Inspection Report

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

Atlantis Care Home

Polperro Road, Polperro, Cornwall, PL13 2JP Tel: 01503272243

Date of Inspection: 18 June 2013 Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

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

Contents

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

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

There were 17 people living in the home on the day we visited. Atlantis Care Home also provided care to 10 people in their own homes. There was a different staff group who provided care and support to people in their homes than the group that provided care and support in the care home.

During our inspection we spoke with the registered manager about the care and support they provided. We also spoke to the administrator about training. We spoke to two staff and briefly to a visiting community psychiatric nurse and care co-ordinator from adult care, health and wellbeing (social services).

We observed staff helped people in a discreet manner and spoke to people with respect. We saw call bells were answered very promptly.

We saw care plans were detailed and directed staff as to the care and support people needed. They had been regularly reviewed. We were told about the range of activities available in the home.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

Medicines were handled appropriately, kept safely, safely administered and were disposed of appropriately.

We saw the provider had effective systems in place to assess the quality of the service provided.

The home was clean and tidy, with light and spacious communal areas.

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

More information about the provider

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

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

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we spoke with the registered manager about the care and support they provided. We also spoke to the administrator about training, and with two staff on duty. Some of the people who used the service were not able to comment in detail about the service they received due to their healthcare needs, so we spent time observing how staff provided support and interacted with the people who used the service. One care worker asked two people who were in the lounge if they were warm enough. Another asked a person who used the service if they would like to clean their glasses. This showed care workers understood the need to enable people to be involved in their own care and maintain as much independence as possible. Another care worker sat with a person who used the service whilst they drank a cup of tea and engaged in a general discussion with the person.

We saw people confidently approach staff to ask questions and look for reassurances. We observed staff helping people in a discreet manner and speaking to people with respect. We saw call bells were answered very promptly.

We reviewed the care plans of four people who used the care home. Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. We saw documented pre-admission assessments in the care plans, these included care and support needs, risk assessments, equipment needs and details of medications. We saw evidence of falls risk assessments and nutritional assessments being used and monitored. Risk assessments are a tool to identify any hazards and the action that staff must take to reduce the risk presented.

The care plans we reviewed were detailed and had been regularly updated. One said extra fluids were required following a chest infection. It detailed how often to offer fluids and how to prompt the person to drink. Another detailed how far a person could walk before they got tired and the type of footwear to use when walking. This showed the care plans directed staff as to the specific care and support people needed. We saw a community

psychiatric nurse and a care co-ordinator briefly during our inspection who both commented that they worked well with the home and were happy to continue to place people at Atlantis Care Home.

We saw there was level access to an outside seating area. There was also a garden that people could take a walk in if accompanied by a staff member or friends/relatives. During our visit we saw a number of relatives visiting. They freely engaged in conversation with the staff and were given reassurances about their relative's health and wellbeing. The registered manager told us formal activities took place each Monday and were provided by people bought into the home. The registered manager told us about recent activities that had taken place in house. For example: Grand National sweepstake, Royal themed buffets to commemorate Royal celebrations and Pets As Therapy (PAT) dogs that had visited the home.

The registered manager told us they were asking families/friends to complete life histories and start memory boxes for their relatives/friends. She said this would help stimulate interest from the people who used the service and help staff know what subjects to use when chatting to people during their day to day contact with them.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We did not receive any comments specific to safeguarding. We saw people who used the service and relatives approach staff and talk to them freely on a variety of subjects.

We looked at the provider's policy on safeguarding people from abuse and the policy contained detailed information about preventing and dealing with suspected abuse. The policy provided guidance for staff on the action staff must take if they suspected any abuse.

The contact details of the local Adult Care, Health and Welfare (social services) department, to whom any concerns should be reported, were on display in the home. The registered manager told us care workers who provided care and support to people in their own homes regularly came into the home and had access to the contact numbers also. She added the care workers who worked in the community regularly contacted her if they had any concerns and she would make sure she responded to their concerns immediately. .

We saw from the training records the care home and community staff were trained in the safeguarding of vulnerable adults and related training such as the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). The training records showed that only a small minority of staff had yet to receive safeguarding training. The MCA and DOLS provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare.

The registered manager told us staff on their induction period had information about whistle-blowing and where the policy was located. They also watched the "No Secrets" DVD and had a discussion about it afterwards with the registered manager.

The registered manager told us there was a 24 hour on call system for staff to call if they had any concerns or problems during their shifts.

The registered manager told us they tried not to keep money for people. She added if a care worker on community did shopping for a person who used the service a financial

transaction sheet was used to record expenditure and the receipt kept with the sheet for audit purposes.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

The registered manager or a senior care worker took responsibility for the ordering, storage and disposal of medication. This ensured clear accountability and responsibility.

