

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:	Care home service without nursing Rehabilitation services
Date of Publication:	June 2012
Overview of the service:	Mr and Mrs Brailey are registered to provide accommodation for people who require personal care, at Atlantis Care Home. This home may accommodate a maximum of 20 people. They are also registered to provide personal care, in the form of a domiciliary care service, to people in their own homes.

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 to check whether Atlantis Care Home had made improvements in relation to:

- Outcome 02 - Consent to care and treatment
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 09 - Management of medicines
- Outcome 12 - Requirements relating to workers
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 February 2012, carried out a visit on 13 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

People who use the service told us that they were treated with respect and that staff did what was asked of them. Relatives said that they were contacted if their relative was not well, and were always made to feel welcome when they visited.

People who use the service told us that the care could not be faulted, and other comments included "marvellous" and "first class". People visiting the home added similar comments saying that "we count our blessings", and "I can't praise them enough".

People told us that they felt very comfortable about raising any concerns and that they would not hesitate to talk to the Registered Provider if they had an issue.

This inspection covered the care home and the domiciliary care service.

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

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was meeting this standard. People are given the opportunity to consent to care on a day to day basis, however the system for people, or their representative, to formally consent to their care has not been fully implemented.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was not meeting this standard. People received a good standard of care. However, the care plans and risk assessments were not adequate as they lacked detail and clear guidance for staff. This meant that there was a risk of a lack of consistency in the care provided.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was compliant with this standard. People are safeguarded by appropriate systems and trained staff.

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

The provider was compliant with this standard. There was a safe system in place for the management of medication in the care home, but there was sometimes a lack of clarity for people who live at home about medication.

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

The provider was compliant with this standard. People benefitted from effective recruitment systems ensuring that the people employed were suitable for the work.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was compliant with this standard. There were systems in place to monitor and improve the quality of care for people at Atlantis Care Home and in the community.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 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. When we propose to take enforcement action, our decision 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 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

We asked people who lived in their own home if they consented to the care, everyone we spoke with said that the staff were good and listened to and did what was asked of them. We were told staff treated people with respect.

One person told us she had agreed to the care plan, however there was no signature on the plan. Relatives of people told us that they were always contacted if their relative was not well, and that were made to feel welcome when they visited the care home.

Other evidence

The provider might like to note that three of the four care plans we looked at had no information to show that the person had consented to the care being provided. We asked the Registered Provider about why this was and was told that they were setting up a system to ensure that formal consent was gained. However this was not in place for yet. We saw one care plan which did contain a signature to show there was formal consent to the care and support provided. We noted that care plans were reviewed each month, and it had been noted each month that "the family are happy to express their view", though it was not clear if they had or if this had been sought.

The Manager also confirmed that all the staff, apart staff who had started work recently had completed training in relation to the Mental Capacity Act.

Our judgement

The provider was meeting this standard. People are given the opportunity to consent to care on a day to day basis, however the system for people, or their representative, to formally consent to their care has not been fully implemented.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

All of the people we spoke with, both in their own homes (for people using the domiciliary care service) and in the care home, said that they were very happy with the care they received. Comments from people included "the care could not be faulted", another said that the ladies who come in are "marvellous", and a third person described the care as "first class".

We spoke with two relatives of people who live at the Atlantis Care Home. Again we were told that the care was excellent, and that the staff friendly and welcoming. One person said "we count our blessings", another said "I can't praise them enough".

Other evidence

We looked at care plans for people who lived in the care home, and for people who lived in their own homes. Each person had a care plan, one in the person's home the other in the office at the Atlantis Care Home. Whilst these plans identified the needs of each person, most of the plans did not go on to explain how the needs were to be met. For example in one plan it identified that they needed assistance with stoma care as they had had a colostomy. However, there was no specific guidance for staff on what to do. We were told that staff had received training in relation to caring for someone with a stoma, from the Registered Manager. However, such training should be provided by the relevant health care professional such as the district nurse or the stoma care nurse.

Where people had specific needs relating to their diabetes there was no clear information on the management of the condition. We saw that staff were testing the

blood of one person to check their blood sugar level. The Registered Manager told us that this was because the GP had specifically requested that this was done; however, there was no record of this.

Some risks were identified for individuals, for example, it was noted that for one person was at risk of rolling out of bed, and bed sides were to be used. But, there was no proper risk assessment to check that these were safe to use, or to show that the individual had consented.

We saw one care plan that was significantly more detailed than the others, it had been signed by a representative of the individual to whom it related. In this care plan, there were concerns about how much the person was eating and drinking. There was a record of how much was being eaten and drunk.

We noted that the care plans for people who live in their own home and receive support from domiciliary care staff, did not contain any information about the time that carers should be calling. For one person we noted that the time of the evening visit varied from 4.30pm to 6.30pm. There was a note on this file saying that the individual "would like varied times for the visit, so they don't get lonely". It was not clear how this variation helped with loneliness.

