

Key inspection report

CARE HOMES FOR OLDER PEOPLE

Tranquility House

**39 Cheriton Gardens
Folkestone
Kent
CT20 2AS**

Lead Inspector
Christine Grafton

Key Unannounced Inspection
14th September 2009 10:00

This report is a review of the quality of outcomes that people experience in this care home. We believe high quality care should:

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care homes for older people can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop.

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

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SERVICE INFORMATION

Name of service	Tranquility House
Address	39 Cheriton Gardens Folkestone Kent CT20 2AS
Telephone number	01303 244049
Fax number	
Email address	TINAWRATTEN@AOL.COM
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mrs Tina Wratten
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	20
Category(ies) of registration, with number of places	Old age, not falling within any other category (0)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category/ies of service only:

Care home only - (PC) to service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

- Old age, not falling within any other category (OP).
2. The maximum number of service users to be accommodated is 20.

Date of last inspection 20th November 2008

Brief Description of the Service:

Tranquility House is a large detached premises offering accommodation on four floors, located within easy reach all local amenities, including the main train and bus stations. There are 12 single and 4 double bedrooms, none of which have ensuite facilities, but all have a wash hand basin, call system, and are well furnished. There are adequate numbers of toilets, two wet rooms, with shower seats and one bathroom. A shaft lift provides access to all upper floors. Communal areas comprise of a main lounge, a quiet lounge, a large dining room and a conservatory. The property has a small, secluded back garden that is accessible for wheelchairs. There is a private parking area at the side of the house.

Fees range between £320.00 and £420.00 per week, with additional charges for hairdressing, chiropody, aromatherapy and newspapers. The most recent CQC report is available on request from the home.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means that people who use this service experience **good** quality outcomes.

This report takes account of information received since the last inspection, including a visit to the home.

We visited the home on 14th September 2009 without telling anyone we were coming so that we could see what it is like for people living there on a usual day. We arrived at 10:00 hours and stayed for the day, leaving at 17:10 hours. During our visit, we spoke to Mrs Wratten, the registered provider, staff and residents. The provider showed us around the communal areas of the home and we saw a sample of bedrooms. We observed what was going on, the home routines, staff practices, and what activities were taking place.

We spoke to most of the people living in the home and nine were involved in the inspection. The people who live in the home prefer to be called residents and this is the word used to describe them throughout the report. We spent time in their company, sitting in the various lounges with them. This also gave us the opportunity to observe the interactions between staff and residents.

We looked at some of the home's records. These included things like the residents' individual written plans of care, medication records, the staff rota, a sample of the staff records and training records, plus a sample of the management records, such as health and safety certificates and staff meeting minutes. We also used the home's annual quality assurance assessment known as an AQAA for short. This is a document that all homes have to send us once a year to tell us how they think they are meeting the national standards, how they have improved in the previous year, what they aim to do and lets us know when they have completed important environmental safety checks. Information from the last inspection is also referred to.

We sent some surveys out to a sample of six residents, two relatives, nine health professionals and ten staff prior to our visit. At the time of writing this report, three residents, five staff and one health care professional have returned their surveys. Their responses have been used to inform our judgements and will be referred to in the report. At the time of our visit there were 15 residents living at the home.

The manager was appointed in March 2008, but has only recently submitted her application to us to be registered, which is required by law. Unfortunately we have had to return this to her, as it did not include the correct police check information, which is needed for us to process the application. The manager

was not on duty at the time of our visit and the inspection was conducted with the assistance of Mrs Wratten, the registered provider.

What the service does well:

Residents say they are well looked after and the staff are kind and give them all the support that they need.

Residents are helped to keep healthy. Staff keep a watchful eye out and any signs of illness are picked up and acted upon, so that they get the right medical assistance when needed.

Medicines are handled safely so that residents get the right medicine at the right time.

Residents have opportunities to take part in activities to keep them stimulated. They have people come in to entertain them, to do musical and exercise activities and staff do other activities with them.

Residents say they enjoy good food and always have a choice at mealtimes. They have nutritious, appetising meals that are served in pleasant surroundings. One person said in their survey,

"Food is the best thing, we have plenty of it and it is home cooked."

