

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:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Sarah Greaves	0 1 0 5 2 0 1 0

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

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

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

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.

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

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

The mission of the Care Quality Commission is to make care better for people by:

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

Reader Information

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Internet address	www.cqc.org.uk

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
Name of registered manager (if applicable)	
Mr John Evans	
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	43	43
old age, not falling within any other category	0	13

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

Date of last inspection	0	5	0	5	2	0	0	9
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Brief description of the care home
Folkestone Nursing Home is a 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

Brief description of the care home

there are car parking spaces for visitors.

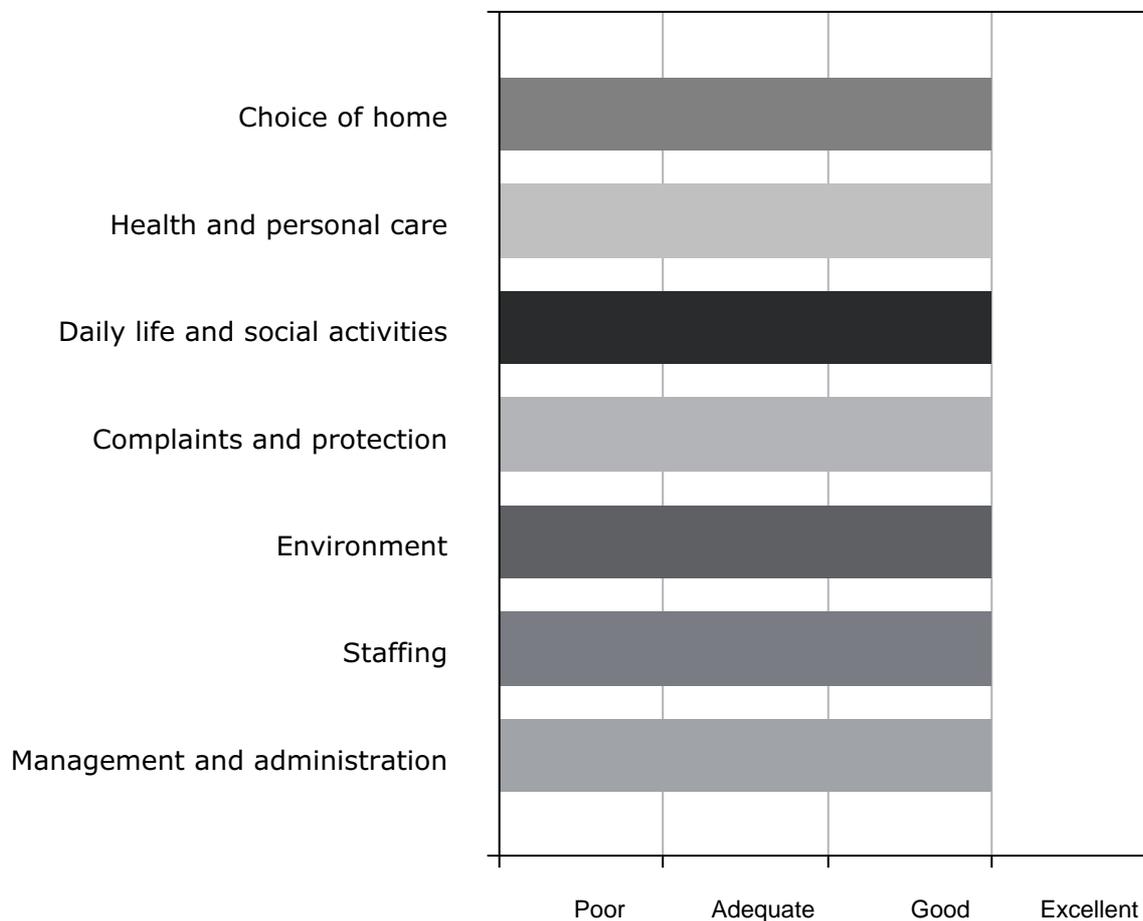
Summary

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

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This unannounced key inspection was conducted over two days. The first day was unannounced.

We gathered information through speaking to residents, their visitors, staff and the manager. We toured the premises, checked the medication and read a selection of documents (including care plans, policies and procedures, and staff files).

What the care home does well:

The service has now received a 'good' rating. We found that the service offers a homely and welcoming environment for its residents. Positive comments were received in regard to the staff and how they provided care.

There was a varied activities programme and opportunities to meet people from the wider community. The food service appeared to be very appetising and offered choices. Staff received on-going training, including recognised courses in dementia care.

What has improved since the last inspection?

The previous requirements had been satisfactorily met. There were notable improvements in the care planning. We noted that the manager (who had been in post a short time at the last inspection) had now been able to make a range of improvements across all aspects of the service.

What they could do better:

The service needs to ensure that a more rigorous approach to monitoring medication practices needs to be undertaken. We have advised the use of a more detailed staff supervision form and some clinical input for the unannounced monthly monitoring visits.

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

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

Details of our findings

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Outstanding statutory requirements

Requirements and recommendations from this inspection

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.

Prospective residents are assured that they will receive good information about the service and their holistic needs will be properly identified.

Evidence:

The service provided a comprehensively presented Statement of Purpose and Service Users Guide.

At the time of this inspection the service was accepting new residents for respite placements. There were 27 residents and 14 vacancies. We were not able to case-track how the service assessed the needs of any new people admitted for permanent placements; however, we were able to speak in a detailed manner to a resident who was at the care home for a short period. The resident was able to clearly express that he felt well cared for and that his needs were being very suitably met, which was evidenced in the accompanying care plan, the good interactions with staff and the provision of appropriate equipment to meet identified health and social care needs.

Evidence:

The service does not offer intermediate care, hence the key standard 6 is not applicable for assessment.

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

Although the care home demonstrated good practices for care planning and delivery of personal and health care, the service needs a more rigorous monitoring of the medication systems. Residents and their families spoke very favourably about the good care and kind approach received from staff.

Evidence:

We read three randomly selected care plans, inclusive of risk assessments, which were well written and up-to-date. There had been a clear emphasis upon improving upon the accuracy of the clinical assessments, for example, the Waterlow charts for identifying risks of developing pressure sores reflected any recent changes. We noted that a care plan for a resident that had been refusing blood sugar testing for four months needed to be updated in order to demonstrate that new medical/specialist guidance had been sought. We noted that the proposed healthy weight range for a resident was correct but restrictive within the Body Mass Index, which the service agreed with.

There were no concerns identified with how residents accessed support from

Evidence:

community medical and health care services. We were informed by the manager that the pressure relieving equipment had been checked and found to be satisfactory by the Primary Care Trust.

We received very positive comments from residents and visitors regarding how people are spoken to in a dignified and respectful manner. People frequently commented upon the relaxed and friendly environment within the care home, stating that the manager and staff were very supportive.

We checked the storage and administration of medication.

(1) Staff had failed to sign for a medication that had been given daily for over 2 weeks. This was reported to the manager and deputy manager. It was clear how the error had occurred, although it was firmly agreed that this was an unacceptable recording error.

(2) The British National Formulary was dated September 2008, hence it should have been updated in 2009.

(3) A prescribed item (thickening powder for fluids) was left in a prominent position in a communal lounge. We asked a care worker to place the item safely; it was taken to a prominent position in an unlocked bedroom. Staff need to understand the importance of keeping prescribed items securely.

(4) The prescription label for a medication had faded, hence the name of the resident was not clear.

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 are provided with suitable activities to promote their well-being. The service offered a welcoming environment to visitors (including key local individuals and groups) and provided a healthy and attractive food service.

Evidence:

We spoke to residents, visitors and staff about the day-to-day life within the care home. The activities organiser demonstrated a good knowledge of working with residents that have dementia, tailoring activities to meet how people feel on the day rather than attempting to work to a planned schedule. The service offered residents music based activities, a drama group, baking, board games, exercise, coffee mornings (visitors invited to participate) and craft games. The service was regularly visited by a greyhound dog, as part of a pet therapy service. The visiting hairdressing service was also popularly received.

The Life History work viewed at this inspection was noted to be of a good quality. We were able to quickly observe how staff had linked information such as past employment and hobbies of an individual to how this impacted upon their current needs and wishes.

Evidence:

It was close to election time during this inspection; arrangements had been made for any residents that wished to use their vote. Independent advocacy information was available for residents and their supporters. It was acknowledged that due to the dementia care needs of many of the residents in addition to other physical health problems, people were not in a position to maintain certain roles that were previously important in their lives, for example, being actively involved in a local church or community organisation. However, we were confident that the service encouraged people to be as independent as they were able to be. A visitor commented upon the satisfaction that their relative experienced through helping to make cakes, which would then be served at teatime.

Visitors commented that they were made very welcome and visiting was flexible. Events had been arranged for the summer to involve residents, families and friends, such as a barbeque. The service had formed positive relationships with people in the community, including local religious ministers, colleges and day centres for people with dementia. There was a plan in place for local sixth form students to visit the care home to show the residents how they used modern technological equipment.

The menu was very varied and offered suitable choices. There was an excellent choice of home baked cakes, puddings and cookies available in the main kitchen. Good initiatives were noted, such as the use of different coloured icing to decorate the home baked cupcakes (to stimulate interest for residents that might need encouragement with eating due to dementia). We observed that gravy had already been poured on the lunches on one of the units; we stated the need for people to make individual choices in regard to this matter.

Pictorial menus were used to help residents to choose from the daily options and the needs of people for special diets were identified. The manager stated that the service received support from a community dietician.

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.

Residents (and their supporters) are assured that the service has good systems in place to listen to concerns and protect vulnerable people.

Evidence:

We read the service's complaints procedure, which was clearly presented and readily available to the people that use the service. There were no concerns in regard to how the service dealt with any complaints; there were also a number of written compliments.

The service produced an applicable policy for Safeguarding Adults and staff received regular training. We were aware of how the service responded to an issue prior to this inspection, in which an open and detailed investigation was conducted by the deputy manager.

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.

Residents are provided with a pleasant and relaxing home.

Evidence:

The service occupies a purpose built premises. We found that the service was in good decorative order, clean, comfortable and free from any offensive odours. We noted an old sign on the front of the building that was no longer relevant; the manager stated that this would be promptly removed.

Good work had been undertaken to create an environment that was conducive to the needs of people with dementia; for example, the provision of reminiscence items and pictures, and the use of pictorial signs to identify communal bathrooms.

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.

The service demonstrated that residents are supported by staff that are competent for their roles and responsibilities, and these staff receive on-going training to further develop their knowledge and skills.

Evidence:

The staffing levels were found to be entirely suitable to the needs of the residents at the time of this inspection.

The staff training programme demonstrated that staff were attending mandatory training (such as fire safety and basic food hygiene) as well as training that was specific to the needs of the residents (such as stoma care, dementia care, leg ulcer management, understanding epilepsy and tissue viability).

We checked the recruitment documents for three members of staff. Each file contained evidence of the required information and checks, although we have advised that the service should have sought a reference from a person's last employer rather than two references from their place of study.

There was a very good achievement of National Vocational Qualifications amongst staff, attained at minimum and higher levels.

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.

Residents benefitted from a well-managed service, although specific improvements (such as more in- depth monitoring of medication practices) needs to be implemented.

Evidence:

The manager is a registered nurse and has extensive experience and qualifications in providing care for people with dementia. We found that the service had achieved good improvements since the last inspection. The registered manager is supported by a full-time deputy, who was also actively involved in the inspection process.

We gathered a number of positive opinions from all the visitors that we met over the two days of this inspection, and found that the service had sought and utilised feedback from residents and their supporters as part of the strategy for on-going improvement. An independent local person (with a recognised background in the welfare and support of older people) was carrying out the unannounced monthly monitoring visits and producing a monthly report regarding their observations. We were pleased with the quality of the reports but have discussed the need for some of

Evidence:

the visits to also have a distinctly 'clinical' component, which the manager will now organise.

A supervision programme was in place; we have advised that a more comprehensive template needs to be established, in order to fully evidence the scope of the discussions that occur.

We checked a range of health and safety records maintained by the care home, which were found to be satisfactory. We found a couple of items in the main kitchen that were either not labelled or had expired.

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	9	13	The registered person must ensure that medication practices are robustly monitored. For safety of the residents	31/07/2010

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

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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