

Review of compliance

Mr & Mrs S P Brailey Atlantis Care Home	
Region:	South West
Location address:	Polperro Road Polperro Cornwall Devon PL13 2JP
Type of service:	Rehabilitation services Care home service without nursing
Date of Publication:	September 2011
Overview of the service:	Mr and Mrs Brailey are registered to provide accommodation for persons who require personal care, at Atlantis Care home. The home may accommodate 20 people. They are also registered to provide personal care, in the form of a domiciliary care service from Atlantis Care Home.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Atlantis Care Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 09 - Management of medicines
- Outcome 12 - Requirements relating to workers
- Outcome 27 - Notifications – notice of absence

How we carried out this review

We reviewed all the information we hold about this provider, talked to staff and talked to people who use services.

What people told us

People told us that they thought that the individual carers were good and that they have a laugh. They also said that they were treated with respect. We were told that there is a "quick turnover of staff", and people do not know who their carers are. Some people said that visits are sometimes missed. We were told of concerns that proper recruitment on staff. Also, some of these staff were working on their own, with very little experience.

When we visited the service and looked at the recruitment records for staff we found that not all of the recruitment checks had been completed. When we checked a reference, we found it to have been falsified. We found that rota and daily recording sheets had been amended, and showed that inexperienced staff were not working alone, however information from people who use the service confirmed that inexperienced staff had worked alone.

We found that the home is not being managed by the registered manager, and that the manager gave us incorrect information about this. We were concerned that no consideration had been given to referring a concern about the conduct of a member of staff to the Social Services who have a responsibility for coordinating safeguarding. We had concerns that this service is not being properly or safely managed.

What we found about the standards we reviewed and how well Atlantis Care Home was meeting them

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

People may not have their medication when they need it in a safe way because there are no proper records of the support that needs to be offered with medication.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

Proper recruitment checks are not being completed prior to new staff starting work. Documents are being falsified to make it appear as if proper procedures are being followed.

Outcome 27: The service must tell us how they will manage the service safely when the person in charge is away

There is a lack of proper management arrangements, this means people cannot be confident that this service is being properly managed and is able to meet their needs.

Actions we have asked the service to take

We have asked the provider to send us a report within 7 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are moderate concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We talked with some of the people about the help they receive with medication. We were told that people received help from staff to apply various creams. However, there was no proper record of this medication being administered, and care plans did not detail what staff were to do on a visit.

Other evidence

We looked at the records in the office about the help people receive with their care. We found that whilst some information showed that people are able to manage their own medication, this was contradicted by what staff are writing in the daily notes, where it indicated staff are administering medication.

We asked the manager about the use of specific medication administration records sheets, and we were told these are not kept, but a record is kept in the daily notes. This level of detail is insufficient.

Our judgement

People may not have their medication when they need it in a safe way because there are no proper records of the support that needs to be offered with medication.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are major concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

We visited people who use the service and asked them about the care they receive. People told us that they were satisfied with the care staff however some concerns were raised. We were told that there was a quick turnover of staff, and that staff had told people that they are "stretched". We were also told by a person that whilst the girls were good and that "they have a laugh", that "I don't know who they all are, so many come and go".

One person told us that carers often do not turn up, and that he has spoken to the manager about this on numerous occasions. We were told by a person who uses the service that the manager sends people out who have had no training. We also received other concerns that staff are sent out to provide care with no training.

Other evidence

When we visited the home on 11 August 2011 we asked the manager to provide a list of staff who work for the domiciliary care service. We found that the manager described one of workers as being "not on board fully yet awaiting CRB and POVA". However, it was confirmed that this individual had been working for the agency and was being paid. We later found out that they had been working alone providing care.

We looked at the recruitment records relating to three new staff. One person had started some months previous and we were able to see that they had started work after their references had been received and Criminal Records Bureau checks completed, and checks of their suitability to work with vulnerable people.

For another member of staff we found that the manager was not clear about her actual start date. There were two references on file, and by cross referencing a staff rota it appeared that the person had started work before references had been received. We contacted one of the people who we were told gave the reference and was told that they had not given the reference. We asked the manager who dealt with references and was told that it was only herself or a senior colleague. We were told that the new worker had provided a Criminal Records Bureau check from their previous employment, however there was no evidence that this had been seen. We found that no check of suitability to work with vulnerable people was available (POVA check), nor was there a risk assessment to cover the absence of an updated CRB check. We were also told that the person had been supervised during their initial time at work. The rota showed that when the person was at work, they were supervised.

