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 Inspections: 04 February 2013
24 January 2013

Date of Publication: April 2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs T Wratten
Registered Manager	Mrs. Janice Balderson
Overview of the service	Tranquility House provides personal care and accommodation for up to twenty older people. Accommodation is over three floors, with a small lift, suitable for people who do not need a wheelchair to access their bedroom. All bedrooms are currently for single occupancy, although four could be shared. Communal areas include a lounge, dining room, conservatory and a small garden. The premises are located close to the centre of Folkestone with town amenities and public transport.
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 24 January 2013 and 4 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and were accompanied by a pharmacist.

What people told us and what we found

People were involved, where possible in making decisions about their care and treatment. Staff treated people with respect, maintained people's dignity and encouraged their independence.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.
Some social activities were provided and people had access to health care professionals. People were assessed for any risks associated with the care they received.

People were protected by effective staff recruitment and selection processes. Appropriate checks were undertaken before staff began work. There were enough skilled and experienced staff to meet people's needs.

The medicines in this service were managed well and the provider had recently changed their supplier, in order to provide more support and staff training.

The provider had taken steps to provide care in an environment that was tidy and adequately maintained.

The provider had taken steps to identify the possibility of abuse, which aimed to prevent abuse from happening. Shortly after our first visit, we were informed of concerns, which were raised initially with the local safeguarding team and then with the provider for investigation.

The provider monitored the quality of the service. The provider told us that there was good communication with relatives and representatives of people who used the service.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We saw that people who used the service could make their own decisions about what they wanted to do, how to spend their time and whether to spend time alone or in a group of people. For example, a group of people enjoyed watching TV in the lounge, whilst others sat in a group in the hall lobby or chose to be alone in their rooms.

People's rooms were personalised according to their individual preference. We saw people's rooms contained their own personal effects. We saw one room of a person whose needs confined them to their bed. We saw that photographs and pictures of their family and interests had been enlarged and placed near their bed, so that they could see them clearly. One member of staff told us how they decorated this persons room the way that they liked it at Christmas. We saw that one member of staff spent some time with this person to talk with them in their room.

People could choose what they wanted to eat. Staff told us that they asked people what they would like to eat every morning and provided different hot meal options.

We spoke with staff and it was clear that they knew the needs and preferences of people who used the service. We saw that they supported people to make their own decisions and choices in their day to day life as far as possible. We saw that people were spoken with and supported in a sensitive and respectful manner.

We saw that written care plans contained details about the choices and decisions people had made in relation to their care and support. These included people's preferences and gave staff guidance about what people liked and disliked, such as what they preferred to eat.

We saw that staff treated people with respect, maintained people's dignity and encouraged

their independence. For example, people were supported to move around the house whenever they wanted to and assisted discretely with personal care.

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

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People were assessed before they moved into the home. This provided a comprehensive picture of the person and made sure they received the right care and support.

We saw from our observations and speaking with staff that they knew people and their care needs well. For example, one member of staff described in detail how they met people's needs on a daily basis. We saw that there were positive interactions between staff and people who used the service. For example, we saw that staff were patient and encouraged people to do what they could for themselves and allowed them time to voice their own opinions and views. We saw that staff spent time with one person who was unable to leave their room.

Each person who used the service had an individual written care plan. We looked at three. The care plans gave staff guidance about how to support people with their personal, social and health care needs. Care plans showed staff how people preferred to receive support. Staff told us that people's care plans were updated on a regular basis to reflect their changing needs. Records confirmed this. Staff we spoke with told us that care plans contained current guidance, which helped them meet the needs of people who used the service.

Activities were provided for people who used the service, such as bingo, skittles, Velcro darts, armchair exercises, nail painting and reminiscence using pictures of people's family and past interests. Staff said that musical entertainers visited the home once a month and people enjoyed a sing-a-long. Staff said that people liked to walk in the garden and go out for coffee in warm weather.
Staff told us that people did not always want to join in organised activities and preferred their own interests such as word searches, playing cards and knitting. We saw that a group of people enjoyed watching TV in the lounge and one person was reading. Records confirmed activities that people had participated in.

The provider told us that people were encouraged to maintain contact with their family and friends. Staff we spoke with confirmed this. The provider described social events to which relatives were invited such as "coffee and cakes" and Christmas parties.

