

Mr & Mrs S P Brailey

Atlantis Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Atlantis Care Home is a residential care home providing personal and nursing care to 19 older people at the time of the inspection. The service can support up to 20 people who may need support with their physical and mental health and may be living with a dementia. 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 4 people were being supported in their own homes by the domiciliary care service [DCA]. Atlantis care home is an adapted building in a rural area.

People's experience of using this service and what we found

People lived in an open, friendly, family atmosphere where they felt safe and well cared for. People had good relationships with staff and other people living at Atlantis Care Home. During the inspection we saw people engaging happily with laughter and good-humoured banter. People told us they received the support they needed in their own homes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some people had a high level of dependence and staff supported them to make choices about their care and support, what they did each day and how they spent their time.

People received care and support from staff who knew them well. Staff were trained and competent in their roles and monitored people's health and wellbeing. When needed, referrals were made to other healthcare professionals. Staff responded to advice given to ensure people received the care they required. Health professionals told us the managers and staff were responsive when people's health needs changed. People using the domiciliary care service [DCA] told us they were confident with the staff who visited them in their own homes.

People told us they received a good service and felt safe. Accidents and incidents were recorded, and risk assessments were in place. Arrangements were in place for the safe administration of medicines.

People could choose what to eat and drink and were supported to eat in a pleasant sociable environment. People living in their own homes were supported with meals by staff who understood their nutritional needs.

People's communication needs were being met and complaints were acted upon.

People were happy with the way the home was managed. There was a positive and inclusive culture within the service and the registered manager supported the staff and sought to improve the quality of care. The registered manager regularly sought and acted upon people's views of the care they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 25 April 2017) .

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Atlantis Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Atlantis is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service also operated a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service, two visitors, six staff members, the operational manager, the registered manager and the deputy manager. We reviewed the care records of four people and

medication records of four people, records of accidents, incidents, compliments and complaints. We reviewed staff recruitment, training and support information as well as audits and quality assurance reports. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted two professionals and received one response. We spoke with a person using the DCA and two agency staff members for further feedback on the service and heard from two of the professionals and none of the staff

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the service and using the domiciliary care agency.
- People and their relatives told us they felt safe and supported by members of staff who understood their needs. People's comments included, "Oh yes I think [person's name] is very safe living here" and "I know all the girls who come into my home and I feel very safe with them."
- Staff understood their role in keeping people safe from avoidable harm and abuse.
- Staff spoke with confidence about the actions they would take if they thought someone was at risk. Staff told us they would not hesitate to report concerns and knew they would be listened to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were processes in place to undertake risk assessments and identify the potential risk of accidents and to mitigate those risks through regular review.
- People lived in a home which was maintained to a safe level. Regular checks were carried on the environment and equipment to minimise risks to people. People had personal evacuation plans in place in case they needed to leave the home in an emergency.
- The management team completed environmental checks in people's own homes to ensure they and the staff were protected.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, when an incident had occurred, a person's falls risk assessment had been reviewed to ensure any associated risks were identified.

Staffing and recruitment

- There were generally enough staff to meet people's needs and keep them safe. Staff were visible in communal areas and call bells were responded to quickly. People living in the community told us staff arrived on time and they had the same staff which meant there was continuity when delivering care and support. However, it was acknowledged by the registered manager and staff that there had been some shortages recently. Staff told us, they were a strong staff team and had filled in gaps. Records showed staffing levels had been maintained to a safe standard. Additional staff had been recruited to fill in the current gaps in the service rotas.
- People and relatives said there were enough staff.
- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

Using medicines safely

- Appropriate arrangements were in place for the safe administration and storage of medicines.

- Records described the support people required with medicines, medicine administration records were regularly audited, and staff were appropriately trained.
- Staff followed organised systems to ensure safe and timely administration of medicines to people.
- Policies and medicines training were in place.
- People had care plans which described to staff the support they needed in taking their medicines.