Residents say that staff listen to them and if they have any worries the staff usually sort things out. They have confidence that any complaints would be properly dealt with.

Staff are encouraged and supported to achieve a recognised qualification in care. This helps make sure that care staff understand residents' needs and know how to look after them properly.

A staff survey contained the following comment about what the home does well,

"Good management, good training available if required."

Residents and staff say that the manager and provider welcome suggestions about the running of the home and that these are acted upon wherever possible.

What has improved since the last inspection?

They have developed the way they carry out their pre admission assessments so that they make sure they can meet the needs of people admitted to the home. The assessments are much more informative and provide enough detail for staff to be able to provide the right care when a new resident first comes into the home.

They have continued to develop the way they do their care planning so that each person's plan is more individual and detailed, providing a real picture of them as a person and giving the staff all the information they need about their health and personal welfare. This has included looking at risks and making sure they have action plans in place to keep people safe.

They have also improved the way they record people's daily records, which are being used to inform the care plans. This means that important information is documented properly and does not get lost. It provides a good reference point to help follow things through properly.

They have continued to make environmental improvements to keep the place homely for residents. This has included new dining room flooring, the refurbishment of the kitchen with new units, cooker and dishwasher and the provision of a new battery operated bath seat for the only bath in the home. This means that residents now have a more positive choice between bathing and showering.

They have met the requirement we made at our last inspection to seek advice from the health protection agency about their infection control measures and have taken action to make sure that clinical waste is dealt with properly. They have also provided more hand washing facilities for staff use in some areas.

However, the report from the health protection nurse contained a number of infection control concerns, including no sluice facilities, an inadequate cleaners cupboard and laundry provision. A number of recommendations were made. (See Could Do Better Section).

They have met another requirement we made at our last inspection to carry out environmental risk assessments and they now have a better system to make sure that any safety hazards are dealt with promptly. This means that the home remains safe for people living and working there.

They have developed the induction training for new staff and have continued with their staff training programme to help staff develop their knowledge and skills.

They have improved their recruitment practices by making sure they adhere to stringent safety checks to protect the residents living in the home.

They have developed the way they monitor the quality of the service they provide to residents. This is important so that they can see how well they are doing against what they say in their statement of purpose. Then as they identify things, they can make any necessary changes to the way they do things for the benefit of the residents.

They have made the management structure clearer, so that staff know who does what and who to go to about care management and other management things.

What they could do better:

The manager and provider have shown commitment to making improvements to the home and the way it is run. We have seen how this has benefited the residents.

There is one important thing from our last inspection that is still incomplete. That is the manager's registration with us. This is so that we can satisfy ourselves that people who manage care homes have all the necessary qualifications, skills and experience, and are trustworthy to look after the people in their care.

The application now needs to be resubmitted without delay to comply with the law. The provider has made a commitment to ensure that the manager does this. Therefore we have not made a requirement, but we will be monitoring the situation and expect that this matter will be promptly completed.

The statement of purpose and service users' guide need updating to make sure that the information is accurate.

Staff should attend training on the Mental Capacity Act and deprivation of liberties safeguards as soon as it can be arranged to make sure they are informed about the latest developments in this area to protect the residents in their care.

They should consider the provision of a sluicing facility for the cleaning of the commode pans and look at the laundry facility to see if any improvements can be made in line with the recommendations in the health protection specialist nurse's report. This needs to be included in the home's annual development plan for the coming year.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk.
You can get printed copies from enquiries@ccq.org.uk or by telephoning our
order line – 0870 240 7535.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2 & 3

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People considering moving into the home are given the information they need to decide if it is right for them. They have an assessment that tells staff about them and the support they need. This makes sure that their needs can be met upon moving in.

It is not the general policy of the home to admit residents for specialist intermediate care, so standard 6 was judged as not applicable at this inspection visit.

