily. The registered manager and deputy told us that ensuring this information was accurate was an ongoing issue.
- Where issues were identified action was not sufficient to achieve improvement. Dignity in care assessment tools carried out in both August and September 2019 referred to staff being reminded at a recent meeting about 'nails, hair, hand washing etc.' This meeting reminder had not resulted in people reliably receiving this care.
- Further issues had been identified by senior staff and raised with the staff team. There had not been adequate oversight to ensure these issues were acted upon. In May 2019 staff had been reminded to total fluid charts and been asked to not record 'wandering' as an activity. In September 2019 staff had been asked to consider whether people's bedrooms would pass a 'granny test'. At this inspection we found a radiator cover propped against a wall in one room, stained furniture in two rooms and a broken cistern in another.

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.

- Quality improvement work was in progress with the provider organisation. The provider's approach to

dementia was being reviewed and guidance for staff developed. Environmental improvements were being prioritised and an electronic recording system was scheduled to be introduced in all the care homes.

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

- The registered manager described a culture that put people at the centre. They told us they were committed to an ethos of ensuring a personalised care within a homely environment. Whilst staff also reflected on this ethos it did not match the evidence gathered about people's quality of care.
- Staff felt part of a strong team and told us the management team was approachable and supportive. One member of staff said: "I can say what is bothering me."

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

- We received mixed evidence from health professionals about the way staff worked in partnership. The registered manager spoke highly of the home's relationship with most health professionals. They also acknowledged difficulties in partnership working with one service that was supporting the home. Following the inspection we received feedback from the provider detailing that the home was working hard and putting in steps to rectify this.
- People's views were sought on an informal and formal basis. The registered manager described trips out that had been planned to reflect people's feedback. Regular efforts to organise a relatives meeting had not been successful. Meetings had been scheduled every four to six months at varying times of day but attendance had been low. A further meeting was scheduled.
- Staff felt well supported and able to share their views. They told us the management team were approachable.
- The home had sent a newsletter out at the start of 2019 to tell families and friends what had been happening and to encourage feedback.
- The senior team were responsive to issues identified during our inspection and set out an action plan to address environmental concerns and recording issues immediately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not receiving care to meet their assessed needs. Regulation 9 (1) (a) (b) (c) (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect. Regulation 10 (1) (2) (a) (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from emerging and ongoing risks due to failures to identify and monitor relevant information. Regulation 12 (1) (2) (a) (b) (d) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 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. Regulation 17 (1) (2) (a) (b) (c) (f) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.