



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for older people

| | |
|-----------------|--|
| Name: | Folkestone Nursing Home |
| Address: | 25 Folkestone Road East Ham London E6 6BX |

The quality rating for this care home is:

one star adequate service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

| | |
|------------------------|-----------------|
| Lead inspector: | Date: |
| Sarah Greaves | 0 5 0 5 2 0 0 9 |

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

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

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

| | |
|---------------------|--|
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Information about the care home

| | |
|-----------------------|--|
| Name of care home: | Folkestone Nursing Home |
| Address: | 25 Folkestone Road East Ham London E6 6BX |
| Telephone number: | 02085484310 |
| Fax number: | 02084725076 |
| Email address: | info@folkestonenursinghome.co.uk |
| Provider web address: | |

| | |
|---------------------------------|-------------------------|
| Name of registered provider(s): | Folkestone Nursing Home |
| Type of registration: | care home |
| Number of places registered: | 43 |

| | | |
|--|-----------------------------------|---------|
| Conditions of registration: | | |
| Category(ies) : | Number of places (if applicable): | |
| | Under 65 | Over 65 |
| dementia | 13 | 0 |
| old age, not falling within any other category | 0 | 43 |

Additional conditions:

The Registered Person may provide the following categories of service only: Care home with Nursing - Code N 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 - Code OP Dementia - Code DE (maximum number of places: 13)

The maximum number of service users who can be accommodated is: 43

| | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|
| Date of last inspection | | | | | | | | | |
|-------------------------|--|--|--|--|--|--|--|--|--|

Brief description of the care home

Folkestone Nursing Home is a 43- bedded care home for older people. The service provides general nursing care, general residential care, residential care for people with dementia and nursing care for people with dementia. The care home occupies a three storey purpose built premises in a residential street. There are also four bedrooms on the basement floor. The building has a lift. Folkestone Nursing Home can be accessed by bus and there are car parking spaces for visitors.

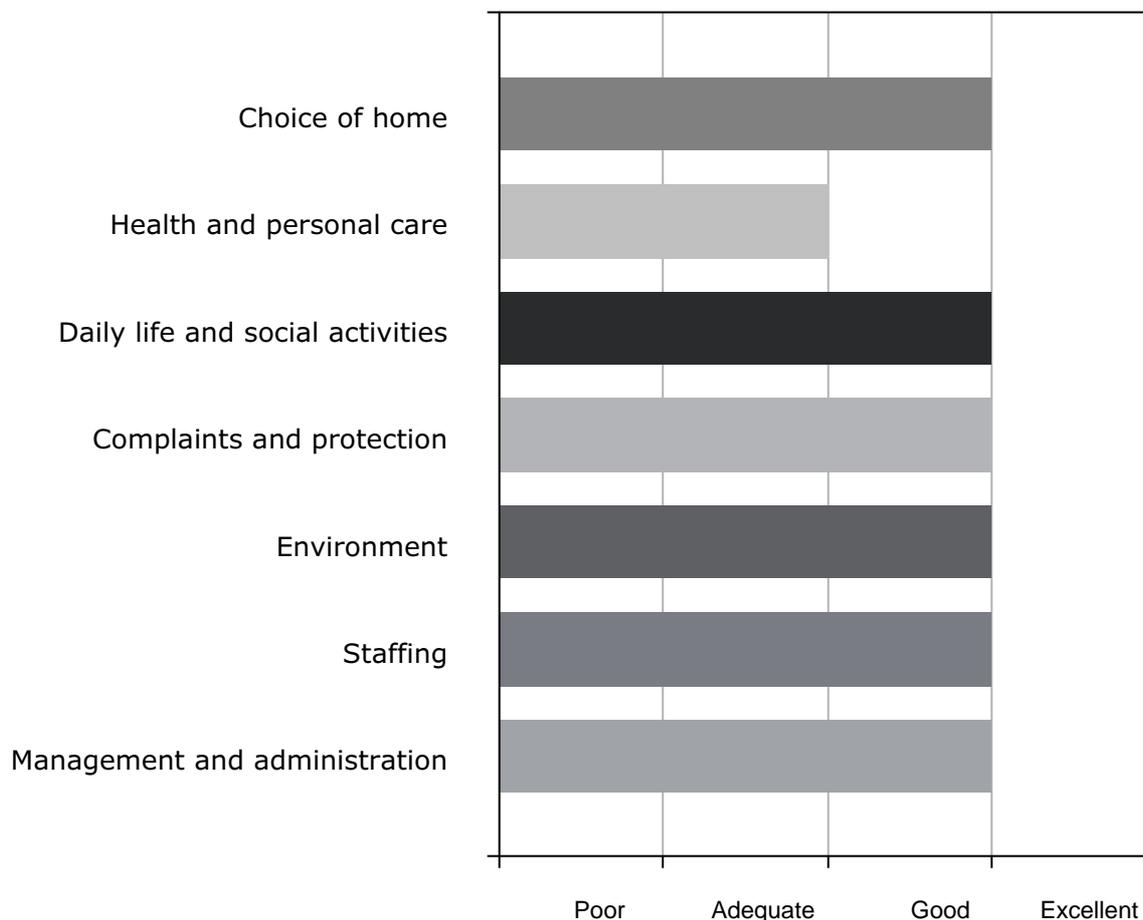
Summary

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

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

This unannounced key inspection was conducted over two days. The first day of the inspection was unannounced; however, we returned on a second day in order to continue the inspection.

