Inspection Report

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

Tranquility House

39 Cheriton Gardens, Folkestone, CT20 2AS

Tel: 01303244049

Date of Inspection: 17 July 2014

Date of Publication: August 2014

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
Management of medicines	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs T Wratten
Overview of the service	Tranquility House provides personal care and accommodation for up to twenty older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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 17 July 2014, 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 carers and / or family members and talked with staff.

What people told us and what we found

Our inspection team was made up of one adult social care inspector. We read the care records of three people that used the service. We spoke with five members of staff and spoke with three people that used the service. We also spoke with a relative of a person using the service.

Tranquility House provides personal care and accommodation for up to 20 older people. There were 17 people using the service at the time of our inspection.

We considered our inspection findings to answer questions we ask:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at. If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service safe?
People were not safe because staff recruitment records did not contain all the information required by the Health and Social Care Act 2008. This meant that some of the background checks required to be made before staff were employed to work for the service had not been completed. People were at risk of receiving care from staff who may not be suitable to work with vulnerable adults. A compliance action has been set for this and the provider must tell us how they plan to improve.

People who were using the service benefited from safe care and support, due to good decision making and appropriate management of risks to their health, welfare and safety. Equipment at the home had been maintained and serviced regularly. People were protected against the risks associated with medicines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No applications had been submitted. The manager understood when an application should be made and how to do so.

Is the service effective?
People received effective care and support. People told us that they were happy with the care they received and felt their needs had been met. People had benefited from equipment that was comfortable and safe. We saw that staff understood people's care and support needs and that they knew the people well. One person told us, "They're really very good; all the staff are friendly and kind. I enjoy a good joke with them". This was added to by a visitor who said, "...staff understand. They are very kind and patient".

Is the service caring?
People were supported by staff who were attentive and courteous. We saw that staff were patient and encouraging when they provided people with support. People told us that the staff cared about them. People's privacy, dignity and independence had been promoted.

Is the service responsive?
People's needs had been assessed before they moved into the home. People told us they had been given the right support and had been helped in areas that were important to them. Records illustrated that people's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided that met their wishes.

Is the service well led?
The service was well led because it had a registered manager and people and their relatives told us they felt listened to. The manager carried out regular audits including areas such as, care plans, risk assessments, medication, maintenance of the premises and equipment. Staff were clear about their roles, responsibilities and the ethos of the home. Staff told us the manager was very supportive and accessible and that they received regular supervision and support.

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

What we have told the provider to do

We have asked the provider to send us a report by 25 September 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed. Care and treatment was planned and delivered in line with their individual care plan and in a way that was intended to ensure people's safety and welfare.

We spoke with a person who told us about their admission to the home. They told us that before they came to live in the home the manager visited them. They told us they had been involved in the decision to move in and the process had gone, "...as well it might have". We found the manager had gathered a range of information about this person's needs and their circumstances. The manager had used this information to make the decision to offer a placement. We spoke with a relative of a person who used the service. This person told us that their relative had been able to visit the home before deciding to move in. They told us that their relative had been reassured by having had this opportunity. They said that their relative had taken some comfort from having had an initial trial period to see if they liked living in the home. This meant that people had been supported to be involved in the assessment of their needs and that the views of people's families and carers had been taken into account.

We looked at peoples care records. We saw that people's individual needs, choices and preferences were reflected in their care plans. Examples included how they were addressed, what they liked to eat, how they liked to spend their time, and how they were supported to move about and have their personal care needs met. This meant that people received care and support in accordance with their preferences, interests and aspirations.

Daily notes recorded the care and support offered and provided to each person. The notes we looked at indicated that the care and support provided had been in line with that which was set out in the care plan. We saw that care plans had been monitored by senior carers and the manager of the service. We saw that care plans had been formally evaluated and reviewed each month. One carer told us that care plans had been updated and changed more often in instances where care needs had changed between monthly reviews. Examples included when people had become physically unwell and their level of

independence had reduced due to sickness and ill health. This meant that people's health had been regularly monitored to identify any changes that may require additional support or intervention; that referrals could quickly be made to health services when people's needs change; and that people's routine health needs and preferences were met.

