Mr & Mrs S P Brailey

Atlantis Care Home

Inspection report

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Date of inspection visit: 1, 2, & 3 December 2015
Date of publication: 26/01/2016

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 1, 2, and 3 December 2015 and was unannounced to the care home and announced to the domiciliary care part of the service.

Atlantis Care Home provides care and accommodation for up to 20 people who are living with dementia or who may have physical disabilities. On the day of the inspection 20 people were living at the care home. The home is on two floors, with access to floors via stairs or a stair lift. Bedrooms have wash hand basins. There are shared bathrooms, shower facilities and toilets. Other areas include two lounges, a dining room, and garden. The service also provides domiciliary care services to adults within East Cornwall. On the day of our inspection 21 people were using the service, with 14 people receiving personal care. The domiciliary care service provides palliative care, as well as supporting people with physical disabilities, sensory impairments and mental health needs, including people living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. People were protected from avoidable harm and abuse that may breach their human rights. The registered manager and staff understood how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) protected people to ensure their freedom was supported and respected. This meant decisions were being made for people with proper consultation.

The provider and staff understood their safeguarding responsibilities and staff had undertaken training. People were protected by safe recruitment procedures as the registered manager ensured new employees were subject to the necessary checks which determined they were suitable to work with vulnerable people.

People had risk assessment in place to help staff minimise risks associated with people's care. People had personal evacuation plans in place, which meant people could be effectively supported in an emergency. The environment was assessed and monitored to ensure it was safe at all times.

People's medicines were managed which meant they received them safely, however documentation, was not always in place, for example, people did not always have records in place when they preferred to take their medicine without any support. The registered manager told us immediate action would be taken to ensure this was rectified. People's wishes for the end of their life, had been recorded so staff knew how people wanted to be cared for.

People received care and support from staff who were kind and caring, treated them with respect and promoted their privacy and dignity. Relatives told us they were happy with the care their loved ones received. People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. The registered manager ensured staff undertook training, and staff told us they felt supported.

People's consent to care and treatment was not always reflected in their care plans, but the registered manager told us she would take action to make sure this was recorded. Staff, however, asked people for their consent prior to supporting them. People's care plans did not always provide guidance and direction to staff about how to meet people's individual needs, which meant care may not always be provided consistently or in line with people's wishes and preferences. People's care plans did not always demonstrate how people, their friends and family were encouraged to be involved in making decisions about their care. However, action was being taken to address this.

People told us they were happy with the quality of food. Staff supported people with their individual nutritional needs and took appropriate action when concerns were identified. People could access health care services and the registered manager had systems in place to ensure staff shared information about people's health care to help ensure prompt action was taken when required. A health professional told us they were positive about their working relationship with the service and described communication as "excellent".

People and those who mattered to them were encouraged to provide feedback about the service they received. People told us if they had any concerns or complaints they felt confident to speak with the staff or registered manager.

People on a daily basis, were not always able to participate in social activities, because activities were not always planned. Although people told us this was not an issue, relatives told us they felt more activities should be made available for people.

People lived in an environment which promoted the principles of dementia care, such as pictorial signage so people knew how to find their way about the service. The provider was planning further work to make improvements to the decoration of the service.

The provider had some systems and processes in place to help ensure people received a high quality of care, but the provider was also currently making improvements to make these more effective. The Commission was notified appropriately, for example in the event of someone passing away unexpectedly.

The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Summary of findings

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 safe.

People told us they felt safe. Staff knew what action they would take if they suspected abuse was taking place.

People received their medicines safely.

People told us there were enough staff to meet their needs. Safe recruitment practices were in place.

People had risk assessments in place to provide guidance and direction to staff about how to minimise risks associated with their care. People were protected from risks associated with the environment.

Good

Is the service effective?
The service was effective.

People were supported to eat and drink enough.

People were protected by the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as required.

People's health needs were met. People's changing health needs were referred to relevant health services.

Staff received training and support to meet people's needs.

Good

Is the service caring?
The service was caring.

People told us staff were kind.

People's privacy and dignity were respected.

People's wishes for the end of their life had been recorded, so staff knew how people wanted to be cared for.

