

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

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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?

Good 

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 29 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 improvements had been made in the quality and safety of care people received during what had been a difficult year due to the Covid-19 pandemic. People received care and support from staff who clearly cared about the people they cared for, however, we identified that some improvement was still needed to ensure people were always treated with dignity and respect.

We were somewhat assured by infection prevention and control (IPC) measures in the home. Improvements were made during our visits and the Clinical Commissioning Group (CCG) provided refresher training and input to the home.

Oversight had improved, however, concerns related to IPC and the way people's dignity was upheld had not been adequately addressed. Guidance had been given to staff but checks to ensure that learning was embedded in practice were not always sufficient to achieve the best outcomes for people.

Records had improved relating to most aspects of people's care and support. These records enabled oversight and ensured care plans could be updated effectively.

People were supported by staff who understood the risks they faced. Risks were safely managed and monitored, and staff had access to people's most recent risk assessments and care plans.

Some planned environmental changes had been delayed due to the Covid-19 pandemic, an activity area was planned in a downstairs communal area. The garden had been developed and provided an attractive and secure outside communal space.

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 were committed to their colleagues. Staff told us they had worked together through what had been a challenging year.

There were adequate numbers of staff to meet people's needs and keep them safe. Following feedback related to people's experience of support to eat, the registered manager made changes to the deployment

of staff at lunchtimes.

There were organised activities and entertainment which provided people with social stimulation, however, some people spent sustained periods of time without purposeful activity. Recording around social support was not always sufficient to review if people were spending time unoccupied when they may have preferred to be doing something they found meaningful. The registered manager reminded staff to record the social support and interaction they had with people.

People were supported to maintain contact with friends and family members. This had been monitored during the pandemic to reflect both national safety guidance and the communication styles of people living in the home.

Relatives, professionals and staff spoke highly of their communication with the registered manager. Staff felt supported by the senior team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published January 2020) and there were multiple 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 not been sustained and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published January 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in November 2019 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 safe care and treatment, person centred care, dignity and respect and good governance.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to governance and how people's dignity was upheld at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 responsive.

Details are in our responsive findings below.

Good ●

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.

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.

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 and health

care professionals before we visited. We used this information to plan our inspection.

During the inspection

During the inspection we spoke with two people who lived at the home, six 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 received feedback from four relatives with loved ones living in the home about their experience of the care provided. We also received information related to service development plans from a provider representative.

We looked at a selection of records which included;

Records related to the care and support of eight people

Quality assurance documents

Staff files and training records

Compliments

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 taken. We received the last feedback from the service on 24 May 2021. We received feedback from the Clinical Commissioning Group related to infection control on 27 May 2021.

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 had remained the same. 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

At our last inspection 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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The risks people faced were assessed and staff understood the care and support they needed to reduce these risks.
- Where plans were in place to reduce risks, such as help to reposition, records were kept that meant it was possible to review the support people had received to ensure it was effective. An electronic recording system had been implemented and the system supported staff by prompting tasks that people required support with and reminding staff to record their actions.
- Emergency plans had been completed to ensure people were supported in the event of an evacuation and staff were kept up to date with the evacuation procedure through training and fire drills.
- Risks associated with the environment were managed and a program of home improvements was ongoing.
- Risk assessments undertaken covered falls, 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

● We were somewhat assured that the provider was using PPE effectively and safely. Staff were observed not changing gloves and aprons whilst moving between people or using hand hygiene measures after touching people without gloves on. Hand hygiene was compromised by the wearing of watches by some staff and one member of staff had long painted fingernails. We spoke with the registered manager about this and they ensured all staff had refreshed guidance. On our second visit we observed better practice, however, this was not sustained indicating it was not second nature to the staff. Staff did not maintain a safe distance when they removed their masks on smoking breaks. We spoke with the registered manager and deputy about this. The registered manager affirmed that they would remind staff of the need to maintain these measures. We signposted the registered manager to additional support from the NHS clinical commissioning group (CCG) to enable staff to talk through the different situations they found themselves in and how to use PPE and hand hygiene measures confidently.

The CCG training was carried out on 27 May 2021. We received feedback following this visit that the registered manager and deputy were taking the IPC concerns seriously and improvements had been made with most care staff practicing bare below the elbow and wearing their PPE appropriately. The registered

manager and deputy manager were not able to attend the training provided by the CCG due to another commitment.

