

Mr & Mrs S P Brailey

Atlantis Care Home

Inspection report

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Date of inspection visit:
15 March 2017
20 March 2017

Date of publication:
02 May 2017

Ratings

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

Summary of findings

Overall summary

The inspection took place on 15 and 20 March 2017 and was unannounced.

Atlantis Care Home provides care to older people. 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. On the day of the inspection 19 people lived in the home and 21 people were being supported in their own homes by the domiciliary care service.

A registered manager was employed to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

The inspection was carried out in response to a concern raised with CQC that people living in Atlantis care home were not receiving support to read letters, make phone calls, go shopping, maintain their physical independence or partake in any activities.

At this inspection we found people received support, if they requested it, to read letters, make phone calls and go shopping. The registered manager told us they would ask staff to regularly offer these services to people, to help ensure people knew they were available. We also found people were able to maintain their physical independence as far as possible. Staff followed people's wishes and recommendations from relevant professionals to help ensure people's needs were met. Activities were available to people. Staff endeavoured to provide group activities as well as one to one time with people.

Our previous inspection found a breach of regulation. This related to care plans for people using the domiciliary care service not containing guidance and direction to staff about how to meet people's individual needs. During this inspection, we found people's care plans relating to the domiciliary service included detailed information about how people wanted and needed to have their needs met.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "The girls know what I want and what I need, all the time"

There was a positive culture within the service. The registered manager and provider had clear values about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about people with fondness and respect and valued the relationships they had built with people. People told us, "The staff cheer me on, they are wonderful", "The staff are so nice, I wake up in the morning and can't believe how lucky I am".

People had their healthcare needs met. People had their medicines as prescribed and on time. A local GP

attended the home once per week and had a clear overview of people's needs and the medicines they required. People were also supported to see a range of health and social care professionals including social workers, chiropodists, district nurses and doctors. Healthcare professionals confirmed they were contacted in a timely manner and staff followed their recommendations.

People told us they felt safe using the service. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

People were kept safe by suitable staffing levels. People and relatives told us there were enough staff on duty in the care home; and people receiving support from the domiciliary service told us they rarely experienced late calls. Recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people.

Staff had received training which was relevant to their role and there was a system in place to remind them when it was due to be renewed or refreshed. Staff told us they received sufficient support to fulfil their role effectively and could always seek advice or request further training.

Staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and how this applied to their role. People's care plans gave clear information regarding which decisions people could or couldn't make for themselves. However, mental capacity assessments had not been carried out to identify why people had been deemed not to be able to make certain decisions for themselves. Where best interests decisions had been made on behalf of people, there was no evidence how the decision had been made. This meant people's rights may not have been respected.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities.

The registered manager sought people's feedback about the service informally on a regular basis and also used questionnaires to formally seek people's views. Information gathered was used to aid learning and drive improvement across the service. People and their relatives told us the management team were approachable and included them in discussions about their care.

People living in the care home told us they enjoyed the food. Mealtimes were a positive experience, which people told us they looked forward to. People told us meals were of sufficient quality and quantity and there were always alternatives on offer for them to choose from. People's feedback on the food was sought and acted upon to help ensure it catered for everyone's tastes.

People supported in their own homes told us staff tried to be flexible around call times, were rarely late and treated their home and belongings with respect.

We have made a recommendation about the providers following the principles of Mental Capacity Act 2005 (MCA).

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were sufficient staff to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

People's medicines were managed safely and people received them on time.

Good 

Is the service effective?

Is the service effective?

The service was not always effective.

Records did not always reflect how people's capacity had been assessed and how decisions made in their best interests had been reached.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident contacting senior staff to raise concerns or ask advice.

People were supported to maintain their health.

Requires Improvement 

Is the service caring?

The service was caring. People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care and staff listened to them.

Good 

People said staff protected their dignity.

Is the service responsive?

Good ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good ●

The service was well led.

The provider and registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

The provider and registered manager monitored the quality of the care provided and made changes to improve the service people received.

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.

The inspection took place on 15 and 20 March 2017 and was unannounced. The inspection was prompted by a complaint received by CQC that people living in the home did not have the opportunity to partake in activities, that they did not receive sufficient support with tasks such as opening mail, making phone calls and doing shopping. This inspection looked at those concerns.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses adult social care services.