We gathered information from speaking to residents, visitors and staff. We also read documents such as care plans, risk assessments and staff files (for evidence of staff training, supervision and recruitment practices). We toured the premises and checked the management of prescribed medications

What the care home does well:

The service provides quite a homely environment, which was particularly noticeable at the time of this inspection due to the occupancy level. Residents and visitors commented that they were happy with the standard of care and the friendly approach of staff. The premises are well maintained.

What has improved since the last inspection?

The service has demonstrated significant improvements at this inspection. The manager was appointed after the last key inspection in May 2008. We feel that he has brought about positive changes to all aspects of the service including care planning and delivery of care, activities, staff training, supervision and recruitment, and the new focus upon being a specialist service for dementia care.

What they could do better:

The main area for improvement is the need for staff to demonstrate clinical accuracy and full competency with clinical assessments. It must be emphasised that these assessments guide staff regarding important decisions, such as whether a person needs new measures to prevent the development of pressure sores or whether a pattern of weight loss must now trigger the involvement of a doctor/dietician.

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 set out on page 4.

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

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

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

The service evidenced suitable methods to promote the safe admission of any new residents.

Evidence:

The service produced a satisfactorily written Statement of Purpose and Service Users Guide. We were informed that the service was proposing to alter its registration in order to establish itself as a dementia care home, hence it is anticipated that suitable alterations will be made to both these documents to reflect the changes.

We read three care plans during this inspection, inclusive of the assessments. It was noted that the care home sought pre-admission assessments from the placing authorities and also conducted its own assessments.

The key standard 6 was not applicable for assessment as this care home does not offer an intermediate care service.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

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

The service has demonstrated on-going improvements for health and personal care; however, more rigorous auditing of the care plans is needed to ensure the accurate assessment of residents health and personal care needs.

Evidence:

We read four care plans during the course of this inspection.

Care Plan 1: We found that the Waterlow risk assessment (to identify the susceptibility of an individual to develop a pressure sore) had been incorrectly completed as the section addressing weight did not reflect a recent weight loss.

The life history information stated that the resident had five children; however, only four names were recorded even though staff at the care home had regular contact with members of the family. We also noted that the person's former occupation was documented; however, a discussion with their relative indicated that a hobby had been recorded instead of the correct former occupation.

Care Plan 2: The resident was prescribed a cream to treat dry skin but the Waterlow assessment stated that the person had healthy skin. The Waterlow score did not

Evidence:

increase to reflect weight loss and neither of the individual care plans for skin integrity or personal hygiene referred to the need to apply the prescribed cream. The body mass index was not recorded on the monthly observation chart for two consecutive months.

Care Plan 3: The falls risk assessment score for April 2009 had not been completed, although this is a resident that mobilises using an aid. One part of the care plan stated that this person was allergic to a type of meat but was also stated to dislike the item in a separate 'likes and dislikes' section; we felt that information should be consistently clear and specific when referring to an allergy. The Waterlow score was incorrect as it did not reflect the known body mass index for this person, and there was a contradiction between how the Waterlow assessment regarded condition of the skin (it was scored for being either dry or oedematous) but the care plan stated that the resident had normal, healthy skin that did not require moisturisers. The overall (clinically inaccurate) Waterlow score had also been added up wrongly.

It was noted that this resident had a low temperature for their baseline observations in February 2009; we would have anticipated that the nurses would have exercised their clinical judgement and re-checked this later in the day. The 'eating and drinking' care plan was missing a monthly evaluation and the 'elimination' care plan referred to another resident.

Care Plan 4: The care home failed to correctly identify that this resident was prescribed a diuretic when they were admitted, which would have raised the score of the falls risk assessment; this error had been noticed and amended prior to this inspection. The falls risk assessment was incorrect as no score was given for a prescribed type of medication (aperient). It was noted that the resident refused to be weighed by staff in April 2009, which was documented in the care plan. Upon discussing this with staff we were informed that they had attempted to weigh this person again in April but had not documented this. We felt that it was particularly important for this individual to have their weight monitored as they are susceptible to pressure sores and need to maintain their current weight with a healthy, protein rich diet. The Waterlow assessment was not altered to reflect the fact that this resident developed a pressure sore. The documentation for the pressure sore was satisfactory and demonstrated that the instructions of the tissue viability nurse were being adhered to. However, we noted that the photograph of the pressure sore had a date written on it with a biro pen, which had then been amended; we have suggested the use of a camera with a facility to record the date and time of photographs. The service is advised to speak to the Primary Care Trust (PCT) nurses regarding practices to improve upon the photographic evidencing of pressure sores, including wider perspective photographs to verify the identity of the client.