- We were somewhat assured that the provider was meeting shielding and social distancing rules, the layout of the home and the needs of the people living within the home meant that maintaining distancing was not possible.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Ventilation improved over the course of our visits. A member of staff used one hairbrush to brush three people's hair in the communal area. This action did not support good hygiene practice and increased the risks of cross infection. Cleaning records indicated that the home was cleaned regularly and improvements to the environment meant cleaning of furniture and the premises was possible. We observed that laundry practices did not reflect guidance and soiled laundry was taken through a communal area without the use of an appropriate laundry bag by a staff member who was not wearing PPE. The laundry room was small and was untidy on both our visits with a full bin without a lid that contained soiled laundry bags, and soiled and clean laundry stored close together. Staff did not have a single designated changing area and their outdoor clothing was stored in close proximity to clean linen. This increased the risk of cross infection. The registered manager secured agreement to get quotes to alter the physical environment to assist staff to follow safe practice with laundry. We signposted the registered manager to additional support from the NHS clinical commissioning group (CCG) to seek advice on these areas and how to ensure effective cleaning. The CCG reviewed these areas with the registered manager when they visited on 27 May 2021 and offered advice.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- The home had experienced an outbreak of Covid-19 in January 2021, all those infected remained asymptomatic and recovered. An analysis had been carried out by the registered manager to ensure any lessons could be identified. No concerns requiring action were identified.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was admitting people safely to the service.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe. They were confident in the rapport they saw between their loved ones and the staff and how relaxed their loved ones appeared.
- One person told us: "I feel safe here. They look after everyone well." People who no longer used words to communicate were relaxed when staff approached them and sought out staff throughout our visits.
- 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. We spoke with three staff who were not confident about which external agencies they could report concerns to. There was a poster outlining the local authority safeguarding team's contact details in the entrance of the home. The registered manager assured us that these contacts would be highlighted to staff.
- The safeguarding team were reviewing allegations made about someone's care when we visited. The management were responsive in ensuring the safeguarding team had the information they needed to progress their enquiry.

Staffing and recruitment

- The staff team had worked hard to ensure adequate safe staffing levels during what had been a challenging year due to the pandemic.

- 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

- 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. We noted one discarded tablet that appeared to have been spat out by a person. We highlighted this to the registered manager and senior staff.
- Medicines were audited regularly with action taken to follow up any areas for improvement.

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. Monitoring was in place to identify potential trends in order that solutions could be sought.

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 remained the same. 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

At our last inspection the risks associated with safe nutrition and hydration were not effectively managed. There was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with eating and drinking were managed effectively. Care plans were detailed about people's dietary needs and people received the support they described.
- Staff understood the risks people faced and maintained records that were used effectively to ensure people were supported to eat and drink enough.
- People told us that the food was good. One person said, "The food is great."
- People had mixed experience of being offered choice regarding their food and drink. For example, people did not receive a choice of drink with their lunch. The registered manager had implemented a pictorial menu that was used for some people. We were told that if people could not make decisions about their meal that staff would make these in their best interests.
- People had mixed experiences of mealtimes due to staff deployment, staff had to leave a person who they were supporting to eat on two occasions to help other people. The registered manager addressed this after we provided feedback to ensure there was another member of staff available in this area. This remains an area for improvement and we will review the actions taken by the registered manager at our next inspection.

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

At our last inspection 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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People were supported to maintain good health and were referred to appropriate health professionals as required. Health professionals were positive about their communication with the home and the systems in place to ensure guidance was followed.
- The provider had guidance in place highlighting the importance of oral health for people's overall health.

People all had oral health care plans in place. Whilst care plans were in place, we noted that toothbrushes were not available in some people's rooms and care delivery records often indicated that this support had been declined although it was not clear how it could have been provided. We showed the registered manager the absence of toothbrushes. When we visited for a second time there were toothbrushes available in all bedrooms and staff had been reminded about the importance of oral healthcare.