Prior to the inspection we reviewed the records held on the service. This included previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with 8 people living in the home and 2 relatives of people who live in the home. We reviewed five people's records in detail. We also spoke with a community nurse and a GP who know the service well.

We spoke with three members of staff who worked in the home and two members of staff who worked for the domiciliary service supporting people in their own home. We reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included questionnaires given to people who lived at the service, minutes of meetings and policies and procedures. We were supported during the inspection by the registered manager and provider.

Following the inspection we sought the views of two people and the relative of a person who used the domiciliary service.

Is the service safe?

Our findings

People told us they felt safe. Comments regarding the care home included, "They are a nice lot of carers, they know how to keep us safe", "The staff are always popping in to see if I'm alright" and "I feel safe because they understand me and what I'm for." Relatives told us they also felt people were safe. One relative told us, "I know when I leave [...] is safe and cared for."

People being supported in their own homes told us their calls were always on time and the service was flexible around them, if they needed to change call times. Staff confirmed, if they were ever running late, they would ensure the office and the people expecting them were informed.

Staff members in the care home described to us the actions they took to help ensure people were safe. Comments included, "People are safe. We are aware of people's needs and have risk assessments in place, call bells, pressure mats and are aware of who is at risk of falls. On top of that, we reassure people to make them feel safe." One person confirmed, "I like having a bath and I feel so safe because they use the hoist to get me in and out."

People living in the care home and people using the domiciliary service were supported by staff who understood and managed risk effectively. Risk assessments were in place to guide staff how to help mitigate risks to people. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. One staff member explained, "We always refer back when there is an incident and if there has been an increase for someone, we would discuss it with the manager."

People were supported by suitable staff. Robust 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 confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel their concerns had not been dealt with appropriately. For example, the local authority or the police. The contact number for the local authority safeguarding team was displayed within the office.

Staff in the care home were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people. One staff member commented, "We don't struggle with the workload", and a healthcare professional confirmed the home was never short staffed. The registered manager told us they, the provider and another senior staff member would often provide care if they were short staffed. This meant people

continued to receive care from people who knew them well.

People moved freely around the care home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. People had call bells in their rooms so they could call staff if they needed help or support. The registered manager told us, "I check with people if they are happy with the call bell response time." Some residents also had alarm mats in their room so staff would know when they needed support to move around. Staff responded quickly to these during the inspection.

People were supported by staff who were trained and knowledgeable about people's individual needs relating to their medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicines were locked away as appropriate. Where refrigeration was required, temperatures had been logged but had not always fallen within the guidelines that ensured quality of the medicines was maintained. Following the inspection, the registered manager confirmed they had updated the temperature record sheet so staff were clear when action needed taking.

At the care home we found when people had been prescribed medicines (including those to alter people's mood or reduce anxiety), to be taken 'as required', records clearly showed how often they were given and the reason they had been administered. Information was included in people's care plans regarding when people would need these medicines. Where medicines were used to reduce anxiety, steps staff should take to help people feel calmer before administering medicine were also recorded. The manager told us they would also add this information to people's medicines administration records. People did not appear to be 'over medicated' with these medicines and healthcare professionals, who visited the home regularly, raised no concerns either.

Some people, who were supported in their own home, received help to take their medicines. Staff had received training, to help ensure they supported people in a safe way, and recorded clearly what support they had provided for the person. Staff told us in some cases, they were providing more support to people than was described in people's care plans, as their needs had changed. The registered manager told us they would ensure people's care plans were updated as soon as possible.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff had completed training about the MCA and one staff member told us, "I understood it. It was very interesting and very thorough."

Some people living in the care home had care plans which identified when people did and did not have the capacity to make certain decisions for themselves. When people were deemed no longer able to make a decision for themselves, there was information in their care plan to guide staff how to make a decision in the person's best interests. When bigger decisions needed to be made, the registered manager had consulted people relevant to the decision. For example one person received their medicines covertly (crushed up in food or drink), and a best interest decision had been made in consultation with the person's family and GP.