Preventing and controlling infection

- The service was clean and odour free and the provider had policies and procedures on preventing and controlling the spread of infection. Staff working in the community had the necessary infection control training and protective equipment to support them.
- Systems were in place to help promote infection control and this included cleaning regimes and training for staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the previous inspection we found where decisions had been made on people's behalf, the MCA assessment information had not recorded how the decision had been reached and what alternatives had been considered. At this inspection, we found where relatives held legal responsibility, there were records to show how best interest decisions had been made and who was involved. DoLS applications had been made to the local authority. At the time of the inspection no authorisations were in place.
- Staff had a good understanding of consent. We saw this in practise with staff always asking permission before supporting people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved into the service, a manager or representative met with them and, where appropriate, their next of kin and the community professionals involved in their care to assess their individual needs. People using the community service were visited by senior staff prior to using the agency so their individual needs could be identified and met.
- These assessments formed the basis of people's care plans, which were designed to achieve positive outcomes.
- Care plans were regularly reassessed to ensure they continued to be reflective as people's needs changed. One person told us, "They [senior staff] visit me and we go through what I need. It happens quite often."

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the management team.
- New staff members completed a structured introduction to their role. This included completion of appropriate training and working alongside experienced staff members until they felt confident to support people in the service and in the community. Staff told us they worked in both the service and community. One said, "It's really useful to do both roles."
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care. In addition, the provider had also supported staff in obtaining other training provision. For example; management levels of vocational training in health and social care.
- Staff were satisfied with the range and standard of training available to them. One staff member said, "The training is good, and we get reminders when they are due. It's good we get the time to do the training."

Adapting service, design, decoration to meet people's needs

- Signage to support people living with restrictive capacity was limited. The care service had pictorial signage to support people to identify bathrooms and toilets. However, there was no signage to support people in identifying their rooms. We spoke about this with the registered manager who agreed to look at suitable options.

We recommend the provider explores current good practice in using effective signage to support people living with limited mental capacity.

- The providers were in the process of considering extending the care service. This would mean a full refurbishment programme for the service with replacement carpets and decoration.
- People's rooms were decorated with personal belongings to ensure they felt comfortable with familiar items around them. One person said, "I love my room. I have all the things that are important to me."
- People lived in a homely environment with access to other floors via a stair lift. Most people were independently mobile. Some used mobility aids, for example, walking sticks or frames and only needed verbal support from staff to maintain their safety when walking around the service. Where people required equipment to support them in their home environment assessments had been made and staff had received necessary training.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to make sure people's needs were met. A visiting health professional told us the service worked closely with them and followed any advice in the best interests of the person.
- Records showed that domiciliary care staff worked with social workers and district nurse teams to meet people's individual care needs in their own homes.
- People were supported by staff to maintain good oral hygiene. The oral hygiene needs were recorded on care plans. The care service ensured people were registered with a dentist and regular checks were carried out and treatment available if required.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meals and choices available to them. People told us, "I do like the food its homely and well made" and "The food is always fresh." Staff working in the community were aware of people's dietary needs and choices.
- Any complex needs, or risks associated with people's eating and drinking were assessed and managed with appropriate specialist advice. This included the provision of texture-modified meals and thickened

drinks to reduce the risk of choking.

- People were encouraged to maintain a healthy diet. When it was appropriate, people were regularly weighed and, if necessary, referrals were made to the GP or dietician for advice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Staff told us they enjoyed working at the service. Comments included, "Love working here we are a strong staff team," "I like it because its homely and everyone gets on" and "Working in the community is really good. We respect everybody for who they are." .
- We saw gentle interactions and light banter between staff and people. The atmosphere in the service was relaxed and people smiled when staff entered the room. People had built strong relationships with staff. Relatives and people using the service told us, "Every time I visit there is always a good atmosphere," "When the girls visit me we always have a bit of a laugh. They do light my day up" and "The [staff] are always respectful and very caring. They know what sort of day I'm having."
- Feedback received from a professional was also positive. They commented on one person they had previously been concerned about. They described not only on improvements to the persons physical health but also their mental health and motivation since moving to this service. They told us the person had regained pride in every aspect of their life and had regained their confidence and individuality.

Supporting people to express their views and be involved in making decisions about their care

- People were independent and made choices about how they spent their time. People told us they were able to make decisions about what they did and the care they received. One person said, "I see how I feel when I get up. I might go out, stay in my room or go downstairs. Staff are there if I need them." A relative told us, "They [staff] always ask [Person] if they are happy with everything. [Person's name] has a grumble sometimes but they take everything he says seriously, and they really do listen to residents. I see it every time I visit."
- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their requests or responses.
- People living in the care home and using the community service told us they were fully involved in decisions about how their care was delivered. They said staff always asked permission before carrying out a task and checked how they wanted their care to be provided. For example, one person was assisted on both days of the inspection to visit their own home at their request.