Good

Is the service responsive?
The service was not always responsive.

People's care plans did not always give guidance and direction to staff about how to meet people's care needs.

People's social life was not always promoted which meant people had very little to occupy their time.

People could raise concerns and complaints. People felt confident action would be taken.

Requires improvement

Summary of findings

Is the service well-led?

Good

The service was well-led.

There were some systems and processes in place to help monitor the quality and safety of the service. The provider was taking steps to make these systems better.

The registered manager and provider promoted a positive culture.

The registered manager notified the Commission of significant events which had occurred, in line with their legal obligations.

The registered manager worked in partnership with external professionals to help ensure people's health care needs were met and a co-ordinated approach was taken.

Atlantis Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited the care home unannounced on 1 December 2015. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about Atlantis Care Home and contacted the local authority. We reviewed notifications of incidents that the provider had sent us since the last inspection and previous inspection reports. A notification is information about important events, which the service is required to send us by law. After our inspection we contacted, the local district nursing team, a psychiatric nurse, and a social worker.

The inspection of the domiciliary care service took place on 2 and 3 December 2015 and was announced. The provider was given 48 hour's notice because we needed to be sure the registered manager would be present. The inspection team consisted of two inspectors and an expert by experience.

During our inspection of the care home we spoke with seven people who used the service as well as five relatives. We spoke with people in private and observed people's care and support in communal areas. We observed how people spent their day, as well as people's lunch time experiences. We spoke with five members of care staff, one agency member of staff, a co-ordinator (the housekeeper), the chef, the administrator, the registered manager, and the provider. We also spoke with a visiting GP.

We looked at four records which related to people's individual care needs. We also looked at records that related to people's medicines as well as documentation relating to the management of the service. These included three staff recruitment files, policies and procedures, accident and incident reports, training records and kitchen menus.

During our inspection of the domiciliary care service, we visited two people, and spoke by telephone with five people who used the service. Some people chose not to be contacted. We also spoke with four members of care staff, the administrator, the register manager, and the provider. We looked at four records which related to people's individual care needs and records associated with the management of the service.

Good

Is the service safe?

Our findings

Atlantis Care Home

People felt safe living at the service, comments included, "There's somebody here to care for me all the time and I feel very safe" and, "Somebody is always here and they come in and see how I am". A relative told us, "I feel my relative is content".

People were protected from abuse because staff knew what action to take if they suspected someone was being abused or mistreated. Staff felt confident if they reported any concerns to the registered manager that they would be appropriately dealt with. Staff had completed safeguarding training and had access to the provider's safeguarding policy and contact details for the local authority. The registered manager understood their responsibilities and shared with us examples of when they had raised concerns in the past.

People were supported by suitable staff who were recruited safely. Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.

People had risk assessments in place to provide guidance and direction to staff about how to minimise risks associated with people's care. For example, if someone was at risk of falling or not eating or drinking enough staff were provided with clear details about how to manage this risk. For example, staff made sure people had their walking stick in reach or recorded how much a person was eating and drinking. However, for one person who was at risk of choking their risk assessment and care plan did not give any guidance to staff about what to do in the event of this occurring. Our feedback was taken positively and we were told improvements would be made promptly.

Accidents and incidents were reported, recorded and investigated to help identify themes and take necessary action for improvement. For example, if a person was falling a review of their care was undertaken and professional advice sought. However, the registered manager's audit was not always reflective of what was written in people's care plans. The registered manager told us she would take action to improve the accuracy of recording. Staff were observant to support people when they walked and prompted them to use their walking aids.

The environment was assessed and monitored to ensure its safety, for example, servicing of the fire alarm, hoists and annual portable appliance testing (PAT) were carried out. We did however, find that flooring in one bathroom and in one corridor posed a trip hazard and some wheelchair tyres were not fully pressurised. All of which had not been identified by the provider. By the second day of our inspection further environmental checks were being implemented to improve the monitoring of the environment and equipment, and action was being taken.

Equipment such as grab rails were in place to help people support themselves to move safely around the building, and radiators were covered to prevent people from scalding themselves. The kitchen had been awarded five stars from Environmental Health. This is the highest star rating awarded for food preparation and hygiene.