However where decisions had been made on people's behalf, there was no formal MCA assessment recorded to explain why the person was deemed not to be able to make the decision themselves. Where best interests decisions had been made (for example regarding covert or anxiety reducing medicines), clear information had not been recorded regarding how the decision had been and what alternatives had been considered. This meant there was no clear evidence to show how the principles of the Act had been followed. The registered manager told us they would ensure these were in place as soon as possible.

Staff told us people they supported in their own homes could make decisions for themselves.

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). The registered manager had applied for DoLS on behalf of people and these were awaiting review by the local authority designated officer.

People, at the care home and domiciliary service, and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "There's not one member of staff I don't get on with." One member of staff told us, "All the staff are passionate about what they do and have such good relationships with people."

New members of staff completed a thorough induction programme, which included being taken through key policies and procedures as well as training to develop their knowledge and skills. Staff also shadowed experienced members of the team and had protected time to read people's care plans. One new staff member explained, "Until I feel comfortable supporting people, I'll carry on shadowing. The support's been great. I was told about people's needs before I met them." The service had also introduced the Care Certificate for staff who were new to care. The Care Certificate has been introduced to train all staff new to

care to a nationally agreed level.

On-going training was then planned to support staffs' continued learning and was updated when required. This included core training identified by the service as well as specific training to meet people's individual needs. For example, one staff member described training provided by the district nurse which included information about the health and dietary needs of people with diabetes.

Staff told us they had the training and skills they needed to meet people's needs. Comments included, "It's good to have refreshers as it gives you something to think about; and I find new training very interesting too." Some staff we spoke with were working towards qualifications appropriate to their role. One staff member, who was completing a higher level national qualification, explained, "They've given me the chance to progress. I feel privileged. The manager and the provider do help me with it. I can ask them absolutely anything."

The registered manager told us their door was always open to staff members and supervisions or meetings could be held with staff members if the management team or staff member felt they needed it. One staff member told us, "If you're not sure about anything, you can always ask. If I have a problem about anything, the management always listen." Annual appraisals were also held to assess staff development and performance.

People's care plans prompted staff to seek consent whenever they offered care and people confirmed this happened. People had also been asked to sign their care plans to confirm they consented to the care they received, as described in their care plan.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. One staff member told us, "If I think someone needs to see a GP or district nurse, it's done straight away." One person had been referred to the GP after staff had noticed they ate less after certain life events. They had now been prescribed fortified drinks which helped them maintain their health through these times. A relative told us, "I implicitly trust them with my Granny's health."

A healthcare professional told us staff always contacted them in a timely way with any concerns they had about people. They added that the registered manager and staff were always able to provide comprehensive updates about people's needs. Another healthcare professional told us staff were happy to ask for advice and the registered manager regularly contacted them to help ensure people were receiving the correct support.

Staff knew what food people enjoyed or disliked and what support people needed to maintain a healthy balanced diet. This information, along with people's dietary needs and any support they needed to eat was recorded in people's care plans. People were referred appropriately to the dietician and speech and language therapists (SLT) if staff had concerns about their wellbeing. A staff member working in the care home explained, "We are always aware of the risks to people eating in bed so will check with the SLT team that the person is in a safe position." Recommendations had been made to minimise risks to people, which staff confirmed had been followed in practice.

People told us they liked the food in the care home and were able to make choices about what they had to eat. Comments included, "The chef is a lovely cook, all homemade food", "The meals here are very, very good indeed" and "I like the food too much! It's delicious." A relative also confirmed, "The food is excellent."

People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. Staff in the care home were heard asking people, "Do you want to come and have your lunch?" Some people chose to eat in the dining room, whilst some people ate in the lounge or in their rooms. People confirmed their food choices were respected. We observed one resident being offered ice cream as staff knew they didn't like custard. A senior staff member told us they regularly asked people if there was anything different they would like on the menu. They also told us, "Sometimes we try new and different things and ask people whether they have enjoyed them or not."

People in the care home were asked if they wanted their food cutting up or needed any help to eat their meal. Where people needed support or special equipment to eat, this was provided in a dignified way and staff chatted with the person as they assisted them. We heard staff members requesting a smaller portion for someone who had a smaller appetite.

People's individual dietary needs were known and understood by staff members. One staff member explained staff had received information from a nutritionist to help them understand what food individuals should or shouldn't have to help keep them healthy. They went on to give examples from the menu that were not suitable for people with diabetes and different options that were available to people who had a gluten free diet. One person who was trying to maintain a healthy weight told us, "The manager is helping me look after my weight."