People who used the service were supported with religious observance if they wished. Staff told us they supported people to attend church services if they wished.

People had access to health and social care professionals to make sure their needs were met, such as a GP, care manager and community psychiatric nurse. For example, one member of staff described how they contacted the district nurse when they were concerned. Another said that a chiropodist, dentist and optician visited people in the home. Records showed that staff supported people to attend health care appointments..

The provider was clear about the needs of people that the home could meet and those they could not. They described occasions when people needed to move to another service more suitable to meet their needs. Staff we spoke with confirmed this.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People who used the service were assessed for any risks associated with the care they received. For example, the prevention of pressure sores, leaving the building unescorted by staff and falling on the stairs.

The provider told us that where people were unable to make a decision for themselves, this was taken in their best interest with involvement from staff, health and social care professionals and relatives, where appropriate. Staff we spoke with knew about best interest decisions and confirmed they had received training in the Mental Capacity Act and the deprivation of liberty safeguards. Information leaflets were available. However, the provider may find it useful to note that there was no formal policy for the service about the Mental Capacity Act and deprivation of liberty standards available for staff guidance.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had taken steps to identify the possibility of abuse, which aimed to prevent abuse from happening.

The provider responded appropriately to allegations of abuse.

Reasons for our judgement

The staff we spoke with explained what they would do if they suspected a person was at risk of abuse and how they would protect people. For example, one member of staff told us that they would report any incidents to the provider immediately.

The provider responded appropriately to allegations of abuse. The provider was knowledgeable about how to refer to and work with the appropriate authorities about any concerns or allegations of abuse.

Two members of staff told us they had received appropriate training in how to protect vulnerable adults, whilst another said they would complete this shortly.

The provider told us that the multidisciplinary safeguarding protocol produced by the local authority was available, although this could not be found at the time of our visit. The safeguarding policy for the service was brief and last updated in 2007. The provider may find it useful to note that there was no detailed and up to date policy for the service about safeguarding vulnerable adults available for staff guidance.

Shortly after our first visit on 24 January 2013, we were informed of concerns, which were raised initially with the local safeguarding team and then with the provider for investigation. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. This is currently being looked into by the provider, the outcome of which will be used as part of our ongoing assessment of compliance.

The provider told us that they did not hold money on behalf of people who used the service. They said that some people had a lockable facility in their bedroom and these could be provided if people wished.

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 in relation to obtaining, storing and record keeping for medicine needed for people in the service.

We looked at medicine administration record (MAR) charts for a period covering four weeks. Medicines were ordered and checked as received every four weeks. We saw one example where the required amount of one medicine was received, but not available to give to the person on the last day of the four week cycle. Records showed that one dose was accidently dropped, but did not indicate that any other medicine was not available to be given.

We saw that medicines were recorded as given according to the prescription. Where any medicine was not given, this was documented clearly with the reason for not giving the medicine. We did see a few gaps in the record where we could not check whether the medicine was not given or whether staff had forgotten to sign that it was given. When a medicine was prescribed as a variable dose, the actual amount given to people was not recorded. We saw that the correct dose of a medicine which had changes in dose following blood test results was given, however the actual dose given was not recorded on the MAR chart

The provider might find it useful to note that accurate records are necessary for auditing that people have received the correct doses of medication.

We saw that where a medicine was prescribed to be taken only when needed, there were no guidance documents for staff to decide to give the medicine.

Medicines were kept safely. There was a lockable cupboard, trolley, fridge and a controlled drugs cupboard. The keys to these were kept with the senior person on duty. Medicines were disposed of appropriately. We saw medicine disposal records.

Safety and suitability of premises ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had taken steps to provide care in an environment that was tidy and adequately maintained.

Reasons for our judgement

All bedrooms were currently for single occupancy, although four could be shared. We saw that people's rooms contained their personal effects according to their individual preferences.

Communal areas included a lounge, dining room, hall lobby and conservatory. We saw that people could choose where they wanted to spend their time. The provider told us that the dining room was used by people for events, such as at Christmas and on people's birthdays. There was a small enclosed garden with a patio area. Staff told us that people enjoyed walking in the garden during the summer months. There were adequate bathrooms and toilets.