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 provided challenges to ensuring care that was safe and high quality. The garden had been developed since our last visit and provided a pleasant and secure outside space for people.
- The laundry and storage areas for both linen and staff clothing and belongings were not sufficient to ensure safe infection prevention and control practice. The registered manager assured us that the provider would seek quotes to address these issues.
- The communal space upstairs was restricted, and this meant that people could not all choose to eat their meal at a dining room table. The restricted communal area upstairs also augmented the impact of a person who was loud and repetitive on the other people using the area. Whilst staff were attentive to this person a quieter communal area was not available. We spoke to the deputy and registered manager about this. They told us that this person usually preferred to spend time in their own room so this was not people's usual experience of the communal space.
- Some bedrooms remained sparse and some people who spent the majority of their time in their rooms did not have belongings that reflected their interests or life, or that they had chosen, in their line of sight. For example, one person who spent all their time in bed was facing a bare wall and their TV was out of sight.
- There were ongoing plans to utilise the building to better meet the needs of people with dementia. This included the use of part of the downstairs communal area as an activities area. This would provide a space for group activities and for people to undertake hobbies individually.
- People's bedroom doors were painted in bright colours to look like a front door. This change had been made to support people living with dementia to find their bedrooms independently.

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

- Care plans were developed from pre-admission assessments to give staff guidance about how to meet people's needs. Due to the impact of the Covid-19 pandemic these assessments had been carried out remotely. Care plans were adapted and personalised as staff got to know people better.
- Assessments and care plans were reviewed regularly, and staff had access to the updated assessments on the 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.
- Specialist training related to people's dementia needs had been accessed by some staff and the registered manager assured us that more staff would be undertaking this training through the provider's training company.
- Training was available to all staff via the provider. Refresher training that was considered mandatory by the provider had been completed.
- Staff told us they were able to ask questions at any time from colleagues or the senior team.

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.
- No one living in the home with a DoLS had conditions in place.
- Where people did not have the capacity to make decisions, and best interest decisions had been made, they were usually 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 requires improvement. At this inspection this key question remained the same. 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. 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. Whilst there were substantial improvements, not enough improvement had been made at this inspection and the provider was still in breach of regulation 10.

- At our last inspection people who were harder to reach due to their dementia or mental health did not always experience kindness and regular interaction from staff. This was not the case during these visits and staff were kind and cheerful with all the people they supported. Relatives fed back about the 'caring' nature of staff and reflected on the 'rapport' they saw between their loved ones and the staff team. However, there was mixed evidence regarding the dignity with which people were treated.
- The support people received to maintain their appearance had improved since our last inspection. People were wearing clean clothes and their nails were clean. However, situations observed and referenced elsewhere in the report indicated that staff did not always consider people's dignity sufficiently. We also witnessed one situation where a person did not receive support to access the bathroom in a timely manner. Staff referred to 'doing' the person when discussing amongst themselves, in the communal area, which of them would provide the person with the care they needed.
- A toilet door which did not lock at our last inspection continued to be accessible from the outside when locked from the inside; meaning people could not remain private whilst using the toilet. The registered manager explained work had been done to resolve this, but it had not been successful. Further work was started to rectify the situation following our visit and we were assured by the registered manager that this work was completed.
- People's relatives and friends were able to visit when they chose. People who visited told us they felt welcome.
- People were supported to retain independence with skills that they valued. One person worked in the kitchen regularly and another person carried out cleaning tasks that were meaningful to them. Care plans outlined the skills people had and staff explained how they supported people to do the parts of tasks that they could undertake themselves.
- People were able to move freely around the home and had access to the secure back garden.

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. We observed some people being offered the choice to take part in activities. Some opportunities to make choices were not afforded to

people. For example, there was no choice of cold drinks at lunch time and some people were not offered a choice of food. It is important for people to be enabled to make as many decisions as possible both to retain the skills involved and promote dignity.

- Staff knew people's individual likes and dislikes and were able to discuss how they supported people to make choices such as what clothes they would wear.

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 requires improvement. At this inspection this key question has improved to 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

At our last inspection, 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. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff understood the importance of getting to know people's likes and preferences and understood how to use this information to support people.
- People's care needs were described in their care plans and these plans were reviewed regularly. A relative commented on how they had been consulted to ensure the care plan reflected their loved one's preferences.
- Staff had access to people's care plans and recent care delivery records through handheld devices. This enabled them to check the most recent care plan if necessary.
- Staff told us they communicated effectively as a team. They told us any changes or important information was shared at handovers and that there was regular communication throughout the day.