A healthcare professional told us that people who lived at Atlantis Care Home had very good skin integrity. They added that this was due to people being given a healthy, balanced diet along with good hygiene and personal care practices.

People's weight and how much they ate and drank were monitored by staff. This helped staff identify concerns about people's health quickly. One staff member explained, "We record if people haven't eaten or drunk well and pass it on to the next staff. If it continues, we would refer them to the GP."

We recommend the provider takes action to ensure they evidence how they are meeting the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "There's no therapy like kindness", "The staff cheer me on, they are wonderful" and "The staff are so nice, I wake up in the morning and can't believe how lucky I am."

One relative described their family member as being, "Cared for, looked after and nurtured." Other feedback received by the service from relatives included, "We feel that the care provided is of a very high standard and the staff are caring and lovely to the residents" and "Thankyou for the excellent care [...] is." Staff spoke about people they supported with fondness and demonstrated their commitment to providing high quality care. Comments included, "I treat every single person like they're my gran and then I know they're getting the best of care" and "They're like my family. People know me and I know about them."

People were supported by staff members who knew them well and could tell us about people's lives as well as their likes and dislikes. For example, staff member told us of people's background and that they often reminisced with people about these times. Healthcare professionals also confirmed staff knew people well.

People were supported by staff who paid attention to detail ensure their needs were met in the way they preferred. A staff member confirmed, "We always share new things we find out, even if it's just that someone like their socks inside out because the seam bothers them." Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly. We observed the provider request details from a member of staff about how one person liked their bed to be made. The staff member knew that a particular blanket was important to the person so had prioritised getting it washed and dried so it could be returned as soon as possible.

People's independence was promoted. A staff member told us, "We try to keep people's independence as much as possible. We know what they can still do. If you take that little bit of independence away, it's a shame for them to lose it." One person enjoyed going shopping in the local area. Their care plan detailed that if they needed any help, whilst they were out, they could go into a local hairdresser's. The hairdresser would then contact the service on the person's behalf. This enabled the person to maintain their independence and go shopping without staff support. A relative confirmed, "They support [...] to maintain skills and independence. They guide on decisions but still enable them to do things themselves."

People told us their privacy and dignity was respected and confirmed doors and curtains were closed when personal care was being provided. Relatives confirmed, "My relative is always treated with respect, they always knock on her door before coming in" and "My wife has deteriorated in the last twelve months, but they treat her with such respect and dignity." A healthcare professional also told us they also always experienced staff treating people with dignity.

People were given information and explanations about their support when they needed them so they could be involved in making decisions about their care. People told us, staff listened to them and took appropriate action to respect their wishes. Feedback received by the service from people confirmed, "The management

and staff are always happy to listen" and "I have every opportunity to express my views."

People were supported at the end of their life with compassion and dignity. One staff member told us, "We spend time talking to people. Some people don't want to talk to their family. You have to be there for the family too. You have to be very human and tactile. You have to be able to give love." The provider explained that this member of staff had visited someone every day for two months to make sure they received the care and support they needed at the end of their life. A relative confirmed, "They are very sensitive to me and have talked things through with me so I understand what's happening. They offer me support." People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. The provider explained, "We're passionate about keeping people at home and letting them die where they want to."

We observed staff talking to people in the care home in a kind and respectful manner. For example, a staff member greeted one person warmly saying, "You look lovely and bright today."

People were treated with kindness and compassion. One staff member told us how staff bought people Christmas presents and some staff members bought people mother's and father's day cards to make them feel special. One person living at Atlantis Care home had recently celebrated their 90th birthday. A party had been organised for them at the home with 25 of their friends and family attending. A relative explained, "The home arranged a wonderful birthday party for my mum and they put on a lovely buffet."

The provider and registered manager were keen to create a homely atmosphere for people. The registered manager explained, "We encourage people to bring in their own things and as many photos as possible; and then we ask if they would like to display any crafts they've done too." Staff had clearly adopted the same ethos and enthusiasm. One staff member told us, "We try to make it like their own home, because it is!"

People, who used the domiciliary service, and their relatives told us staff respected their homes. Staff members told us, "Staff always ring the bell, even if they have a key" and "We would always ask, even before going to make someone's bed." One person confirmed, "Yes, they are respectful of my house and they even do my recycling!"