Respecting and promoting people's privacy, dignity and independence

- Systems were in place to protect people's confidential information. Staff told us they were 'constantly' reminded of the need to respect confidentiality.
- Each person had a room where they were able to spend time in private if they wished to. People's privacy

and independence were respected by staff. People told us they valued their independence and liked to do things for themselves as far as they were able. One person said, "I can do what I want really. The staff always support me."

- One person using the community service told us staff were considerate and respectful. They said, "All the girls respect the fact this is my home. They always ask for permission to do anything."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Initial assessments were carried out to assess people's personalised care requirements. This information was added to care plans with information on people's backgrounds, interests and things which were important to them. This helped staff better understand people's support requirements. A staff member told us, "The way we get information is really good now that we are using the Information Technology [IT] system. We get the updates so much faster now."
- Staff demonstrated a good understanding of people's needs and preferences. Records reflected people's individual wishes. One person's care plan demonstrated how they had developed their confidence resulting in them going out independently into the community. Care plans also gave detail about people's moods and how best to communicate with the person.
- Care plans contained information about the support people needed to access and understand information. For example, if they needed reading glasses or hearing aids.
- People were supported as they were approaching the end of their life and their wishes were documented and planned for as appropriate.
- Staff received training to support people and families at the end of a person's life.
- Staff worked in collaboration with other health care professionals to ensure people's symptoms were well managed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records clearly detailed their preferred form of communication and ways in which staff should communicate with them.
- People were supported to understand information in ways that were personal to them. For example, some people lacked mental capacity, and, in some instances, this had affected their ability to verbally communicate. Staff were observed using simple words. Speaking directly to the person and keeping eye contact. We observed people responded positively to this approach. This demonstrated the staff understood the importance of effective communication which was person centred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities that were individual to them. Activities were arranged to provide flexibility.

There were various levels of dependence in the care service. Some people were supported into the community, for example shopping. Other people had one to one support where staff would speak with them, use hand massage. Some people liked to play board games. Entertainers visited the service on a regular basis. A relative said, "There are usually things going on but [Person's name] isn't much interested." One person told us, "I like to do my own thing." People could decide who they wanted to go out and socialise with. For example, most people did not want to go out in large groups and preferred to go out in smaller groups or individually.

- The service was part of a local university research project, looking at ways of providing meaningful activities for people living with dementia. For example, the use of technology to calm a person experiencing anxiety by playing the sound of raindrops. The registered manager told us this had been beneficial to the person.

Improving care quality in response to complaints or concerns

- Complaints were recorded and action taken to address them in line with the organisations policies and procedures.
- People told us they had not had reason to complain but felt confident to be able to approach the registered manager, or staff with any issues.
- There were no open complaints at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were clear about their roles and responsibilities. The registered manager was supported by a deputy manager and manager of the DCA. There were also senior care workers reporting to the management team.
- There was a programme of audits and quality reviews designed to ensure that the service was safe and drive improvements in the services performance.
- CQC were notified of incidents and events in line with legislation. The rating from the previous inspection was displayed correctly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager had a clear aim of ensuring people received person centred care.
- People clearly valued the service they received and the impact it had on their lives. People told us, "Coming to live here was the best thing I have done. It save me" and "They [staff] are a lifeline because I am on my own now."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager understood their duty of candour and told relatives and people where things had gone wrong in the past.
- Staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis. The registered manager provided feedback to staff on their performance.
- The registered manager understood their regulatory responsibilities and were supported by the senior management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems in place for gathering the views of all stakeholders. Annual questionnaires were sent to people using the service, staff and professionals. Results were analysed to identify themes and areas for improvement.
- A member of the senior management team visited people every three months to identify if there were any

areas for improvement.

- Staff received newsletters with their rotas. These were a means of communicating information about any organisational developments as well as news about events.
- Staff meetings were held every month. Staff were able to raise items for discussion in addition to the planned agenda.
- Senior management were creative when considering how they could work more closely with other healthcare professionals. For example, they were developing a system for updating GP's at regular interviews on the care and support people were receiving and any changes in their needs.
- The service worked in partnership and collaboration with several key organisations including health commissioners and social services to support care provision, joined-up care and ensure service development. For example, the registered manager ensured that health and social care commissioners were kept up to date with any changing behaviour support needs people may have so as to ensure the continuity of care.