People told us there were sufficient numbers of staff to support them, one person told us, "There is always sufficient enough staff" and "I can use my call bell for anything, the carers are so nice". A relative told us, "My relative has to be moved with a hoist and there is always two members of staff, sometimes three, to help". Staff told us, - "I think that there is enough staff. It can get busy, but staff are pretty good at coming in" and, "There are enough staff, but sometimes there are not enough hours in the day!" During our inspection staff were not seen to be rushing people and call bells were answered promptly.

People's medicines were effectively managed to help ensure they received them safely. Medicines were stored and disposed of safely. Staff received training and administered medicines correctly. Documentation, was not always in place, for example, people did not always have risks assessments in place when they preferred to take their medicine without any support. The registered manager told us immediate action would be taken to ensure this was rectified.

Domiciliary Care Service

People and their relatives told us they felt safe when care staff entered their homes. Comments included, "My relative feels exceptionally safe. We have the same carer all the time and that's what it's all about, we've had them two to three years" and "We've been with them four to five years so that tells you something". Staff knew what action to take

Good

Is the service safe?

if they suspected someone was being abused or mistreated. Staff felt confident if they reported any concerns to the registered manager that they would be appropriately dealt with.

People had risks assessments in place to help minimise any associated risks to the person or to the staff. Staff explained how they minimised such risks, for example reminding people to take their medicine or making sure people had their walking frame in reach. If there were any changes, staff informed the registered manager so the risk assessment could be updated to help ensure it was reflective of the person's needs. One member of staff told us the registered manager is "Really on the ball". The registered manager described how she had recently been to speak with one person, to try and reduce environmental risks to the person and staff.

The registered manager also completed risk assessments in respect of staff, to ensure staff were kept safe at all times. For example, pregnancy risk assessments had been completed when required and environmental risk assessments were in place.

People were supported with their medicines by staff who had received training. One relative described the medicine support their loved one received and told us, "The staff administer (tablets from) blister packs to my relative at lunchtime and tea time". People's care plans were not always descriptive about their medicine support needs and the action required of staff. The registered manager told us action would be taken to rectify this.

People told us staff mainly arrived on time, comments included, "As far as I know they have never missed a visit in the two to three years they've been coming" and "If they are a bit late they can rush but they still do a proper job, they don't leave anything". The staff told us they had good time to travel to each person, but if they were running later this would be communicated to the person to keep them informed. One member of staff told us, "I haven't felt rushed at all, we get plenty of time". The registered manager's ethos was to ensure people received the same staff team, so they knew who would be coming each day and to help ensure people received continuity of care. Staff told us, more staff were needed to help improve flexibility with the rotas, but knew the registered manager had already taken action.

People were supported by suitable staff. Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff, had received safeguarding training and were confident about how to report any concerns they may have and had access to the safeguarding policy.

Good

Is the service effective?

Our findings

Atlantis Care Home

People received care from staff who had undertaken an induction, continued training, supervision and an appraisal. This helped staff to improve their skills, and to receive ongoing support and development to enable them to effectively care for people. Staff told us, "I feel supported" and "(The registered manager) does supervision. She's here in the building so she's always around. The supervisors are around; you can't not do a job and get away with it. You are supervising each other really, and if something is not right they'll call it to your attention". The new 'care certificate' was yet to be incorporated, but the registered manager was aware of it. The care certificate is a national induction tool which providers are required to implement, to help ensure staff new to care work to the desired standards expected within the health and social care sector.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and associated deprivation of liberty safeguards (DoLS) and had received training. Applications to restrict a person's liberty had been made when required, and reviewed as necessary. An external health professional described the registered manager and staffs knowledge regarding the MCA as "outstanding" and gave an example of when they had acted in a person's best interest and had involved other professionals. People's care plans detailed their mental capacity. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's consent was asked prior to staff supporting them, for example assisting them with their meal. People's care plans did not show they had consented to care and treatment, but the registered manager told us she would address this by creating a form for people to sign.

People were satisfied with the food. One person told us, "The food is second to none". Choices were available and menus were displayed. If people did not like the choices available, they were able to choose other options. A relative had commented, "Excellent, love the daily menu board. No fear of mum being hungry. All good home cooked food".