Is the service responsive?

Our findings

The inspection was carried out in response to a concern raised with CQC. This included an allegation that people living in Atlantis care home were not receiving support to read letters, make phone calls, go shopping, maintain their physical independence or partake in any activities.

At this inspection we found activities were available to people living in the care home according to their likes and interests. The registered manager and provider told us, following the previous inspection, they realised they were lacking in activities to offer people living at Atlantis. The registered manager explained, "We have actively taken on what CQC said at our last inspection and we're really into our activities at the moment." A staff member confirmed, "There has been a big change. We do bigger activities and get as many people to join in as possible; and the families join in too sometimes." One person confirmed, "I'm really enjoying decorating the sign we are making for the home." A relative confirmed, "[...] enjoys cake decorating and is kept more cognitively active here than they would be living at home."

People were consulted about what activities they would like to do. A staff member told us, "We ask people what they want to do. We have some pictures people can use to choose activities." Another staff member added, "We ask people whether they have enjoyed activities and whether they would like to do them again." Minutes from a residents' meeting showed people had been consulted about what activities they would like to do in the future.

We observed during the inspection the provider, registered manager and staff regularly took time to chat with people and encourage conversations. One staff member told us they had some 'reminiscence cards' to help prompt conversations about the past confirming, "It does get everyone talking!"

People's individual interests were also met. One person told us, "I like to take myself off for a walk or go shopping for clothes." Other people told us they just liked to watch television, listen to music or read and that this was respected. A relative explained, "[...] has a newspaper each day and staff show an interest and talk about it with them." Bird boxes had been placed outside some residents' windows so they could enjoy watching the birds feed. The provider and registered manager told us they had plans for different areas of the garden in the summer which included installing a fountain. These plans would enable people to get involved in gardening or just allow them to enjoy the flowers and the garden.

When people preferred to stay in their rooms or were cared for in bed, staff told us they popped in when they were passing and one staff member told us, "We try to get in to these people as often as possible" and a relative told us, "When I'm here, the staff are always popping in and out of my mum's room to see if she wants anything." However, there was no planned time for these people to receive 1:1 support from staff to follow any hobbies or interests. The registered manager told us they would review how activities were planned and recorded for these people.

People supported in their own homes told us staff had time to spend with them beyond providing care tasks. One staff member explained, "You've got plenty of time to meet people's needs and have a chat and a

cup of tea. We talk to people and let people talk to us. I look at lots and lots of photos with one person and another person tells me the same story each time I visit but their face lights up when they're telling it and I love to see that. Another person likes to give me advice and that makes them feel valued." Information was available to staff regarding what activities and interests people had. This enabled them to suggest activities to people appropriate to their preferences. The provider told us, "In the summer we intend to take people who want to, to see friends so they can spend time together. It's a shame some of them don't see each other anymore."

People told us they were able to maintain relationships with those who mattered to them. One person told us, "I have my own hairdresser come in which is nice because I have known her a long time." A staff member told us "If people ask for help to read a letter, we help. If we know they couldn't read them, we would ask and read it to them. Everyone gets the opportunity to make phone calls privately too." The registered manager told us, due to the concern raised with CQC about support for reading letters and making phone calls, they would ensure staff regularly offered to help people with these. No-one raised concerns during the inspection that they didn't receive the support they required with these tasks. One person confirmed they were encouraged to write letters and make phone calls.

Handover between staff in the care home ensured that important information was shared, acted upon where necessary and recorded so that people's progress was monitored. In the domiciliary service, staff maintained detailed records regarding care provided and any changes to people's needs. When people's needs changed, the registered manager sought advice from external professionals to help ensure people's needs were met. Relatives told us they were kept well informed about their relative's welfare. One relative confirmed, "They even ring me up to tell me how mum is doing."

People told us staff were responsive to their needs. One person explained, "The girls know what I want and what I need, all the time" and comments from relatives included "The staff seem to know what they are doing and they seem to know what mum wants and likes"

People had their needs assessed before they began to use either of the services. This helped ensure their needs could be met in the way they wanted and needed. A relative confirmed requests made during this assessment had been followed through in practice for their family member. The information from the assessment was used to develop a care plan which the registered manager and staff updated as they learnt more about the person or as the person's needs changed. One staff member told us, "It gives us a good idea before we support someone what they like and don't like. We then find out more about what they want and share the information with other staff."

