

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Folkestone Nursing Home

25 Folkestone Road, East Ham, London, E6 6BX

Tel: 02085484310

Date of Inspection: 21 March 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ Met this standard

Details about this location

Registered Provider	Folkestone Nursing Home
Registered Managers	Mr Kreshnadeo Ramanah Mrs Rachelamma Thomas
Overview of the service	Folkestone Nursing Home is a 43 bedded nursing home for older people with dementia care needs. The service occupies a purpose built premises in East Ham, within the London Borough of Newham.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Folkestone Nursing Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Safeguarding people who use services from abuse

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 21 March 2014, 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 and talked with staff.

What people told us and what we found

We spoke with staff who demonstrated a good understanding of people's needs and how to promote people's independence.

Since our last inspection staff had received training in dignity and privacy. Staff we spoke with demonstrated a good understanding of people's needs and described how they balanced risk with people's independence. People who used the service told us that they were given choices and were happy with the service they received.

New systems had been introduced since our last inspection in January 2014 to address concerns. Staff were proactively monitoring risk and had developed their knowledge of safeguarding.

Training records demonstrated that all staff had received safeguarding vulnerable adults training and most had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 and their 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

At our last inspection in January 2014 we found people's privacy and dignity was not always respected. Their views and experiences were not always taken into account in the way the service was provided and their independence was not promoted.

At this inspection we found most staff had undertaken 'maintaining dignity and privacy in care' training. We observed how staff cared for people who used the service and people we spoke with told us they were happy with the care they received.

We were told that the five staff appointed as dignity champions had all received role-specific training since our last inspection. The activities co-ordinator, who was an appointed dignity champion, was able to demonstrate how they encouraged staff to recognise dignity issues in their day-to-day work. Staff we spoke with told us how they provided care to people in a way that was respectful and promoted people's independence. Staff described how they ensured personal care was undertaken in private with doors closed, and people were not left in a position which could compromise their dignity.

Staff told us about the 'dignity checks (kind care)' procedure which had been introduced since our last inspection. This looked at various aspects of care and whether this was provided in a respectful and dignified manner. We looked at a random sample of these daily checks, and found they contained comprehensive records of observations, findings and learning.

We were told about a new 'choices' document which had been introduced. We looked at these for each person who used the service and found they recorded people's preferences in relation to rising/retiring, assistance with personal care, eating and drinking, hobbies/interests and end of life care.

The minutes for the last residents and relatives meeting on 15/02/14 focused on the quality

of care and activities within the home. The concerns raised at the last inspection were discussed and a three-monthly family review meeting was introduced, to promote regular family involvement and an exchange of information.

We observed the 8am staff handover. We were told that the registered manager, the qualified nurses and a senior care assistant from each of the three floors were expected to attend the verbal handover. Information was then passed to all other staff as needed. We also observed a 'Take Ten' meeting which had been newly introduced. This was a daily 10am meeting attended by the head of each department to share information and plan for the day ahead.

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

Our judgement

The provider was meeting this standard.

People who use 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

At our last inspection in January 2014 we found people who used the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Not all staff had received training in safeguarding vulnerable adults, the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS).

At this inspection we found that all staff had received training in safeguarding vulnerable adults via the local authority. Most staff, including night workers, had received training in the Mental Capacity Act 2005 and DoLS and further training was planned for early May 2014. We were also told about on-line training in these subjects, which had been sourced by the provider, to ensure staff were assessed on their understanding and kept up-to-date at least once a year.

We asked staff about the training they had received and how they applied the principles of the Mental Capacity Act 2005 to their day-to-day work. Staff were unable to explain this and identify people who had a Deprivation of Liberty Safeguard in place. We discussed this with the registered manager and nominated individual who had drawn up an action plan to support staff to demonstrate their knowledge and understanding of these topics. We were satisfied that staff had received the appropriate training and the action plan implemented by the management team would address the short falls we had identified previously.

We spoke with staff who were able to demonstrate an understanding of how to safeguard vulnerable adults and were aware that they should be reporting any concerns to the provider or an external agency.

At our last inspection we had been concerned that one person had sustained a significant injury from a fall. We made a safeguarding alert which was investigated by the local authority safeguarding team. Following this the provider had put in measures to prevent this from recurring, which included a revised falls monitoring procedure and weekly clinical risk meeting.

We looked at the staff meeting minutes for January 2014 which showed the concerns raised at the last inspection had been discussed with staff.

On the day of our visit the management team had undertaken their own spot check at 3.30am which had resulted in the suspension and dismissal of four staff who had undertaken actions which placed people who used the service at risk of harm.

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.

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