People were supported to maintain a balanced diet and to eat and drink enough. When there were concerns about people not eating and drinking enough, staff recognised this and put into place recording tools to monitor people's diet, and sought external health advice. However, the monitoring of people's weight was not always effective and did not always show what action had been taken when a person had lost weight. By the second day of our inspection the registered manager was taking action to address this.

The chef was knowledgeable about people, for example if a person was diabetic or required a soft diet. One person told us, "I am a diabetic and on a soft diet, the cook is very good about it". Gluten free diets were also catered for, and a social worker was positive about how the service accommodated this. The chef told us staff communicated any changes promptly. The chef had records in place about people's likes and dislikes.

Staff were observant during lunchtime and supported people when necessary, for example one person was feeling anxious about her son's whereabouts and was refusing to eat their lunch. Comforting words and reassurance were provided by staff, this enabled the person to feel at ease and as result of this, they proceeded to eat their lunch.

People's day to day health care was monitored. Staff recorded important information and shared it at staff handovers so necessary action could be taken. People were supported to maintain good health, and had access to health services. People's records showed health professionals such as GP's, district nurses and psychiatric nurses had been involved in people's care. The registered manager told us they had positive relationships with external professionals and welcomed their support. Referrals were made promptly, for example one person was experiencing changes in their mood, the staff had recognised this and steps had been taken to contact a

Good

Is the service effective?

psychiatric nurse for further advice and a review. An external health professional described communication as "excellent" and told us they were contacted promptly. They told us, "If they ask for a visit you know they need a visit".

People living with dementia were supported and empowered by their environment because on the ground floor, there were pictures on doors to help guide people to where they were going. Signage upstairs was not as clear. The provider told us future decoration improvements were planned as part of a refurbishment programme, and a new maintenance person had recently been employed to assist with this.

Domiciliary Care Service

People's mental capacity was reflected in their care plans so staff were aware of how to support the person with certain decisions. For example, one person's care plan showed they could "express all of his needs to you".

Staff told us they obtained consent from the person before speaking with their family or GP, and they always explained to the person how they were going to support them, before they did it. A relative told us, "They always talk to him and explain what they are doing".

People's care plans detailed the support they required with eating and drinking. A relative told us, "The staff cook my relative their porridge in a morning". Staff told us what action they would take if they were concerned someone wasn't eating and drinking enough, for example, they explained they would "try and encourage" the person, and or share their concerns with the person, the person's family, or help the person to contact their GP. One relative told us, "If there are any concerns about my relative they ring me".

People were supported to access external services such as GP's and district nurses, and staff recorded any changes in people's health and reported to the registered manager.

Staff confirmed they felt supported and documentation showed staff received training and regular supervision of their work; either by observation of their practice or by a one to one discussion. Staff explained supervision was "helpful". One member of staff told us, "If we are not doing something quite right, she tells us – I will always appreciate it". One relative told us, "The carers certainly know what they are doing. My relative has short term memory, and they understand that".

Good

Is the service caring?

Our findings

Atlantis Care Home

People told us staff were kind towards them, one person told us, "You can have a laugh with them; they are very caring". Relatives were positive about the care their loved ones received, "My relative always looks nice, they take great care in doing her hair", and "They are very caring because my relative used to get upset a lot but she is a lot calmer now". During our inspection, staff interacted with people and showed genuine affection for people. For example, one person returned from hospital, staff immediately asked the person how they had got on, recognised the person was tired, and took time to settle the person back home.

Relatives had completed a survey to provide their feedback about the staff, and the care and support people received, comments included, "We all think it is great", "Dad seems happy" and "Our mind is at ease with the care Mum gets. She is happy and content. The staff always find the time to speak with her" and "Overall I think it's an excellent home".

The registered manager and provider told us they were appreciative of the staff who worked at the service and confirmed there was a low staff turnover. A low staff turnover meant people received care from staff who had worked in the care home for a long time. So staff knew people well, and their individual needs and preferences.