EVIDENCE:

People can read about the home in the statement of purpose, which is kept in the hallway for all to see. This has everything in it that we would expect to see, plus what is normally included in a separate service users' guide. There is

a lot of useful information in this combined document and the provider stated that this is given to anyone enquiring about the home with a view to moving in. This was updated following the last inspection, but since then some of the information is now no longer accurate and needs amending. Mrs Wratten indicated this would be promptly dealt with.

Of the three surveys returned by residents, only one person said they did receive enough information about the home before moving in. It is therefore recommended that the current combined statement of purpose and service user guide document is reviewed and information separated into two separate documents. This would mean that the service user guide, which is written in simple language with all the things people need to know about the home, could more easily be given to people beforehand, keeping the statement of purpose more as a reference to look at when they move in.

Each resident has a written contract or statement of terms and conditions of their residence in the home. We saw one of these that includes all the right details, including the bedroom number, fees, services included and not included, rights and obligations and notice period.

We looked at the information obtained for one resident before they moved in. We discussed their admission process with the provider and learnt that although admitted as an emergency referral, the manager and provider had gone to the person's own home to meet with them and complete a pre-admission assessment that had been well documented. Then when they came into the home a further full assessment of their needs had been undertaken and a care plan drawn up.

They had gathered lots of information about the resident as an individual, the things that they need help with in their daily living and how to promote their physical health and well being. This covers things like the sort of help they need with everyday tasks, such as getting washed and dressed, moving around, going to the toilet, keeping well nourished and keeping safe. We spoke to the resident's key worker who has developed a good rapport with them. We observed the two of them together and saw that the key worker has a good understanding of their needs. The resident was settling in well and using the trial period to consider their future plans.

We also looked at another new resident's pre-admission assessment and care plan, plus two more care plans, all of which had been completed to the same good standard. We spoke to two carers, one of whom said, "We give person centred care here". They both had good knowledge of the residents' needs and confirmed that they use the care plans, plus lots of verbal discussions between themselves, to make sure that they know the right things to do when supporting, or caring for, residents to meet their individual needs. All of this shows that they have improved upon the adequate outcomes for residents seen at the last inspection, to good.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 9 & 10

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents benefit from having their own care plan that provides staff with the information needed to make sure that their health, personal and social care needs are met.

They can be confident that the home's procedures and practices for managing their medication will protect them.

EVIDENCE:

We looked at four care plans and spoke to two carers and the provider about how the care planning system works. We spoke to nine residents and looked at the information from the surveys returned. This confirms that each resident has an individual plan of care that is kept up to date by the carers making detailed daily notes and by the regular reviewing of each part of the plans by the manager and senior carers.

The provider stated that the manager has worked hard on developing the care plans during the last twelve months to make sure that they have all the right information and that they are centred around each resident as an individual. We found that this has been achieved. The care plans are very detailed and cover a wide range of needs, including, personal hygiene, nutrition, mobility and risk of falls, continence, health care needs, communication, behaviour, personal safety and risks.

We saw that care plans contain useful detail about personal things a person can or cannot do and what they need help with. For example they might need prompting to wash and dress, but need help with things like buttons and zips. There are detailed guidance notes in the care plans on how to help with continence, mobility and how to move people safely. Care plans emphasise about showing respect for privacy and dignity and cover sexuality and religion. They also include detailed and up to date information about each person's medications, the doses prescribed, when to be given, what they are for and any side effects to look out for. A carer said they find this particularly useful.

Risk assessments have been developed to make sure that they contain all the guidance that staff need to reduce risk and keep people safe. For example, moving and handling assessments and health care risk assessments, such as for diabetes, or risk of seizures. Risks associated with diabetes are well recorded, including the things to alert staff that a person's blood sugar level is too high or too low. A care plan for someone who has insulin injections included nine intervention steps relating to this, as well as other aspects such as maintaining adequate nutrition and skin integrity.

The community nursing team visit regularly to give insulin injections and provide any nursing care that people need, such as dressings. Since the last inspection, care staff have started to record the details in the person's care plan of the differing insulin doses given by the nurses. This is important as they are an integral part of the person's health care and the community nursing notes would be removed from the home when they cease to provide the service.

