

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

Atlantis Care Home

Polperro Road, Polperro, Cornwall, PL13 2JP

Tel: 01503272243

Date of Inspections: 10 September 2014
05 September 2014

Date of Publication:
September 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Records

✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs S P Brailey
Registered Manager	Mrs Deborah Jane Peck
Overview of the service	Atlantis Care Home provides care to older people and specialises in dementia care. The home can accommodate up to twenty people. Atlantis Care Home is also registered to provide personal care, in the form of a domiciliary care service, to people in their own homes.
Type of services	Care home service without nursing Domiciliary care service Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

Contents

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

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Records	6
About CQC Inspections	9
How we define our judgements	10
Glossary of terms we use in this report	12
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Atlantis Care Home had taken action to meet the following essential standards:

- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service and carried out a visit on 5 September 2014 and 10 September 2014.

What people told us and what we found

We carried out this inspection to check if the compliance action set at our inspection of 7 April 2014 had been met. At our inspection in April 2014 we found that care plans did not always accurately reflect people's care needs. Risk assessments did not provide sufficient guidance for staff about how to minimise identified risks. These shortfalls related to records for people living in the care home and records for people in receipt of a domiciliary care package. During this inspection we did not receive any information from people who used the service.

At this inspection because we only looked at care records we were unable to answer all of our five questions. Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. If you wish to see the evidence supporting our summary please read the full report.

From a records perspective we were able to make a judgement that Atlantis Care Home was safe.

We looked at six people's care plans to check for improvements, four records for people living in the care home and two records for people in receipt of a domiciliary care package. We found that each care plan had been reviewed and updated into a new format and there was a plan in place to keep all care records under regular review. Care plans gave clear instructions for staff to follow to ensure people's needs and wishes were met.

We found that people were protected from the risk of unsafe or inappropriate care because care plans contained accurate information about how care should be provided by staff to meet people's needs.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At our inspection of 7 April 2014 we found that care plans did not always accurately reflect people's care needs. Risk assessments did not provide sufficient guidance for staff about how to minimise identified risks. This meant people were not protected from the risk of unsafe or inappropriate care because appropriate records were not maintained. These shortfalls related to records for people living in the care home and records for people in receipt of a domiciliary care package. The provider wrote to us and told us they would review all care plans and risk assessments using a new format.

During this inspection we did not receive any information from people who used the service.

Care Home

We looked at four people's care plans to check for improvements, including two people whose care plans we had checked at our inspection in April 2014. We saw that each care plan had been reviewed and updated into a new format. We found that these care plans accurately reflected people's needs and gave staff clear instructions for staff to follow to meet people's needs and wishes. For example, at our last inspection one person's care plan did not detail how staff should support the individual on days when their health condition meant they were not very responsive. We found their care plan had been updated to detail how the individual would like staff to respond to them on these days. This information included how staff should approach the person, what to ask them and when to offer to return later to attend to their personal care needs.

We found at our last inspection that some risk assessments were not in place where risks had been identified in people's care plans. Where risk assessments had been completed some did not contain sufficient guidance for staff about how to minimise identified risks. On the first day of our inspection the registered manager was on leave and we were unable to

view some risk assessments because she was in the process of updating them. We returned two days later when the registered manager showed us the risk assessments we had asked to look at.

We found risk assessments had been completed for all risks that had been identified in the care plans we looked at. Where risks were identified in specific sections of people's care plans records showed that a risk assessment had been completed and directed staff to look at that particular risk assessment. We found all risk assessments we looked at gave clear guidance for staff to follow to minimise the risk to people. For example, for people who may sometimes display behaviour that could be challenging risk assessments detailed in what circumstances another member of staff would be needed to support the person. Records explained the role of each worker in minimising the risk of harm to the person and staff. This meant care was delivered to people in a way that was intended to ensure people's safety and welfare.

We saw that some people had been assessed as needing to have their food and fluid intake monitored. We looked at the food and fluid chart for one person and saw that this recorded what the person ate and drank each day. The chart detailed the daily recommended fluid intake for older people using recognised guidance. We noted that this person was not meeting the recommended level. However, it was clear from discussions with staff that the amount they were drinking had greatly improved their hydration and was probably as much as this person was able to drink. When we returned to the home on the second day of our inspection we saw that the chart had been updated to reflect the amount this person should drink each day as a minimum.

The registered manager told us there was a plan in place to review care plans on a monthly basis or as people's needs changed. We saw that care plans had been signed by people, or their representatives, to confirm their involvement in writing and reviewing them.

Domiciliary Care Agency

We looked at the care records for two people who used the service. We were advised that all care plans had been updated into a new format since our last inspection.

We found care plans described in step-by-step detail how staff should provide personal care and general support to people. This included details of people's personal care routines and how much they were able to do for themselves. For example, one person's care plan described what elements of washing and dressing they could carry out and what assistance they needed from staff. Care plans also gave instructions for staff when supporting people who may have difficulty communicating. For example, another care plan explained how staff should talk in short sentences and listen carefully to the person when they replied to ensure staff could understand their wishes.

We saw that risk assessments had been completed in the care records we looked at. Risk assessments identified any risks or hazards in people's homes, the risk of people falling, risks associated with moving and handling and any other risks in relation to each individual person. Risk assessments gave clear guidance for staff to follow to minimise any risks to the person and themselves. For example, how staff should assist to mobilise around their home using specific aids.

The registered manager told us there was a plan in place to keep care plans under regular review. We saw that care plans had been signed by people, or their representatives, to

confirm their involvement in writing and reviewing them.

We found that in both the care home and the domiciliary care agency, people were protected from the risk of unsafe or inappropriate care. This was because care plans contained accurate information about how care should be provided by staff to meet people's needs and wishes.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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