We were shown there was a robust system in place to obtain medicines from the pharmacy for people who lived in the home.

Medication administration record (MAR) charts were in place and signed when medication was given.

We saw the storage and administration of controlled drugs was in line with laid down legislation.

We saw the medicines were stored and disposed of as required by pharmaceutical regulations. The drugs fridge temperature was recorded daily.

The registered manager told us topical medications were stored in people's rooms, unless it had to be stored in the fridge or a risk assessment indicated it should not be kept in the person's room. We saw the MAR sheet was signed by care workers once a cream had been applied.

We were told monthly in-house medicines audits were carried. The registered manager told us the local pharmacist on behalf of the Kernow Clinical Commissioning Group (KCCG) had recently carried out an audit and were happy with the medicine management systems in place. The report was not available to the home yet, but we were able to see the previous years' report, where no issues were highlighted.

We saw that when covert medicines were given the care plan had been drawn up in collaboration with the person who used the service (if possible), their next of kin (If appropriate), the persons GP and the relevant community psychiatric nurse. The reason the person needed to have the medicine and the way in which it was to be administered were documented.

We were told the local GP carried out annual visits to people who used the service to

review their medications. This ensured people were only taking medications they required regularly. The registered manager told us she audited the medicines systems regularly. This included checking the MAR sheets were completed correctly. She was able to also check completed MAR sheets for people who used the domiciliary service when they were returned to the office

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Atlantis Care Home was spread over two floors with access to the first floor via stairs or a stair-lift. The communal areas were all on the ground floor. They consisted of a dining room, two lounges and a conservatory with access to the outside seating area. The office, which served for the home and the domiciliary care agency, was on the ground floor and accessible to all staff.

Each floor had a communal assisted bathing facility and toilets. We saw security key pads in place on all outside doors and some internal doors, to ensure people could not leave the home without a member of staff being aware.
We saw people who used the service could choose where to spend time and eat their meals. We saw some people had their meals in the dining room, whilst others chose to have their meal in their room. We saw people who used the service were able to move around the home independently and/or with the help of staff and mobility aids.

The environment was homely and looked well maintained. Peoples own rooms that we saw had been personalised with photographs and their own pieces of furniture. The registered manager told us they had plans to add signage to doors to people's rooms and bathrooms and toilets to enable them to recognise different areas of the home to help encourage independence and maintain dignity. She added she was taking advice from different dementia organisations to ensure they used the most appropriate system.

We were told equipment provided by the community nursing services such as hoists and mattresses was serviced by Peninsula Health Care trust. As we walked around the home we saw equipment, such as hoists and wheelchairs, was stored appropriately to reduce the risk of people falling over them and to ensure the premises remained homely.

We saw the stair-lift was serviced every six months. When we walked around the home we noticed hand rails in place to help people move around the home. We saw all radiators were covered and first floor windows were restricted to ensure people's safety.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The registered manager told us she regularly held staff meetings for the home and domiciliary care workers. We were shown the domiciliary care workers meeting minutes for May 2013. Areas discussed included uniform policy, time sheet completion and use of communication sheets. We were told staff meeting minutes were made available to staff who were not able to attend the meetings in person.

The registered manager told us she carried out monthly visits to people who used the domiciliary care service to ensure they were happy with the service provided. She said any issues were then discussed at the staff meetings or dealt with immediately if necessary. The registered manager told us she sent out satisfaction surveys to people who used the service and/or their representatives, the local GP surgery and the community nurses and other health care professionals that visited the service, every three to six months. We saw some completed surveys. The comments were positive and included comments such as "very homely" and "very happy with everything". We also saw a number of thank you cards sent to the home by relatives and friends of people they had looked after. They were all very complimentary about the care and support received.

The registered manager told us she checked all accident forms. She added if she noted a person was having increased falls she would contact the person's community psychiatric nurse to discuss future management or contact the occupational therapy team to arrange an assessment for a walking frame, for example.

The registered manager told us the local electrician carried out portable electrical appliance tests (PAT) as required. She added the electrical hardwiring had been checked in 2012. We saw annual Legionella checks were carried out. The registered manager told us taps in any empty rooms were run every day to ensure water was not left standing in the system. She added the maintenance person checked the water tanks regularly to ensure they were free from debris.

The registered manager told us the maintenance person carried out upkeep and general maintenance of the home and was on call if there were any urgent issues out of hours.

The providers lived abroad for some of the year and in England for approximately seven months of the year. The registered manager (their daughter) and the administrator (their son) had regular contact with the providers when they were aborad. She told us the providers could also access policies and procedures and other relevant documents via their computer, when aborad, and were able to offer on-going advice and support if required.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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