We looked at a third person's recruitment file and found that there were two references on file, dated prior to when the person started. One of these references was not a referee named on the application form. We asked the member of staff if she knew the person who had given her a reference and was told that she did not feel that the person who gave her a reference knew her well enough to give a reference. The person who gave the reference works at Atlantis Care Home and has a responsibility for obtaining references.

We looked at the rota for when this individual had started work. We found that again the name of the manager had been inserted along side that of the worker to indicate that they had worked together, on some occasions. We asked the manager if the staff had worked alone and we were told that she had been with the person in charge or other staff on these days. We asked the worker if she had worked on her own or with someone for those specific days and she confirmed that she has worked on her own, or with another person where two carers were required. We then went to see one of the people who uses the service. We found that the notes relating to the care had been written up and signed with two signatures, as two carers were required. However the signature of the person in charge appeared to have been added in. We asked the person who received the care whether the manager had visited on the dates where the signature had been added. They confirmed that she had not visited. A further person confirmed that the worker had been to her house to provide care and that the worker had been alone. She commented that she had to remind this new carer what to do.

When we visited on 9 August 2011 we noted that a new member of staff "Davinia" was working on the 13 and 14 August 2011. When we visited on 11 August 2011 we asked about about this person and their recruitment records. We were told that by the manager that there was no such person as "Davinia", she had written the name down on the staff rota as a joke, instead of her own name.

We asked about staff training and induction and was told that this is done and that new staff had completed a range of training such as induction training, moving and handling, administering medication and food hygiene. We spoke to some of the staff about their training and some confirmed that they had received training. We were also told that staff were called into the office to sign back dated training records after our initial visit to the service. We also saw that some of the training in moving and handling had been completed by someone not fully qualified to give the training.

Our judgement

Proper recruitment checks are not being completed prior to new staff starting work. Documents are being falsified to make it appear as if proper procedures are being followed.

Outcome 27: Notifications – notice of absence

What the outcome says

This is what people who use services should expect.

People who use services:

* Can have confidence that, if the person(s) in charge of their service is absent, it will continue to be properly managed and be able to meet their needs.

What we found

Our judgement

There are major concerns with Outcome 27: Notifications – notice of absence

Our findings

What people who use the service experienced and told us

We asked some of the people who use the service who was the "boss", we were consistently told the name of someone who is not registered with the Commission.

One person told us that they had raised concerns about various invoices with the manager. They said that since the start of the inspection the person in charge had visited them and asked them not to mention this issue to the inspectors.

Other evidence

The Commission received an anonymous concern that staff were being asked to tell anyone who asked that the registered providers, who run the service, are on holiday. We were also told that the registered providers and registered manager actually live abroad and have not been to the service seen since Christmas 2010. On 11 August 2011 we asked the person who was in charge on the day, where the Registered Providers were. We were told that they were on holiday and would be back soon. We spoke with a number of staff, and found that some staff had not heard of the people who are registered to run the service. In fact one thought they might be clients of the service. Finally some of the staff, told us that that the registered providers and registered manager for this service moved abroad in August 2010 and were last seen at Christmas 2010.

On 22 August we again asked the manager about where the registered provider and registered manager are. It was confirmed that they are "staying" abroad, and that they had not been in the service for many months. We checked our records and we can find

no record of the Commission being informed of the absence of a registered manager.

We also noted in looking through staff records that a serious concern regarding a member of staff, that had been dealt with. There was no record of this matter being considered a potential safeguarding issue by the person in charge.

Our judgement

There is a lack of proper management arrangements, this means people cannot be confident that this service is being properly managed and is able to meet their needs.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	How the regulation is not being met: Care Plans do not contain clear information about the help people need with their medication, which means that people may not get the help they need.	
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	How the regulation is not being met: The lack of proper recruitment checks, and of supervision for inexperienced staff means that people vulnerable people will be cared for by staff who should not be working and who could pose a risk to people who use the service.	
Personal care	Regulation 14 CQC (Registration) Regulations 2009	Outcome 27: Notifications – notice of absence
	How the regulation is not being met: The registered providers and the registered manager is not in day to day control of this service. The current management arrangements means that the people who use the service cannot be confide that services being properly managed to meet	

	their needs.	
Accommodation for persons who require nursing or personal care	Regulation 14 CQC (Registration) Regulations 2009	Outcome 27: Notifications – notice of absence
	<p>How the regulation is not being met:</p> <p>The registered providers and the registered manager is not in day to day control of this service. The current management arrangements means that the people who use the service cannot be confide that services being properly managed to meet their needs.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 7 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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