Residents are helped to keep healthy. Carers keep a watchful eye out and any signs of illness are picked up and the doctor called. We saw lots of records in the care plans of visits by doctors and other health care professionals with the outcomes clearly recorded. We spoke to two carers about the needs of some of the residents and found that they had good knowledge of what was in the care plans and about the needs of the residents in general. One gave a good description of what to do if the blood sugar level of a person with diabetes drops too low or goes too high. The provider stated "We all know what to do if ... (a certain situation) occurs" and went on to describe what they do. This was confirmed in discussion with one of the carers.

A carer said,

"The care plans are good, they give you a good picture of everything and we have a separate folder with brief details of all residents which I found very helpful when I first started. There is a little bit about everyone for someone new, very informative. The district nurse team are brilliant. We have a good relationship. We have all the equipment we need here, we have a stand aid and hoist."

Three of the staff surveys included comments stating their views that the home provides good health care. One states,

"The staff are very caring, I believe we do well in most of their needs."

The three residents' surveys returned indicated that they feel well looked after and this was confirmed in our conversations with residents during our visit. One resident states,

"They look after me well."

Another said,

"I can't complain about anything, we want for nothing. The staff are kind and look after us well. We can have a laugh."

We looked at the way the home manages people's medicines. There is a system to check that the correct medicines are received from the pharmacy. Most of the medicines are put into blister packs by the pharmacist so there is less chance of medicines getting mixed up. Once checked in, the medicines are stored securely. When medicines are given to the resident, staff complete a medication administration record known as a MAR sheet for short. We looked at a sample of the MAR sheets, looked inside the medication trolley, at the other medication storage areas and saw that everything is in order.

A carer described the procedure followed when giving medicines out and we saw that the MAR sheets had been well recorded and no gaps were identified. The provider confirmed that medications are only administered by staff that have done medication training and been assessed as competent to do so by the manager. This was confirmed by our perusal of staff training records. The carer showed us the medication policy, plus a large lever arch medication file that covers all the drugs that residents are prescribed with information about them and their side effects. The carer stated that this provides a useful reference guide, which is readily available for all staff to look at when needed. There is also an up to date copy of the Mims monthly index of medical specialities, plus a selection of recent back copies.

We observed staff interacting with residents. We saw them using good communication skills and showing understanding and respect for their dignity, assisting them in a caring and supportive manner.

All of this shows that they have improved upon the adequate outcomes for residents seen at the last inspection, to good.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

12, 13, 14 & 15

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents benefit from having opportunities to take part in activities that suit their needs and from being able to keep in contact with families and friends.

Residents benefit from receiving a nourishing and balanced diet and having choices available to them. They enjoy their food and the relaxed mealtimes.

EVIDENCE:

Care plans contain details of people's past interests and preferred daily routines. Informative personal profiles have been developed as part of the person centred care plans. These include things like the personal relationships that are important to the resident and any preferences about religious observance. The activities programme is displayed in the entrance hall and this shows that a number of group activities are arranged each week. This includes twice monthly Music for the Healthy sessions. These are interactive music sessions whereby the person running the session brings into the home a number of musical instruments that residents can play as part of the group

activity if they wish. They also have visiting entertainers and exercise to music sessions. As well as this, we were shown a musical quiz CD and a bingo CD which we were told has recently been purchased and staff use to do activities with residents. We also saw examples of art and craftwork displayed in the hall that residents have done.

Residents spoke to us about their daily routines. They confirmed that they can choose when they do things, such as the time they get up in the morning or go to bed at night. Residents spoke about receiving visits from their families and friends and they indicated that their visitors are always made to feel welcome. Some residents go out with their friends or families. Two residents spoke about their enjoyment from the barbeque held recently in the garden and said it made a lovely change.

Survey comments included one from a staff member that states activities as something the home could do better. The three residents surveys returned indicated that the home always arranges activities that they can take part in if they want. They state in their AQAA "After speaking to the service users we are now holding events and encouraging everyone to take an active role in stimulating and joining in." Everything we have seen indicates that this is right.