The staff we spoke with knew the people they were caring for and supporting, including their preferences and personal histories. Relatives told us that staff had established positive, caring relationships with people who used the service.

One person we spoke with told us that they enjoyed going for short walks out in the local area. They told us that they were able to do this when they wanted to without any undue delays or complications. They told us about the arrangements that had been made to help make sure that they got back to the home safely. We found that the service had ensured that risk assessments balanced safety and effectiveness with the right of the people to make choices and to take informed risks.

We spoke with the manager about how the staff understood the requirements of the Mental Capacity Act 2005 and its main Codes of Practice, and put them into practice to protect people. We found that the manager had a good awareness of the Code of Practice. While no applications had been submitted the manager understood when an application should be made, and how to submit one. We were told that staff had attended training that covered the Mental Capacity Act. The provider may find it useful to note that when we spoke with staff we found that they were not aware of new guidance published by the Care Quality Commission (CQC) in April 2014 regarding the deprivation of liberty in health and social care. This meant that there was a risk that Deprivation of Liberty Safeguards might not be applied for when it may be appropriate to do so.

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

Appropriate arrangements were in place for obtaining medicines. Medicines had been ordered from a local pharmacy in line with those which had been prescribed by people's GPs. Care had been taken not to overstock medication whilst also ensuring that sufficient stocks were maintained such that medication was available as prescribed. Medicines had been disposed of appropriately by returning unused or spoiled stock to the pharmacist with records kept and signed.

We observed a member of staff as they completed a medication round at lunch time. The member of staff had completed medication training. They showed a high degree of knowledge and competence in relation to people's medication and the procedures to manage medication safely. We saw the member of staff made sure their hands were clean and they had all that was required to complete the task smoothly for example clean medicine pots, medication records, a pen, medication keys and fresh water for people to take their medication with if needed. This meant that medicines had been safely administered.

Medicines had been stored in a suitable lockable trolley. The trolley had been kept clean and medicines were stored tidily. The trolley was stored in a lockable cupboard between medicine rounds. Suitable provision had also been made for the storage and recording of controlled drugs. A medicines fridge had been installed in this area and had been used to store medicines that were required to be kept at lower temperatures. This meant that medicines had been kept safely.

Medicines were prescribed and given to people appropriately. We saw that medication was dispensed only after the printed prescribing instructions had been checked against the administration record and on the medicines packaging / container. We saw that contact with medicines was eliminated by the way it was dispensed straight from the packaging into a clean medicines pot. We saw that the person who dispensed it was the same person who administered it to people to whom the medicine was prescribed. We saw people being given time and support to handle medication and staff observing carefully to make sure it was taken successfully.

Appropriate arrangements were in place in relation to the recording of medicine. A record

was kept of medicines received into the home and of medicines returned to the pharmacist or otherwise spoiled or destroyed. We saw that once medication had been successfully administered the medication administration record (MAR) was then signed by the person who gave it. We saw that when a variable dose of medication had been prescribed, for example, one or two pain relieving tablets, the amount which had been administered had been recorded. We looked at MARs for three people over a four week period. We saw that medication had been initialled against as having been administered as prescribed except on two occasions. On one of these occasions a record of administration had been made in the controlled drugs register. This indicated to us that the medication had been administered and that the missing initial in the MAR was an oversight.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

There was enough equipment to promote the independence and comfort of people who use the service.

We saw that people had been supplied with equipment to help them move about independently. Walking frames had been supplied via occupational therapy teams. Each person using one of these aids had their own frame which was clearly marked with their name. This meant that people's mobility needs had been individually assessed and that equipment suited to their particular needs had been obtained.

We were told about an instance where a person had been observed to walk whilst carrying their frame in front of them. The risk that this presented was identified. Action was taken to reassess how best this person's mobility needs could be supported. The frame was subsequently replaced with an alternative which was better suited to them and reduced the risk identified.

We saw that pressure relieving cushions were available for all who needed or wanted one. We saw that people used these cushions. One person told us that they found the cushions to be, "...very comfortable". The cushions we saw had all been kept clean and were in a good state of repair. This meant that people had benefited from equipment designed to promote comfort and healthy circulation to vulnerable areas of skin.