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 were recorded. Where people needed aids to support their communication this was clearly described. Where people communicated in atypical ways due to the impact of their dementia this was recorded alongside techniques that staff should use to support communication.

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 been supported to maintain relationships during the Covid-19 pandemic. Most people had not found the technological means of staying in touch such as video calls had made sense to them. Staff had helped people send cards, make phone calls and shared updates with families through social media. The registered manager had also ensured relatives were kept up to date with a newsletter. Families told us they

valued this communication. One relative had complimented the home stating they were, " well notified of what is going on".

- Visits were being supported in line with government guidance. The registered manager told us they were reviewing if any relatives would meet the criteria for essential care giver meaning they could support their loved one more frequently.
- An activities coordinator had been appointed and they were working enthusiastically to increase the range of activities available to people. They were hopeful that this would soon include people visiting places that they enjoyed in the local community as restrictions lifted. Alongside group activities they spent their time with people who were isolated in their rooms.
- Recording around people's social experiences and time spent engaged in hobbies or activities they valued had improved but was largely limited to the records made by the activity coordinator. This made it impossible to determine if people who were isolated in their rooms had experienced social interaction when the activities coordinator was not working. We discussed this with the registered manager who identified that this was a part of recording that still required focus and reminded all staff of the need to record this information.
- Some people spent time sat passively in communal areas without efforts to engage them. The registered manager told us that rummage boxes were available to encourage people to engage with their environment.

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. There had not been any complaints in the six months prior to our inspection. Relatives told us they felt able to speak with the registered manager and other staff.

End of life care and support

- People had been given the option to make end of life care plans. Work was ongoing to improve on the involvement of people and their loved ones in planning how people wished to be cared for at the end of their lives.
- Staff had received compliments regarding the care people had received at the end of their life. Comments included thanks for all the: "love, care and support".

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 remained the same. 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

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. Improvements had been made in oversight, but not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The management of the home had changed since our last inspection. Staff, professionals and relatives spoke highly of the approachability of the registered manager and the changes they had initiated. People recognised the registered manager and were comfortable in their presence. Some people made regular visits to the office and sought out the registered manager and deputy manager's company and input.
- Improvements in the quality and safety of the care people received were evident, however, the systems in place to monitor standards and address shortfalls, had not ensured sufficient action to prevent the issues around infection control and respect for people's dignity identified during our visits.
- Guidance to staff was evident in minutes and messages, however, checks that the guidance was implemented were not evident. There had not been adequate oversight to ensure staff had embedded knowledge provided through IPC training into their practice; checks had not been made on hand hygiene and spot checks and general observations had not assisted staff to embed good practice. The decision for neither manager to attend the CCG training meant they could not be part of cascading this input to staff who were not present. Regular management time on the floor with staff had also not identified the lack of availability of toothbrushes for oral care, the use of language and practice that did not support dignity or the challenges faced by people and staff upstairs during mealtimes.
- Quality improvement work within the provider organisation had been impacted by the Covid-19 pandemic, however, work was ongoing to develop staff skills and knowledge related to the impact of dementia on people's lives. The rollout of the electronic recording system had brought benefits to the home, staff had more time with people and had easy access to current care information. The registered manager was passionate about utilising the system to improve the quality of care provision further.

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

- Everyone working in the home described an ethos of homely and personalised care.
- Staff felt part of a solid team and they described the management team as both approachable and supportive. The staff team were proud of their hard work and commitment during the pandemic and this pride was echoed by the registered manager who spoke highly of their dedication to the people they cared for and each other. The registered manager showed their support and pride in the team through regular messages praising their efforts.

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 professionals working with the home. There was particular emphasis on improved communication identified by health professionals working regularly with the home.
- People and relative's views were sought on an informal and formal basis. Feedback from relatives was very positive about the communication they had experienced during the pandemic.
- Staff felt well supported and able to share their views. They all spoke positively about the support they received from both the registered manager and deputy manager.
- The registered manager was responsive to issues identified during our inspection providing an update of actions taken.

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 10 HSCA RA Regulations 2014 Dignity and respect People were not always treated with dignity and respect. Regulation 10 (1) (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 17 HSCA RA Regulations 2014 Good governance Failures of oversight had resulted in practice issues not being addressed. Regulation 17 (1) (2) (a) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.