All of the residents spoken to say they enjoy good food and have plenty to eat. The three resident surveys returned all sited food as one of the things the home does well. This was also stated in three of the staff surveys returned. One survey stated that it is all home cooked foods with fresh produce. Residents that we spoke to during our visit confirmed this. One person said, "Food is the best thing, we have plenty of it and it is home cooked."

A resident said they always have a choice of meal and on the day of our visit, the dinner was either home made pasta bake or chicken. People were offered home made buns with their afternoon tea. Special diets are catered for, such as, diabetic and high protein diets. Nutritional assessments are undertaken and dietary supplements are obtained in individual cases, where necessary, via the GP. Residents say they have drinks and snacks in between meals and they know they can have a hot or cold drink whenever they want.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16. Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17. Service users' legal rights are protected.
- 18. Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

16 & 18

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents can be confident that any complaints will be listened to and acted upon, and they will be protected by the home's procedures and practices to safeguard them from abuse.

EVIDENCE:

The home has a complaints procedure that has been rewritten since the last inspection to show who people should address their complaint to. This now needs updating to reflect the recent change to the commission address and telephone number. Residents say that they can talk to staff if they have a worry or concern and that staff listen to them and usually sort things out. They also know they can go to the provider or manager as well and are confident that any matters will be dealt with. None of the residents that we spoke with expressed any concerns. The three residents' survey comments also indicate that they know they can speak to staff if they are not happy.

Since our last inspection, the home has dealt with one complaint and there has been one safeguarding adults alert raised. Both of these have been satisfactorily resolved. One of the things they needed to look at as a result of the safeguarding adults investigation was to make sure there is sufficient

monitoring in the home for residents with mental health needs. Information assessed as part of this inspection indicates that they have sufficient staff on duty to monitor the residents. The majority of staff have attended training on the protection of vulnerable adults and we were told that six staff are booked to attend a course on dealing with challenging behaviours in October 2009. One staff member that we spoke with had a very good awareness of residents' needs and of what to do to protect people.

Another staff member indicated their awareness of the Mental Capacity Act and deprivation of liberties safeguards. Although they have not yet received any specific training about this, they had a basic understanding of their responsibilities from reading the leaflets that the home has available on these issues. It is recommended that all staff should attend training on the Mental Capacity Act and deprivation of liberties safeguards as soon as it can be arranged to make sure they are informed about the latest developments in this area to protect the residents in their care.

The home has a 'restraint policy' which is referred to in their statement of purpose and clearly states that it will not be used unless a risk assessment has determined it as necessary. Environmentally, they have a keycode lock on the front door, a stair gate and keycode locks on landing fire doors, which can be opened without the code from the outside to go up to the bedrooms, but cannot be opened from the inside unless the code is known. This is to reduce the risk of a person falling down the stairs. Environmental risk assessments are completed as well as individual ones for each resident. They will need to look at these in light of the deprivation of liberties guidance to ensure they are not restricting people unnecessarily.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

19 & 26

People using the service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents continue to benefit from the ongoing programme of redecoration and maintenance that makes sure the environment is homely and comfortable.

Some improvements have been made to prevent the spread of infection in the home, but there are still some more things that need to be done in this area to fully protect people from the risk of harm.

EVIDENCE:

We looked at the communal areas of the home and a sample of seven bedrooms. Communal areas consist of a lounge, a large dining room and a quiet lounge with a conservatory off. All of these rooms are suitably furnished

and decorated. Bedrooms were seen to be personalised, and to have suitable furnishings and equipment.

The home was clean, and we saw that some areas have recently been redecorated. This is an old building that requires continual maintenance. It was good to see that the providers have continued with their ongoing refurbishment programme. Since the last inspection, attractive new dining room flooring has been laid and the kitchen totally refurbished to a high standard, with stainless steel worktops, new cooker, units and dishwasher. A new battery operated bath seat has been purchased for the only bath in the home, so that residents now have a more positive choice between bathing and showering. The two shower rooms are well equipped and people can walk straight into them easily.

There is a shaft lift to provide access to all four floors. The lift broke down in July and was taken out of action for eight days while the maintenance engineers were waiting for the parts to be delivered. The manager kept us informed about this and put into place risk assessments and contingency plans, which meant that some residents had to stay in their rooms for that period. Staff made sure they checked on those residents regularly and the lift has now been fully repaired and is back in use. We saw the documentation from the lift service engineer regarding this.