We saw that that there were hoists to help move people. We were told that there was no one who was currently using the service that required this level of support. The hoists had been kept clean and serviced at prescribed intervals. Training to use the hoists had been attended by staff. This meant that if a person should need such support that there was suitable equipment in place to provide it and staff knew how to use it safely.

Staff told us that transfer belts and slide sheets had also been provided. The belts had been used to support people to transfer safely from a chair. The slide sheets were used to reduce friction and the risk of injury when repositioning or transferring people who were in bed. Staff had been trained how to use this equipment properly. This meant that people had been supported to mobilise in a way that was the least restrictive and promoted their safety.

Requirements relating to workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

Appropriate checks had not in some instances been undertaken before staff began work. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the recruitment checks that had been carried out on three staff working in the home. We saw that each person had been interviewed for their post, interview notes had been kept and the performance of each candidate in interview had been evaluated. Prospective staff had been required to supply their full employment history. Where there were gaps in employment history these gaps had been explored with the applicant and a judgement made as to reasons given.

We found that the appropriate level of checks had been made with the Disclosure and Barring Service (DBS). We also found that applicants had been required to provide two references one of which had to be from the applicant's previous employer. This meant that the provider had carried out backgrounds checks to help determine people's suitability to work with vulnerable people.

All three of the staff's records we looked at had been allowed to start work prior to DBS checks being completed. One person's start date was five weeks prior to the date on the initial DBS check obtained; one person's start date was four days prior to the date on the initial DBS check; the third person's start date was three weeks prior to the date on the initial DBS check obtained. We also found that a second reference had not been obtained for one of these staff. The provider stated that this reference had been missed and that action would be taken to obtain the reference without delay. The decision to allow people to start work prior to background checks being completed meant that people were at risk of receiving care from someone who may not be suitable to work with vulnerable adults.

We found that staff had the qualifications, knowledge, skills and experience to do their job. Staff had been supported and encouraged to undertake training and to gain relevant qualifications, knowledge, skills and experience to carry out their role. This meant that the health and welfare needs of people using the service were being met by staff who were trained and/or appropriately qualified to do their job.

Staff had attended training which covered their induction to the home, training topics and

ongoing skills development. Staff we spoke with had awareness and knowledge of diversity and a good understanding of people's individual needs and preferences. This meant that people received a service from a provider whose staff were competent to carry out their role and able to meet their needs.

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

People who used the service and their representatives were asked for their views about their care and treatment and they were acted on. We saw that staff were patient and allowed people time to express their wishes. We saw people share their opinions with staff, who listened and took action.

The provider who is also the registered manager worked in the home on a day to day basis. We saw that the provider knew the people that used the service and the staff team well. We found the provider had a detailed understanding of the care needs of each person who used the service and of the care plans in place to meet these needs. The provider had ensured that care records were monitored and that care provided was in line with that which had been planned to meet people's needs.

Relatives we spoke with told us that the provider and/or staff had always been available to speak with. They told us that they enjoyed a good relationship with the provider and the staff working at the service. They told us that the provider was always interested in, and had the time to sit down and listen to, their comments and views about the service.

The provider took account of complaints and comments to improve the service. One person using the service said, "I've got no complaints. Could not fault it", when speaking with us about the service they had received. One visitor said about the support staff gave to their relative that, "They (the service) know how to keep her going without her getting upset". There was a written procedure should people wish to complain and a comments and suggestions book available for people who used the service and any visitors. The provider told us that if there were any problems, people or their relatives usually discussed these informally and action could then be taken, which meant a formal complaint was avoidable. The provider may find it useful to note that the complaints procedure on display referred to the previous regulator and had not been updated with the details of the Care Quality Commission.

Records we looked at showed there was learning from experience and appropriate changes were implemented. Accidents and incidents were recorded and monitored. The provider described the measures they had put in place, to reduce the likelihood of

untoward events from occurring. For example, we saw that a care manager and relatives had been consulted with and alternative provision made for a person whose needs the service could no longer meet.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010** **Requirements relating to workers**
	How the regulation was not being met: The registered person had failed to ensure that information specified in Schedule 3 is available in respect of persons employed for the purposes of carrying on a regulated activity.

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 by 25 September 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk