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: 29 October 2013

Date of Publication: November 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
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ 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 29 October 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 carers and / or family members and talked with staff.

What people told us and what we found

At the time of our inspection, there were 14 people who lived at the home. We spoke with four people who used the service and one visitor.

People we spoke with told us that they were happy with the care and support they received. One person told us "staff come in and help; they are a cheerful lot". Another person said "they look after me very well; they make sure I'm alright".

People told us that they were supported to make their own day-to-day decisions and were involved in how their care and support was provided.

We found that care plans were individualised and contained people's choices and preferences. Risk assessments were in place to identify and minimise risks as far as possible for people who used the service.

We found that people enjoyed the food and were able to make choices about the meals provided. Staff were aware of people's dietary needs and helped to ensure people were protected from the risks of inadequate nutrition and dehydration.

We found that the home had arrangements in place to protect people from the risk of abuse and people told us that they felt safe.

We found that the staff felt supported by the provider and were able to undertake appropriate training and achieve relevant qualifications.

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. For example, we spoke with people who used the service and they told us that they made choices about their daily routines and were asked about their preferences. This included what they wanted to wear, what they would like to eat and what time they got up and went to bed. One person told us "the staff get my clothes out of the wardrobe; I always choose what I want to wear". People told us that they decided when to get up in the mornings and what time they went to bed and we saw care records that identified people's individual preferences about their morning and bedtime routines. Daily records also confirmed that staff followed people's preferred routines, for example, when people chose to stay up later in the evenings, or liked to be woken earlier in the mornings with a hot drink before breakfast.

We spoke to a visitor, who told us that they were involved in and consulted about their relative's care and support needs. They said the staff kept them up-to-date and that they had regular discussions about changes in their relative's health care needs, for example, when the doctor or the community nurse had visited.

People told us that they enjoyed the food, that there were menu choices available, and alternatives would be provided if requested. We observed the lunch time meal and saw that staff continually checked that people were enjoying their meal and whether they had had enough to eat or drink. Staff also checked with people about when they wanted to take their lunch-time medicines, for example, whether they preferred to take them with their meal or when they had finished.

People told us that they were able to choose how to spend their time. During our inspection, we saw that some people were socialising together in the shared TV lounge, whilst others were spending time in the smaller lounge and conservatory. We saw one person reading the newspaper and listening to the radio, whilst having morning coffee. They told us they pleased themselves about what they did during the day and that there

was plenty to occupy their time. We later saw them playing cards in the conservatory. A visitor told us that their relative preferred to stay in their own room during the day, as they preferred their own company and was "a bit of a loner". We saw that this preference was reflected in their care records.

We saw that activities and entertainment dates were displayed in the reception hall, for people to participate in if they wished. One person who used the service told us they enjoyed the musical entertainment and liked to join in. Other people told us that they go out regularly, usually with their family and friends, however, some people went out on their own and during our inspection, we saw that one person was on their way out to do some shopping in the town.

People were supported in promoting their independence. For example, we saw that care records clearly identified where people were able to undertake aspects of their own personal care and were supported to do things for themselves wherever possible. One person who used the service told us "I am able to do things for myself, but staff make sure you're alright; they check on you". We spoke with staff, who clearly knew the needs and preferences of the people they supported.

People's diversity, values and human rights were respected. We saw that staff knocked on people's bedroom doors before entering and were respectful in how they addressed and spoke with them. We saw that where people required help and support, staff assisted them in a quiet and dignified manner, at their own pace, without rushing. Records showed that the home had a 'Residents' Charter of Rights' and a policy about equality and diversity.

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 and care and treatment was planned and delivered in line with their individual care plan. We looked at three people's care records and saw that their needs were assessed prior to their admission to the home, and assessment visits were undertaken by senior staff to ensure that their needs could be met. We saw that this information was used to develop individual care plans and that care records included details about people's specific needs. This meant that staff knew how to provide the care and support each person required. We spoke with staff who told us that they followed people's care plans to help them meet the needs of people they supported.

We saw that daily records were used by the staff to monitor and comment on people's progress and any changes to their needs. These included details about people's personal care, their fluid and dietary intake, and clinical visits or medical interventions from health care professionals. We saw that care plans were reviewed and updated to reflect any changes in people's care needs and the support they required from staff. For example, one person who used the service told us that they were able to do certain things for themselves, and commented "it depends how I am feeling". We looked at their care plan and saw that their needs had been clearly documented to reflect their fluctuating condition and how this affected their physical and emotional needs, as well as their personality and behaviour. However, we saw one person's care plan that had been reviewed with 'no changes' noted, although other records showed that specialist equipment had been put in place to prevent pressure sores. This meant that staff may not have been fully aware of the changes implemented to support the person's care needs.

We saw that care plans contained details of visits from health care professionals, such as doctors and community nurses. Records showed that staff reported and responded when people required health care support. For example, staff had requested a visit from a specialist nurse to support a person's catheter care, when they had become concerned about possible infection. We saw that staff regularly monitored people's skin integrity and requested visits from the specialist nurse if they became concerned about people who may be at risk of developing pressure sores. We spoke with a visitor who told us they had no concerns about their relative having access to health care professionals and said "the staff call in the doctor and district nurse when required; they are always in".

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that care plans contained individual risk assessments where specific risks had been identified, for example, people's mobility, when people went out alone and where people were at risk from pressure sores.

Records showed that people were able to undertake activities that met their emotional and social needs. For example, one person told us that they enjoyed quizzes, and we saw that they had 'trivia' books in their room. Staff we spoke with told us that it was important that they spent time supporting them to enjoy their quiz books.

There were arrangements in place to deal with foreseeable emergencies. We saw that on-call emergency contact details were available, which meant that staff could contact management or senior staff, should an emergency arise where they required additional support.

We found that the staff had an understanding of their responsibilities under the requirements of the Mental Capacity Act 2005 and had undertaken relevant training. Records showed that people were supported to make their own decisions on a day-to-day basis. The manager told us that advocacy support would be made available if people required independent support with decision making, for example, meetings would be arranged to include their care manager and family representatives.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. We spoke with people who told us they were always offered choices at meal times. One person said "staff talk about what's on the menu, there are choices at meal times". We saw the lunch-time menu displayed in the dining room, which included a choice of two hot meals, as well as a vegetarian option and records confirmed that people had been consulted about their menu choices. People told us they were happy with the food and enjoyed the meals. Comments included "lovely dinners and lovely meals", and "I like the food". We saw that people's care records included details about their dietary likes and dislikes so that staff were aware of people's preferences.

People were supported to be able to eat and drink sufficient amounts to meet their needs. At the time of our inspection, we observed the lunch-time meal and saw that it appeared appetising and well presented. Staff were attentive, continually checking to see if anyone required assistance and to make sure people were enjoying their meals, as well as asking people if they wanted more to eat and drink. We saw that jugs of cold drinks were available throughout the meal and hot drinks such as tea and coffee were offered after the meal. We saw that people were given plenty of time to eat and remained in the dining room until they were ready to leave. During our inspection, we saw that people were provided with cold drinks wherever they were sitting in the home, and were served hot tea and coffee regularly throughout the day, accompanied by light snacks such as biscuits, between their main meals.

We looked at care records and saw that nutritional assessments were undertaken to identify if people had specific nutritional needs, for example, risks associated with poor appetite, concerns about people's weight, or if there were any food allergies or intolerances. Assessments also included any risks associated with swallowing difficulties. One person's care records showed that their assessment had identified concerns about their nutritional intake and they had been referred to the dietician, who had prescribed food supplements on a daily basis. A nutritional care plan had been put in place for staff to follow.

We spoke with some of the care staff and the catering staff, who were aware of the various dietary needs of the people in the home. Catering staff told us that special dietary needs were accommodated when required, for example, when people required soft or pureed diets. They told us about the vegetarian menu that was available and how they monitored

the sugar content of people's meals who had diabetes, or food intolerances, for example, one person had an intolerance to citrus fruit. We saw that records were kept by the catering staff of the daily menus and people's individual food choices. We saw that the staff followed various guidance, for example, 'advice to improve dietary intake for people with small appetites' and we were told that the guidance related to fortified diets for people at specific risk of under-nourishment.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People we spoke with who used the service told us they felt safe and that they would feel comfortable in speaking to the manager or the staff if they had any worries or concerns. One person told us that they felt safe and commented "yes definitely; they look after me very well" and another person stated that staff were "very friendly and open". During our inspection, we saw that people appeared comfortable and relaxed when interacting with the staff.

We saw that the home had a safeguarding vulnerable adults policy and a local procedure for staff to follow. The home's procedure reflected the requirements of the Kent and Medway Multi-agency Safeguarding Vulnerable Adults procedure, although at the time of our inspection this document could not be found. We saw that the home's local procedure contained details of the different types of abuse and the signs and symptoms that people might display, if they were suffering abuse.

We spoke with two members of staff who were aware of and familiar with the home's safeguarding policy and explained the procedure and what they would do if they saw or suspected that abuse had taken place. They explained the different types of abuse, the signs to watch for that might indicate abuse is happening, and their responsibilities in protecting the vulnerable people they supported. Staff also told us about the procedure they would follow to report concerns to external organisations and that they knew where to find the contact details. The manager and staff told us about an incident that had occurred, where they had responded and reported their concerns to the appropriate authority.

The staff we spoke with told us that they had undertaken safeguarding vulnerable adults training and their training records confirmed this. However, the provider may find it useful to note that the records also showed that safeguarding vulnerable adults training had not been updated for most staff since 2008. The manager told us that updated training was to be undertaken this year.

We looked at some staff files and saw that appropriate Criminal Records Bureau (CRB) checks had been undertaken when staff had been recruited and employed in the home, to

help ensure the safety of people who used the service.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff had received training and were supported to achieve qualifications that were appropriate to their roles. For example, records showed that staff had undertaken training in safe moving and handling practice, nutritional care, health and safety, fire safety awareness, safeguarding vulnerable adults, infection control and mental capacity awareness. However, the provider may find it useful to note that records also showed that some of the training had not been updated for some time. This meant that some staff may not have received training in up-to-date practice. The manager told us that they were aware that some training required updating and that they were about to book a range of training sessions with a new training provider.

We saw that staff were able to undertake some specialist training to help them support people with specific needs, for example, end of life care. We also saw that specific medication training had been undertaken by staff who had responsibility for administering people's medicines.

We spoke with some of the staff who told us that they had received a range of training to support them in their roles. One member of staff told us they had recently started work at the home and had undergone their induction training. They told us that this had included a written workbook that covered all essential areas of care practice. Senior staff had supervised them in completing this, as well as ensuring they undertook practical observation and shadowing sessions with experienced staff until they were ready to work alone. We looked at their training records and saw that their induction had been recorded, and signed by senior staff as successfully completed.

Staff were supported to achieve formal qualifications in care. We saw that out of a total of 12 care staff, 5 had achieved an NVQ qualification at level two and 4 had achieved an NVQ at level 3. Another member of staff had just completed their NVQ and was awaiting their results and a new member of staff was about to start their NVQ course.

The staff we spoke with told us that they had staff meetings and that they felt able to raise any issues or concerns regarding the service that the home provided and that they felt listened to by the manager. We saw the meeting notes from a recent staff meeting, where they had discussed a range of issues, including care practice and training.

Staff told us that they received one-to-one supervision sessions. We looked at the supervision folder and saw that the manager had introduced supervision arrangements for all staff, which included appraisal of their performance. One member of staff told us that they felt they had the opportunity to receive feedback and guidance and to check anything with senior staff whilst they were on duty, on a day-to-day basis.

All the staff we spoke with told us that they felt supported in their roles and that the manager was very approachable. One member of staff told us "you won't find another manager like them".

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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