We saw that accommodation was over three floors. People were protected from falls by the use of keycoded doors to the stairs between the first and second floors. The provider told us that people used the call bell system if they needed staff assistance, which included moving up or down stairs. The provider said that the keycoded doors released automatically when the fire alarm was activated.

We saw there was a small lift, which was not large enough to contain a wheelchair. The provider assured us that people whose rooms were on the first and second floors could stand and weight bear and did not need a wheelchair to access their rooms. This was with the exception of one person whose needs confined them to their bed. The staff we spoke with told us that there were no difficulties when assisting people to use the lift to and from the first and second floors.

We saw the lift was not large enough to contain a mobile hoist. We saw mobile hoists available on the ground floor, in one person's room on the first floor and on the landing between the first and second floors. The provider told us that these were not used regularly, but assured us that these could be accessed if needed.

We saw the kitchen and food storage areas were clean. The provider told us that they were in the process of re-arranging the food preparation areas in the kitchen following a recommendation from the Environmental Health Officer.

The carpet in the hall leading to the conservatory contained a small number of stains. The

provider told us that the carpets were due to be cleaned tomorrow.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected by effective staff recruitment and selection processes.

Reasons for our judgement

There were effective recruitment and selection processes in place in order to protect people who used the service. For example, the provider told us that prospective employees applied for a vacant post using an application form and then if shortlisted attended an interview. Records confirmed interview questions and answers, which aimed to make sure that the applicant had the appropriate skills and experience to meet the needs of people who used the service.

Recruitment records were held in staff files. We looked at three. Appropriate checks were undertaken before staff began work. For example, looking at people's employment history, checking people's identity, obtaining two written references and checking for any previous criminal convictions or cautions.

The provider told us that applicants' qualifications were checked with appropriate documents, which aimed to make sure that they had sufficient knowledge to meet the needs of people who used the service.

Records showed that staff completed a questionnaire designed to make sure that they were fit for the post for which they were applying.

Staff we spoke with and records confirmed the recruitment and selection process.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our visit, there were enough qualified, skilled and experienced staff to meet people's needs. We saw that the staff had sufficient time to carry out their duties. Staff we spoke with confirmed this. We saw that staff were patient and had the opportunity to spend time with people. For example, staff interacted well with people in the lounge and one member of staff spent some time with one person who could not leave their room.

The provider told us there were usually three care staff on duty during the day, with two at night. Records confirmed this. Some domestic duties, such as cooking, cleaning and maintenance, were undertaken by auxiliary staff. The provider said that they worked out the number of staff needed on an ongoing basis by taking into account the needs of people who lived in the home.

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 monitored the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider told us that people were asked for their views. We saw people were relaxed and able to communicate their wishes to staff, who acted upon these. We saw that people were being spoken with and supported in a sensitive and respectful manner. Care plans gave staff guidance about people's preferences in relation to how their care was provided, how they liked to spend their time and how they preferred to be supported.

The provider told us that there was good communication with relatives and representatives of people who used the service. The manager said that if there were any issues, relatives could discuss these informally, action was then taken which meant that a formal complaint was avoided. The provider told us that no complaints had been received about the service provided. Records we saw confirmed this.

Staff knew how to raise any concerns with the provider, who supplied them with regular supervision and appraisal to support the needs of people who used the service. Staff we spoke with and records confirmed this. Staff told us that the provider was approachable and always available.

The provider told us that quality assurance surveys had been used to gain the opinions of the care provided, from people who used the service and their relatives or representatives, the results of which could not be found at the time of our visit. The provider explained that people told them if there were any problems, which they addressed immediately. The provider told us that they would send out quality assurance surveys to people who used the service and their relatives or representatives by 1 February 2013. The provider said that they planned to send staff and relevant professionals quality assurance surveys.

There was evidence that learning from incidents took place and appropriate changes were implemented. Accidents and incidents were audited and the results analysed. The provider told us that if a pattern of incidents emerged for someone , this could lead to a change in their treatment, care planning or risk assessment.

Regular audits were undertaken in the home to protect people's health and safety, such as tests and checks for the fire alarm system and electrical appliances.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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