At our last inspection, we made a requirement that they seek advice from the health protection agency to look at their infection control practices and see what needed to be done to make sure that residents and staff are properly safeguarded. They acted promptly to address this and an infection control audit was completed by the specialist infection control nurse on 8th December 2008. This contained a number of detailed recommendations.

Although they have made some changes and improvements, including the provision of a foot operated clinical waste bin and some additional liquid soap dispensers and paper hand towel dispensers. The laundry room is still not ideal and would benefit from some improvement. It is rather small for its purpose and also houses the boiler, which falls between the washing machine area and the sink area. The plumber was working on the boiler during the morning, making it difficult for staff to access this area.

The health protection nurse specialist report contained an overall audit total score of 54% which put it in their Red zone. There were areas of concern from an infection control standpoint, including no sluice facilities, an inadequate cleaners cupboard and laundry provision. A number of recommendations were made. So far no progress has been made regarding the provision of a sluicing facility for the cleaning of the commode pans, which still needs to be looked at. We have seen sufficient improvement to satisfy ourselves that the requirement has been met, but we support the recommendations made in the health

protection specialist nurse report and we expect that this will be included in the home's annual development plan for the coming year.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

27, 28, 29 & 30

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents can be confident that they will be supported by competent and qualified staff, and protected by the home's recruitment procedures.

EVIDENCE:

We looked at the staff rota and discussed the numbers of staff on duty with the provider, two staff members and four residents. The records and discussions indicate that there are between three and four carers on duty in the mornings and three in the afternoons, with two staff on waking duty at night. At weekends there are three carers on duty throughout the day. In addition to this, there is a cook on duty every morning and there is a part time kitchen assistant that works split shifts in the mornings and afternoons to cover the tea times. There is a part time cleaner that works on weekdays.

The two staff that we spoke to feel that there are usually enough staff on duty to meet the residents' needs. One staff member said that if they do have a busy shift, the manager and, or, the provider, always help out and they will listen and look at ways to improve things. We also looked at the survey results and of the three residents' surveys returned, two people felt that they always get the support they need and one said sometimes.

When we spent time talking with residents in the lounges, we kept a look out to see how things happen in practice, such as how quickly staff respond to residents when they indicate they need assistance. We found that staff reacted quickly when a person wanted to go to the toilet. When staff came into the lounges to do one specific thing, if a resident asked them about something, or to do something else, staff stopped and listened to them and came back if necessary, to deal with what the person wanted. The provider actively works on the floor alongside the carers and the cook is also a care assistant and covers some care shifts as well.

There have not been many staff changes in the past twelve months. Two new staff have started and we looked at their records. We saw that a number of security checks had been completed before they started work at the home. These include things like identity checks, taking up two written references and doing a police check. This is important to make sure that they are trustworthy people to work with the residents. Staff files are well ordered and contained all the right things that providers have to keep, as specified in the relevant regulations and standards.

We also spoke with a new staff member about their recruitment process and induction and found that this had been a positive experience for them. They confirmed that they had undergone a thorough recruitment process, including a proper interview and induction. They were still working through their induction workbook and stated that their induction had covered everything they needed to know and had been very informative and interesting. They went on to say that other staff and management have been very supportive and said how much they like working at the home. Staff surveys also confirmed this.

Over half of the carers have completed their National Vocational Qualification (NVQ) level 2 in care, or are currently working towards it. Some staff also have their NVQ level 3. We looked at the staff training matrix that shows that staff have completed training in key areas such as, first aid, food hygiene, moving and handling, infection control and fire safety. The records show that most of this training is up to date and the provider indicated that they now have a system in place to identify when updates are due and that a number of courses are planned. Staff surveys indicate that the staff training is good and they are being given the ongoing training that they need.