Staff were inspired to demonstrate the caring values of the registered manager and provider. The registered manager and provider demonstrated through their interactions and conversations they cared deeply for people. They told us the ethos of the service was one of "family" and this remained at the heart of the service provided to people. An external health professional was confident the registered manager and provider would take action if staff ever showed the wrong values.

People told us they were treated with respect and their privacy promoted. One person explained, "They always close the door and curtains when they are dressing me". Staff knocked on bedroom doors prior to entering and announced to the person they were coming in.

People were able to choose when they wanted to get up and go to bed. People's religious beliefs were respected. One relative told us, "They take my relative once a month to a church and fellowship meeting". People's care plans did not always demonstrate how people were involved in decisions about their care. The registered manage told us she would ensure this was recorded better.

People's end of life care and resuscitation wishes had been recorded so staff would know what to do at the end of a person's life to ensure they received the care they wanted. People's care plans were individualised and showed the person's involvement. A health professional was positive about the registered manager's approach to end of life care. They told us the registered manager always tried to enable people to pass away at the service if that was their choice rather than in hospital and "They will do everything they can" to ease people's needs at this time. The registered manager and provider felt strongly, that whenever possible, people should be able to spend their last days at the service if that was their choice, amongst those who knew them well.

Domiciliary Care Service

People and their relatives told us they were supported by kind and caring staff who knew them well and promoted their respect and dignity. Comments included, "They bathe my relative twice a week and always treat them with utter respect and dignity", "They treat her with respect and dignity and have a laugh with her" and, "My relative has a lot of personal care and they always are well dressed as my relative likes to be".

People had been asked about their personal history. When the person wanted to share this, it had been recorded in their care plan, so staff were aware of what people had achieved in their lives. A person's history helped to enable staff to have meaningful conversations with people. People's care plans did not always show their involvement, the registered manager told us she make take action to demonstrate this better.

Staff explained how they were respectful of people's privacy and dignity by explaining they closed curtains and covered a person's body with a towel or dressing gown when they stepped in and out of the bath or shower. Staff told us how they promoted a person's independence, and encouraged them to do as much as they could for themselves.

People's resuscitation wishes had been recorded so staff would know what to do at the end of a person's life to ensure they received the care they wanted. End of life care

Good

Is the service caring?

was important to the registered manager and provider, who explained how they had gone the extra mile to ensure people had received respect, and a high standard of care at the end of their life. For example, making sure personal care was carried out to a high standard and families were supported.

Requires improvement

Is the service responsive?

Our findings

Atlantis Care Home

People did not participate in activities organised by staff during our inspection; they slept, spoke with staff, watched the television, or listened to music, however people did not tell us they were unhappy with this. People told us, "I'm not bothered about joining in anything since I had my stroke" and, "I just watch sport and quizzes, read and listen to music in my room".

People did not choose from planned daily social events at the service; the registered manager explained activities were mainly spontaneous, some of which included singing, nail painting and a strictly come dancing night. Two of the relatives we spoke with told us there could be more social activities and stimulation for people. One commented included, "There is just no stimulation for my relative, there should be more".

People had care plans in place to provide guidance and direction to staff about how to meet their needs. Care plans also helped to ensure people received personalised care which was responsive to their needs. However, some care plans did not always give clear guidance to staff about how to meet a person's needs. For example, how to support people living with dementia. The registered manager told us, she would make improvements.

People were not sure whether they had a care plan, but relatives told us they had seen a copy of their relatives plan. Email's had been sent to families who were unable to visit regularly, to ask if they were happy with the content. People's care plans were reviewed; however, there was no record to demonstrate the person had been involved, to help ensure it reflected their ongoing wishes and preferences. The registered manager told us she would take action to record this and demonstrate it better.

People's individual health care needs were met, and good co-ordination existed between the service and the GP practice. People had a GP profile care plan, which was used to aid effective communication between the service and the GP practice. A GP visited the home each week, and care records had been devised in consultation with the GP to help ensure the person's GP appointment met their needs.