People and their relatives were involved in developing the care plans so care and support could be provided in line with people's wishes. One relative confirmed, "We did the care plan together." People's care plans reflected their wishes about how they chose, preferred and needed to be supported. They also guided staff regarding people's likes, dislikes and preferred routines. Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people.

At our last inspection we found the contents of people's care plans, who used the domiciliary care service, did not always provide guidance and direction to staff about how to meet people's individual needs. At this inspection we found people had detailed care plans in place that clearly described their needs and wishes for their care.

People were involved in regular reviews of their care. These were carried out by a senior staff member and reflected people's views of the care as well as their achievements. For example, one person's review noted

they had successfully increased the variety of food they ate. As part of the review, people's records were also checked, to help ensure they were accurate, up to date and any concerns had been acted upon. For example, one person's review identified a concern that they may become socially isolated. As a result, staff regularly asked if the person wanted to spend time with other people.

People were empowered to make choices and have as much control as possible. One staff member told us, "You ask people what they want." They told us one person they supported in their own home, was usually cared for in bed but had decided they wanted to get up and walk. They explained, "We have explained that it might hurt but they have capacity [to make their own decisions]. They want to try, so we'll support the." A compliment received by the service from a relative stated, "[...] was still able to make her own decisions, which was so important to her."

People told us if they had any worries or concerns, they knew who to talk to, were listened to and the concern was resolved quickly. A relative confirmed when they had raised a concern it had been responded to effectively and in an appropriate time. People told us they were happy with the service commenting, "I have no complaints" and "They're excellent. No faults at all." Following the inspection the registered manager told us they were about to implement a 'grumble form'. This would enable them to record and analyse any smaller concerns people raised with them.

Is the service well-led?

Our findings

The service was well led. Feedback received by the service from relatives described it as, "A good quality service" and "A lovely, family run home." The provider and registered manager took an active role within the running of the service and had good knowledge of the staff and the people who used it. They were regularly seen walking around the home talking to and laughing with people and enquiring about their welfare. They spent time listening and reassuring people when appropriate and told us, "It's all about the people." A staff member added, "The managers are passionate about the clients, they often go round checking the domiciliary clients are ok too." A relative told us, "There's nothing they could do better" and a healthcare professional told us they regularly received positive feedback about the service from the local community.

Staff were positive about how the service was run and told us they were happy in their work. One member of staff told us, "I love the way they [the provider and registered manager] work. I'd put my mum in here. I trust them implicitly." The service inspired staff to provide a quality service and motivated them to provide and maintain a high standard of care. Comments included, "I wouldn't have been here so long if I didn't like it! I feel well supported and I can honestly say there's nothing I don't enjoy."

People, visitors and staff all described the management team as approachable, open and supportive. During the inspection, the provider spent a considerable time supporting someone's relative to resolve problems they were experiencing with their home; listening to their concerns, offering them support and advice and giving them details of where to go for help.

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. Staff told us they felt empowered to have a voice and share their opinions and ideas they had.

The home worked in partnership with key organisations to support care provision. Healthcare professionals who had involvement with the service confirmed to us, communication was good. They told us the management team and staff worked in partnership with them, followed advice and provided good support.

The provider and registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They told us they often popped in at the weekends to check people's needs were being met. One person confirmed, "Yes, they ask if I'm happy with everything." People and those important to them also had more formal opportunities to feedback their views about the service and quality of the support they received. Satisfaction questionnaires had been sent to people and their relatives and feedback had been used to improve the service for people. For example, some people had commented about food options in the care home and they had been consulted further about their preferences as a result.

The registered manager had an overview of the care provided and records completed. However, there was no clear auditing process to identify any gaps in the service delivery. For example, senior staff members were responsible for tasks such as reviewing people's daily notes, completing reviews of people's care plans and

ensuring medicines records were accurate; but there was no system in place for the registered manager to check that delegated work, such as this, was being carried out effectively. Following the inspection, the registered manager confirmed they had put in place a formal quality assurance process to cover all aspects of the work carried out in the home.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. 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.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.