We noted an entry in a care plan that described a resident as having spent their day sitting pathetically. Upon discussion with the manager we acknowledge that the author of this comment was attempting to describe the resident as having appeared tired or

Evidence:

despondent but has unfortunately used a description that could be distressing to a relative.

It was also noted that a resident had sustained bruising on their face. There were no concerns regarding this; however, the service had not taken a photograph as the resident refused to allow staff to do this. We have advised of the need to seek an independent written record in such circumstances from the General Practitioner or the visiting PCT nurses.

Following this inspection we spoke to representatives of the Newham PCT team that provides nursing support to the care homes with nursing. It was commented that there had been significant improvements with the planning and delivery of health care, although some improvement was still needed.

We checked the storage and recording of medication. The service received an inspection visit from a CQC pharmacist inspector in December 2008, which noted significant improvements since the key inspection in May 2008. The following observations were made:

We were not able to check upon the management of the controlled drugs as there were none prescribed at the time of this inspection.

The medication administration chart for one resident had been signed in error on the wrong date. We have suggested that this error should have been documented on the back of the chart, to enable correct auditing.

A consistent style for recording whether a person has an allergy or no known allergy is needed.

We looked at two different eye-drops; one dispenser had been appropriately marked by staff with the date of opening so that it could be dispensed of after 28 days but the other was not.

It was also noted that some residents had a few prescribed build-up drinks in their bedrooms; we have advised that there should only be one drink at a time as these items could cause discomfort if mistaken to be an ordinary milkshake by a confused resident. We additionally found a prescribed dietary supplement stored in a communal lounge.

We have suggested that the temperature charts for the medication refrigerator should return to the former practice of listing the acceptable temperature ranges at the top of the page.

It was observed that residents appeared relaxed in the company of the staff, and good relationships were noted. Positive comments were received from residents and visitors in regard to the conduct of the staff, including how they spoke to and treated residents. We were disappointed when a staff nurse used a disrespectful gesture to indicate that a resident was becoming more confused. Although this occurrence took place in the staff office and not in front of any residents or their visitors, we felt that it was entirely inappropriate within a registered care service.

We noted that a chart was displayed on a wall that listed how residents wished to have

Evidence:

their drinks (for example, no sugar or two sugars). Whilst acknowledging the importance of all staff being informed of how to prepare individualised drinks, particularly for people that might not be able to express their wishes due to cognitive or physical health reasons, we would suggest another arrangement, such as this information being attached to the drinks trolley in a folder. The care home had secure areas for the storage of the care plans, although we found two confidential files in a communal area on the second floor.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this 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 benefitted from good arrangements for daily life activities, although the care home should continue upon its aim to constantly improve its service.

Evidence:

It was noted that the care plans explored the interests and hobbies of the residents, although all aspects of the care planning process would benefit from increased scrutiny as previously identified within this report. We met with the activities organiser and reviewed the current arrangements to support residents with their social needs. The service was proactive in its attempts to make links with suitable organisations in the community; for example, students from a local college were now undertaking short placements. A positive link had been developed with a nearby day centre for older people, which offered monthly visits to the centre for residents at the care home and visits by staff to the care home once every six weeks. The care home is a member of the national organisation for therapeutic activities for older people and the activities schedule demonstrated that there was an appropriately considered programme to meet a range of needs; for example, one-to-one sessions for people that do not wish to participate in organised activities, bingo, arts and crafts, baking, newspaper discussions and visits from entertainers. A monthly booklet was published to advise

Evidence:

the residents and their supporters about forthcoming daily and special events. The service offered flexible visiting hours; visitors that we spoke to stated that they felt welcomed by staff and were offered refreshments. Information regarding advocacy services was displayed. We looked at the menus for a one month period, spoke to the chef and checked the food and beverages supply in the main kitchen. It was noted on the first day of this inspection that all of the residents had chosen the same savoury dish for supper with no person opting for the alternative of 'margarita and chips'. We wondered whether the residents would have felt better informed if the dish had been described as a margarita tomato and cheese pizza. It was noted that the menu would benefit from some tweaking, for example, on one day there was a lunchtime choice of Irish stew (can be prepared with either lamb or beef) or steak and kidney (a combination of beef and lamb); we were of the opinion that there should have been an alternative free of red meats. We found that there was a good choice of fresh fruits, fresh vegetables, different cereals, cooked breakfasts if requested and home-made cakes. Observations at the supper time demonstrated that food was pleasantly served.