Everything we have found indicates that the carers are given the training that they need to make sure that they can care properly for the residents living in the home. They have improved upon the adequate outcomes for residents seen at the last inspection, to good.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

This is what people staying in this care home experience:

JUDGEMENT – we looked at outcomes for the following standard(s):

31, 33, 35 & 38

People using the service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents benefit from living in a home where their best interests are promoted. They have benefited from the changes made since the last inspection to clearly define the responsibilities of the provider and manager. This has resulted in a stronger management structure that better safeguards the people in their care.

The quality monitoring systems have been developed and people's views are beginning to influence any changes they make.

Safety procedures are adequate to protect people.

EVIDENCE:

The manager has been in post since March 2008, but has only recently made an application to register with us, which must be done to comply with the law. However the manager's application has had to be returned as it did not include the correct police check information, which is needed for us to process the application.

The provider is actively involved in the day to day running of the home. At our last inspection, the management structure was not clearly defined, resulting in staff not knowing who to go to about care or management issues. Since then they have made changes and it is now much clearer who does what. The provider deals with the financial aspects of the management, they share staff recruitment and disciplinary matters and the manager deals with the care management side of things. In addition to this, the provider's husband deals with maintenance and environmental issues.

The manager was not on duty during our visit, but we have seen all the changes and improvements she has brought about in the last twelve months. For example, person centred care planning, the pre admission assessment procedure, risk assessments, medication procedures, staff recruitment and induction training.

We have received positive comments about the way the home is run from residents and staff. One health professional stated in their survey,

"This is a friendly professionally run care home."

A staff survey included the following comment,

"Home welcomes all suggestions and if it's alright they follow what's been suggested."

Another staff survey commented under what the home does well,

"Good management, good training available if required."

At our last inspection, the manager had started to develop the home's quality monitoring systems. This had included giving out questionnaires, but the provider stated that they did not get a good result so instead, they have tried other things, such as holding a relatives meeting. This was unsuccessful, so the manager has stated in the AQAA that she writes to families who cannot visit to update them and establish good communication links. The AQAA also refers to holding a residents' meeting, but they mainly ascertain residents and

relatives views via daily contact and the availability of the manager and provider to everyone that visits the home, including health professionals.

The provider stated that she encourages people to say if there is anything they are not happy with and to make suggestions. She emphasised that any issues are listened to and used to inform any future changes. The manager stated in the AQAA that she has a good working relationship with staff, residents and families. This was supported in the conversations we had with residents and staff. Both staff spoken to said that the manager and provider are both very approachable and supportive.

They hold regular staff meetings and a staff member spoke about the last one that was held during the previous week. They keep records of these meetings and although the latest minutes had not yet been typed, we saw previous records that showed discussions on lots of relevant matters, including, training, team working, communication, staff roles and responsibilities and resident related matters, with emphasis on respecting residents' dignity.

The AQAA states that all staff receive regular supervision and this was evidenced in the two staff files seen and in discussion with two staff members. One staff member stated that the management structure is clearly defined.

The manager carries out a range of other quality audits and staff competency assessments. These include, signing off the induction records, monitoring of the staff training, via the training matrix and staff supervision and appraisal system. This makes sure that updates are booked and everyone has a training and development plan. The manager carries out medication competency assessments and has established good systems to make sure that all staff that administer the medicines are competent and have all the drug information they need to keep residents safe. In the past year she has established an effective person centred care planning system and she personally monitors and reviews all of the care plans.

At our last inspection, we saw that the provider had introduced sound procedures to safeguard the financial interests of residents and good records were being kept of monies held on their behalf. The AQAA indicates that the same procedures are being maintained and this was confirmed in discussion with the provider at our visit.

The AQAA indicates that all the relevant policies and procedures are in place and regular health and safety checks are undertaken. It also provides details of the dates that certain maintenance checks have been completed. We sampled a couple of these records and found that everything was as it should be. They have carried out environmental risk assessments and made sure that things are safe. We did not notice any hazards on our tour of the building. Staff are trained in health and safety matters (see staffing section).

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	x
5	x
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	x

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	x
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	x
21	x
22	x
23	x
24	x
25	x
26	2

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	3
33	3
34	x
35	3
36	3
37	x
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations



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