

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: 07 May 2013

Date of Publication: June 2013

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

Care and welfare of people who use services	✓	Met this standard
Staffing	✗	Action needed
Complaints	✓	Met this standard
Notification of death of a person who uses services	✓	Met this standard
Requirement where the service provider is a body other than a partnership	✗	Action needed

Details about this location

Registered Provider	Folkestone Nursing Home
Registered Managers	Mr. John Evans Mr. Kreshnadeo Ramanah
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

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 7 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with other authorities.

What people told us and what we found

Most people we spoke to were not aware of their care plan but said they were happy living in the home. People who used the service indicated that they liked the staff and had their day to day needs met.

We were informed that visitors to the home sometimes experienced delays in being let in and out of the home when a member of staff was not based at reception. When we arrived we were let in by a staff member who did not ask our reason for visiting. We were not challenged about our presence until we had been in the home for eight minutes. We addressed this with the acting manager, who assured us that they would address this with all staff to ensure the security of the home was not compromised.

We found that people's care was delivered in line with their care plan which covered most areas of need. People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination.

There was no service user dependency tool in use to demonstrate that staffing levels were appropriate to meet the needs of the people living there.

There was no registered manager or nominated individual appointed to oversee the running of the home.

Formal complaints had been addressed and resolved to the satisfaction of the complainant, but the complaints procedure had not been produced in a format that would be accessible to everyone.

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

What we have told the provider to do

We have asked the provider to send us a report by 26 June 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People experienced care, treatment and support that met their needs and protected their rights. People's individual needs had been assessed before moving into the home and this information was used to draw up their care plan.

We looked at eight care plans which showed a holistic and person centred approach to care planning. The acting manager told us that they had reviewed everyone's care plan within the last four weeks. Care plans contained a basic life history and details of the person's end of life wishes. On the day of our inspection we observed the manager had organised training for staff in 'End of Life Care'. The provider may wish to note that care plans would benefit from further development, particularly in supporting people with challenging behaviours and end of life wishes.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Care plans viewed included MUST (Malnutrition Universal Screening Tool) assessments and weight monitoring which were updated monthly.

We observed a staff handover where the needs of each service user was discussed. Information was shared on a need to know basis and included the person's physical and emotional health, medication and any current issues.

Staff were aware of how to deliver care in line with the care plan and records demonstrated that people had their needs met. We heard staff talking to people who used the service appropriately, explaining what they were intending to do before carrying out any tasks.

The service had a dedicated full time activities coordinator who worked five days a week from 9am to 3pm. We were told that carers and nurses arranged activities at weekends and in the afternoons after 3pm. We viewed daily individual and group activity records which showed a variety of activities such as sing a longs, board games and bowling. We

were told that activities were changed regularly to keep people interested and were adapted to people's needs and interests.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. People who used the service were not subjected to any form of unauthorised restraint. The Deprivation of Liberty Safeguards (DoLs) were used when it was considered to be in the person's best interest. We saw that appropriate DoLs had been requested for those people who had been assessed as not having capacity and were at risk of harm such as financial abuse.

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

Our judgement

The provider was not meeting this standard.

The provider had failed to demonstrate that there are enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Since our last inspection on 13 November 2012 the registered manager has ceased employment and the clinical lead has taken on the role of acting manager.

The staff rota evidenced that there were two or three qualified nurses working between 8am and 2pm and two working at all other times. In addition to the qualified nurses, there were usually seven care staff working across three floors. The waking night shift was covered by one qualified nurse and four care staff.

We were unable to assess if people's needs were being met by the current staffing levels as a service user dependency tool was not in use. The acting manager told us that the home had been given support from the local authority to develop working practices. In addition, they had given them a service user dependency tool to help guide staffing levels but this had not as yet been implemented in the home.

Staff we spoke to demonstrated a good understanding of how to meet people's needs.

Less than 10% of staff had undertaken any training in care planning, bereavement and epilepsy, and less than 20% had received training in continence support and end of life care. Records showed that no staff had attended any training in tissue viability (maintaining health skin) or managing challenging behaviour.

The acting manager told us that three dignity champion's had been appointed, one for each floor, but role specific training needed to be arranged for them.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We looked at the home's complaints procedure. This directed people to raise their concerns initially with a senior carer or nurse. If they remained unhappy they could escalate their concern to the manager and / or the provider.

The complaints procedure had not been produced in a format that would be accessible to everyone. We were told that support from a family member or staff who spoke the same language would be provided to those people wishing to make a complaint where their first language was not English. The provider may wish to note that producing the complaints procedure in a picture format may help people understand their right to make a complaint.

We were told that there were no complaints currently being investigated.

There were two complaints on file, both had been addressed and resolved within the last six months to the satisfaction of the complainant.

Notification of death of a person who uses services ✓ Met this standard

Adult social care and independent healthcare services must tell us when somebody dies in their care. NHS services must tell us when somebody dies because they have not been given the right care

Our judgement

The provider was meeting this standard.

The provider has notified the Care Quality Commission about the death of a person who uses the service as required by the regulations.

Reasons for our judgement

Data collated by the CQC suggested that the provider may not have informed us as required by Regulations of all deaths of people that used the service. We discussed this with the acting manager who was able to verify that all notifications had been made as required.

Requirement where the service provider is a body other than a partnership

✘ Action needed

Services must be provided by people who are honest, reliable and trustworthy. They must also have the right skills, experience and qualifications to do the job

Our judgement

The provider was not meeting this standard.

The provider has failed to provide the name of a person who is employed either as a director, manager, or a company secretary, to be "the nominated individual".

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Since our last inspection on 13 November 2012, the provider had failed to provide the name of a person who is employed either as a director, manager, or a company secretary, to be "the nominated individual". This person should have the appropriate skills, qualifications, knowledge and experience to supervise the management of the home.

This section is primarily information for the provider

✘ **Action we have told the provider to take**

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
Diagnostic and screening procedures	How the regulation was not being met: In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.
Treatment of disease, disorder or injury	Regulation 13
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 5 H&SCA 2008 (Regulated Activities) Regulation 2010 Requirement where the service provider is a body other than a partnership
Diagnostic and screening procedures	How the regulation was not being met: The provider has failed to provide the name of a person who is employed either as a director, manager, or a company secretary, to be "the nominated individual".
Treatment of disease, disorder or injury	Regulation 5

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

This section is primarily information for the provider

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 26 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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