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

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

Although the service demonstrated appropriate systems to listen to and respond to the concerns of residents and their representatives, staff need to develop their knowledge of how to effectively protect the residents from abuse.

Evidence:

We checked the service's complaints procedure and how it managed any complaints; there were no issues of concern. The service also received compliments from satisfied residents and their families/friends.

The Adult Protection policy and procedure was satisfactorily written. We spoke to two members of staff during the inspection regarding their knowledge of the service's Adult Protection procedures which was satisfactory, including how they would report any concerns within the care home and externally. However, staff were not familiar with the term "whistleblowing"; we recommend that this is addressed in team meetings/supervision.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

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

Although residents were provided with a pleasant and comfortable environment, the service needs to make sure that the environment is safe for the needs of individuals.

Evidence:

We toured the premises on the first day of this inspection. It was noted that the premises were clean and comfortable, and maintained to a good standard. The care home occupies a four-storey purpose built premises, although the bedrooms on the lower ground floor are not used. We were informed by the manager that there were plans in the near future to provide a safe and enclosed garden area for the residents; at the time of this visit there was a risk of people with dementia wandering into the street unless there was constant monitoring by staff.

We were concerned with the following observations:

A staff office had been left unlocked. We were able to walk in and pick up a bottle of nail polish remover.

A sluice room that should be locked was found open when we looked around the second floor with the staff nurse in charge. We found that the knitting (inclusive of the wool and needles) of a resident was being stored in the sluice, which appeared to be an inappropriate and unhygienic setting for an item that its owner would personally value.

The premises were free from any offensive odours.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this 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 are assured that they will be cared for by sufficient staff that have been trained for their roles and responsibilities, although some additional refresher training would be beneficial.

Evidence:

At the time of this inspection there were twelve resident vacancies, hence one of the floors was not being occupied. We found that there were sufficient staff for each of the units and that the manager understood the principles of arranging sufficient staff to meet fluctuating dependency needs.

The care home either recruited care staff that had already achieved National Vocational Qualifications (NVQ) in Care or a recognised equivalent, or supported staff to gain this qualification.

We were informed that the vast majority of the current staff had successfully undertaken dementia care training, which was accredited by the Alheimers Society. The care home had recently arranged an event for the residents, their representatives and staff to mark this achievement. Information within this report has indicated the need for staff to develop their understanding of the service's own whistleblowing policy and for individuals to consider the impact of negative references to people with dementia.

The service evidenced that new staff were being safely recruited.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

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

The care home demonstrated clear improvements in how the service is managed and delivered.

Evidence:

We spoke to the manager and the deputy manager during the course of this inspection. The manager demonstrated that the care home has developed a new direction with its intention to establish itself as a specialist service for older people with dementia. There were evident improvements since the last key inspection in May 2008, which was reflected by the comments of residents, visitors and staff; and via observations that demonstrated a calm and happy ambience. We read some of the monthly person-in-charge unannounced visits to the service, which were being undertaken by an independent nursing home consultant. The manager was unable to produce the evidence of a couple of the visits, but the reports that we read indicated that identified strategies for improvement were being progressed and achieved. The manager stated that the care home had appointed a new local person to conduct these

Evidence:

monthly checks. We looked at the service's management of finances; there were no concerns identified. We have suggested that the financial records should refer to 'personal allowances' rather than 'pocket money' and offer wider choices for the toiletries that staff purchase on behalf of residents that require this support. It was noted that the service had now commenced a supervision programme for staff, which was working towards all staff receiving a minimum of six one-to-one supervision sessions each year. We found that the deputy manager was being trained to act as a supervisor. The manager provided a copy of a HM (Her Majesty's) Inspector's health and safety report, which required five separate actions to be taken to ensure the safety of the environment ;we were informed that these actions had been complied with. The health and safety certificates and records viewed at this inspection were found to be up-to-date.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|-----|----------|------------|-------------|----------------------|

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|-------------|----------------------|
|-----|----------|------------|-------------|----------------------|

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

| No. | Standard | Regulation | Requirement | Timescale for action |
|-----|----------|------------|--|----------------------|
| 1 | 8 | 15 | The Registered Person must ensure that staff understand and implement accurate clinical assessments for the planning and delivery of suitable health and personal care. For the safety and well-being of the residents. | 31/07/2009 |
| 2 | 18 | 12 | The Registered Person must ensure that staff receive refresher training regarding the purpose of whistleblowing and how to whistleblow. To safeguard residents. | 31/07/2009 |

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

| No. | Refer to Standard | Good Practice Recommendations |
|-----|-------------------|-------------------------------|
|-----|-------------------|-------------------------------|

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Web: www.cqc.org.uk

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