People's complaints and concerns were investigated. People knew how to raise a concern and felt confident this would be dealt with. People and their relatives told us the staff and management were all very approachable and felt they could talk to them about anything. One person told us, "I've never had to make a complaint about anything, you couldn't ask for more here". When a complaint had been received, it had been recorded, investigated and a solution found. The registered manager told us, she liked to deal with anything promptly. The complaints procedure was not displayed; but the registered manager told us she would take action to display it so people entering the home were aware of it.

The registered manager and provider were visible in the service, and at times worked alongside staff and provided care and support to people. This gave people an opportunity to speak with them about any worries they had.

Domiciliary Care Service

People had care plans in place, to provide guidance and direction for staff about how to meet a person's needs. However, people's care plans were not always detailed to provide instructions to staff about how to meet people's individual needs. For example, one person had a breathing condition; however, their care plan was not descriptive about what this meant for the person, or to the staff who provided care. There was also no care plan in place about what action should take in the event of the person becoming unwell. Wording such as "as necessary" was used in care plans to describe action required of care staff. This wording did not provide clarity to staff or give clear guidance about what "as necessary" meant in respect of the person's care.

The content of people's care plans did not always provide guidance and direction to staff about how to meet people's individual needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a pre-assessment process which helped to ensure the staff were able to meet people's needs prior to the service being offered. The pre-information was shared with staff prior to them visiting a new person. Staff confirmed people had care plans in place to provide guidance and direction about how to meet a person's needs.

People's care plans were reviewed to help ensure their care plan was reflective of their current needs, and met with

Requires improvement

Is the service responsive?

their own wishes and preferences. However, the person's involvement in their review was not always demonstrated in their records. The registered manager told us she would take action to record this better.

People and their relatives told us staff knew how to support them and how to meet people's individual needs. Comments included, "The carers do my relatives shopping and cleaning of the kitchen and bathroom", "We now have an extra carer at tea time because things were getting a bit more difficult for my relative" and, "They bathe my relative twice a week". Relatives told us communication was good, explaining "If there are any concerns about my relative they ring me" and "They always keep in touch with regular phone calls".

People told us they did not have any complaints, one person commented, "We've never had to make a complaint in all the time we've had them". People were given a copy of the provider's complaints policy when they started to use the agency and, the registered manager shared with us, how complaints would be handled in line with the policy.

Good

Is the service well-led?

Our findings

There were some systems in place to monitor the quality and safety of service, such as staff supervisions, spot checks, kitchen checks, falls, and care planning. However, we identified areas for improvement relating to quality monitoring, such as care planning, falls monitoring and the environment. The registered manager and provider were receptive to and recognised systems needed to be more robust. Immediate action was being taken at the time of our inspection.

People told us, “The manager always pops in to see me, she’s lovely” and, “All the staff and management are brilliant, they make it feel like home”.

Staff felt the family ethos, and the culture this brought, was positive to the running of the service. Staff told us “They (the registered manager, provider and administrator) are all very involved with the clients, and staff as well. Always asking how we’re getting on, if we need anything or anything like that”, “I do feel I could go to one of the family if I had a problem with one of them. They make that quite clear to us as well” and “The family communicate well with each other. If you have a problem you can go to them and it gets resolved. They listen and act”.

There was a whistleblowing policy in place which protected staff should they make a disclosure about poor practice. Staff felt if they raised any concerns they would be acted on.

The service was underpinned by a number of policies and procedures, made available to staff. Polices were in the process of being updated at the time of our inspection to reflect the changes to the Health and Social Care Act 2008 in 2015.

People, their family and friends had been asked annually to provide feedback about the service by completing a questionnaire. The information was used to make improvements to the service.

The registered manager worked in partnership with other agencies such as external health and social care professionals. The registered manager explained the importance of good working relationships to help ensure people received a good level of service, and a coordinated approach.

The registered manager was aware of their responsibility under the Duty of Candour, and was in the process of devising a new policy. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. The registered manager told us honesty was important, and they would always “Hold their hands up” if they had done something wrong, and would take steps to work with others, to make things right.

The registered manager had notified the Commission of significant events which had occurred in line with their legal obligations. For example, expected and/or unexpected deaths or the absence of the provider.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 Regulation 9 (1) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The content of people's care plans did not always provide guidance and direction to staff about how to meet people's individual needs.