There were some risk assessments on file, these documents help to identify how people may be protected from unnecessary risk. Some individuals were considered to be at risk of falling, however it was not clear how this would be avoided or how the risk was to be reduced. Bed rails were in place on some beds, and we were told that this was to prevent the individual from rolling out of bed. We looked for a risk assessment to see that these rails were being used in a safe manner and for the consent of the individual. There was no risk assessment.

We noted that at lunchtime some of the people were given green plastic trays to eat from, rather than plates. The Registered Manager told us that this was based on what she believed was good practice for people with dementia, as it is thought to make the food obvious. We discussed this with the dementia liaison nurse who visits the home who confirmed our view that such trays were not appropriate. People with a dementia may benefit from a good colour contrast to help them focus on the meal but a dark table mat and white plate, can be effective.

We spoke to three staff about the way people are treated and was told that people are "well treated", "there is a wonderful atmosphere", and "no improvements could be made".

Our judgement

The provider was not meeting this standard. People received a good standard of care. However, the care plans and risk assessments were not adequate as they lacked detail and clear guidance for staff. This meant that there was a risk of a lack of consistency in the care provided.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

All of the people we spoke with and their relatives said that they felt able to raise any concerns, and would not hesitate if they had a problem to discuss with staff.

Other evidence

We were told that all the staff had done safeguarding training. We spoke with three of the staff and they confirmed that they had received such training. We asked staff about what they would do if they saw something that had concerns about, and was told that they would go to the Registered Manager, and if they were not satisfied with the response they would speak to people outside the agency.

We found that one person's movements were being limited, and this matter has been referred to the local social services department to consider. The Registered Manager had raised one issue of concern through the "safeguarding process" in recent months, and had dealt with outcomes from this process.

Our judgement

The provider was compliant with this standard. People are safeguarded by appropriate systems and trained staff.

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

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

We spoke with some of the people who receive support at home about their medication. They told us that they were satisfied with the help and support that staff gave them with their medication.

Other evidence

We looked at the way medication was administered in the care home, and saw that there is a good system in place. Medication was properly stored and there were records to show people received their medication when they needed it. We spoke to staff about what they would do if someone did not want to take their medication, and staff were clear about not forcing people to take it, but seeking further advice.

We looked at the records for one person who received support in their own home. The provider may like to note that it was not clear in the care plans if the person was supported to take their own medication or if staff administer medication: for one person the care plan said "self medicates", whilst the notes showed that staff gave the person their tablets. We asked the individual what the staff did, and was told that staff put the medication in their hand. We asked the person if they knew what the tablets were for, and the person was not aware, nor could they find the medication.

Our judgement

The provider was compliant with this standard. There was a safe system in place for the management of medication in the care home, but there was sometimes a lack of clarity

for people who live at home about 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

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

No one who uses the service commented on the recruitment of staff.

Other evidence

We looked at two recruitment files for staff who had recently started work at Atlantis. The found that were clear and well ordered staff files. The records showed that references had been taken prior to the individual being recruited. We found that checks on criminal records had been made and also of a list of people who are not suited to the work. For one member of staff they had started supervised work prior to the receipt of their Independent Safeguarding Authority (ISA) check, based on the fact that had a recent Criminal Records Bureau (CRB) check from a previous employer. Whilst the CRB check can be used in this circumstance, the POVA check must be completed prior to employment, as it is not "portable".

We saw that on the rota's it was clearly marked when new staff would be supervised and by whom, during their induction period.

We were told that two senior staff had completed advanced training in relation to medication and another two been trained in relation to Equality and Diversity. Infection control training was going to be provided to all staff. Staff told us that they felt well trained and had received a range of training to do their job.

Our judgement

The provider was compliant with this standard. People benefitted from effective

recruitment systems ensuring that the people employed were suitable for the work.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

None of the people we spoke with commented directly about quality assurance, but every one said that felt happy to raise any concerns, and were happy with the standard of care.

Other evidence

We asked the Registered Manager about the checks that are made to assure the quality of the service. We were told that surveys were regularly sent out to people who use the service, particularly those who had had respite care. We were shown some of the surveys that had been returned and these surveys had been used to make changes to the service or to give further information.

The Registered Provider has started to make improvements in relation to care planning and obtaining consent, however this process has just been started. Some of the practices, such as the use of green plastic trays instead of plates, or the Registered Manager providing stoma care training to staff, indicates that the Registered Manager wants to improve and provide a service based on good practice. The provider might like to note that such changes are not always being based on best or up to date practice.

Our judgement

The provider was compliant with this standard. There were systems in place to monitor and improve the quality of care for people at Atlantis Care Home and in the community.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: The provider was not meeting this standard. The care plans and risk assessments lacked detail and clear guidance for staff. This meant that there was a risk of a lack of consistency in the care provided.</p>	
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: The provider was not meeting this standard. The care plans and risk assessments lacked detail and clear guidance for staff. This meant that there was a risk of a lack of consistency in the care provided.</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 14 days of the date that the final review of compliance report is sent to them.

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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