

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: 05 September 2013

Date of Publication: October 2013

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

Respecting and involving people who use services	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Cooperating with other providers	✔	Met this standard
Safeguarding people who use services from abuse	✘	Action needed
Staffing	✔	Met this standard
Complaints	✘	Action needed
Requirement where the service provider is a body other than a partnership	✔	Met this standard

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

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 5 September 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with staff who demonstrated a good understanding of people's needs and how to promote people's independence. Staff were aware of people's rights but some people we spoke to felt their privacy was not always maintained. People who used the service told us that they had sometimes been bothered by other people who used the service coming uninvited into their room.

People's individual needs had been assessed before moving into the home to demonstrate that the placement was appropriate and the home could meet their needs. Staff we spoke with had 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 treated with respect.

We saw evidence in people's care files that a range of health care professionals were involved in their care and treatment.

Training records demonstrated that less than half of the permanent staff had received safeguarding adults training in the last three years and no staff had received specific training in the Deprivation of Liberty Safeguards.

We looked at the newly implemented dependency tool. This measured people's physical needs in relation to their healthcare but did not include people's social and emotional needs, which staff described as varying from almost self-sufficient to high dependency.

There was an appropriate complaints system in place. However it was not in a format that was 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 22 October 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

Respecting and involving people who use services × Action needed

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 not meeting this standard.

People's privacy was not always respected and their views and experiences were not always taken into account in the way the service was provided.

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

We spoke to the activities co-ordinator who had arranged for some people to attend a session at a local day centre. People who used the service told us later that they had "really enjoyed the day out" and were "looking forward to going again".

We looked at seven care plans which showed varying degrees of input from the individual themselves. All contained a basic life history and details of the person's end of life wishes.

We spoke with staff, who demonstrated a good understanding of people's needs and how to promote people's independence. Staff told us they supported one person to access the community independently by ensuring they carried the address and home contact details with them when they went out. Another person told us they went to the local shops on their own but took their mobile phone with them in case they needed to contact staff.

We observed the staff handovers for the carers on the ground floor and the qualified nurses. The provider may wish to note that although handovers detailed people's health and social wellbeing, one part of a handover took place in a communal area which may have compromised the dignity and confidentiality of some people who used the service.

Staff we spoke with were aware of people's rights. However, some people we spoke to felt their privacy was not always maintained. People who used the service told us that they had sometimes been bothered by the behaviour of others who used the service. We were told about one person who wandered into other people's bedrooms and at times damaged or took personal items. We looked at this person's care plan and saw that this behaviour had been documented as a regular occurrence. Staff acknowledged that this person's behaviour was partly managed through allowing them the freedom to move around the home and explained how they monitored this. However, other people who used the service stated that they did not feel that the situation was being managed.

People told us that they did not have a key to their bedroom door. One person said "we are not allowed, we might lose it" and other people said they didn't know why they didn't have one. Staff told us that people could ask them to lock their rooms when they were not using them. However, it was not clear whether everyone would be able to make this request to staff.

The provider may wish to note that although there were three staff appointed as dignity champions, there was no evidence that they had received the role specific training which the provider told us they were arranging at our last inspection in May 2013.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned in line with their individual care plan. People's individual needs had been assessed before moving into the home to demonstrate that the placement was appropriate and the home could meet their needs. We looked at two assessments for people who had recently moved into the home. One was detailed whilst the other had only been partly completed.

We saw that following admission into the home, a further assessment was undertaken and this information was used to complete the care plan. The provider may wish to note that although all assessments had been completed, one person on respite care had not had a care plan completed. We discussed this with the acting manager who said they would address this with the staff member concerned.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments covered identified health care risks such as mobility, falls, the use of bed rails and manual handling. Best interest decisions were documented and evidenced that people's safety and welfare were taken into consideration in the planning and delivery of their care.

We looked at seven care plans which included appropriate health care monitoring such as MUST (Malnutrition Universal Screening Tool) assessments and weight monitoring charts. All care plans had been regularly reviewed and risk assessments had been evaluated at least once a month.

Staff we spoke with had a good understanding of people's needs and described how they balanced management of risk with promoting people's independence. People that used the service told us that they were given choices and treated with respect.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. People's care plans evidenced that their cultural needs were recognised and supported in relation to food options, religious beliefs and communication needs.

People who used the service told us that "staff are very good; they keep our rooms lovely

and clean. They do everything they can to help you" and "I have everything I need".

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Suitable arrangements were in place for working in cooperation with others to ensure that appropriate care and treatment was planned and delivered. We spoke with staff about this and were satisfied that the home cooperated with others, such as the local authority safeguarding team, social workers and healthcare professionals.

We saw evidence in people's care files that a range of health care professionals were involved in their care and treatment. These included podiatrists, dieticians, speech and language therapists, opticians and tissue viability nurses. Staff told us that general practitioners made visits to the home at least once a week. People confirmed that they saw a doctor when they needed to and care files contained records of all visits.

We sat in on a staff handover and this included people's appointments with other providers regarding their care and treatment by other health care professionals.

Each person had a named key worker who was responsible for coordinating their care. Those people who required a representative to act on their behalf had this clearly recorded in their care files, including their contact details to ensure they were included in all relevant discussions.

We spoke with professionals external to the home. They said that they had a good working relationship with the home and had no concerns about the care being provided to people.

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

Our judgement

The provider was not meeting this standard.

People who use the service were not always protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate 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

People who used the service were not protected from the risk of abuse, because the provider had not taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. Training records demonstrated that less than half of the permanent staff had received safeguarding adults training in the last three years. We were told that this training was in the process of being organised via the local authority.

The service had written policies covering adult protection and whistleblowing. We spoke to staff about adult protection and all were clear about the action they would take should they suspect or be witness to abuse. However, not all staff were aware of the whistleblowing policy.

The staff training matrix demonstrated that nine staff had undertaken training in the Mental Capacity Act 2005 in June 2013 and we were told that others were due to attend a further course in the near future.

Concerns had been raised by a visitor to the home that the provider had not acted in accordance with the Deprivation of Liberty Safeguards (DoLS). The acting manager had a clear understanding of their role in relation to DoLS and was able to give examples of applications they had made and the process they had followed. We saw appropriate applications had been made to the local authority by the acting manager and the reasons for the applications were clearly recorded.

We were concerned that there was no specific DoLS training offered to staff. However the acting manager was able to demonstrate that training was being arranged for all staff in the near future.

We spoke to care staff about DoLS and although they were aware that people should not have unnecessary restrictions imposed on them they were not aware of the restrictions that had been imposed for two people they worked with directly.

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs. However, their deployment should be reviewed.

Reasons for our judgement

At our last inspection in May 2013 we were concerned that there was no dependency tool in use to determine the number of staff needed at all times to meet people's needs. We were also concerned that some staff had not received training essential to their job role.

At this inspection we looked at the newly implemented dependency tool. This measured people's physical needs in relation to their healthcare but did not include people's social and emotional needs, which were seen to vary from almost self-sufficient to a level of high dependency.

We looked at the staff rota for those people residing on the ground floor and saw that there were two members of staff on duty between 8am and 8pm attending to the needs of 13 people. This included some identified two to one support for people with personal care and/or moving and handling needs. Staff told us that a staff member from another floor acted as an additional member of staff when they needed to undertake two to one support. Although there appeared to be sufficient numbers of staff to meet people's physical needs we noted that one person required a high level of supervision throughout their waking hours which had not been factored into the staff rota.

We saw evidence that some training which had been arranged for staff had been cancelled due to staff holidays. This included moving and handling, fire safety and infection control. The provider may wish to note that in order to demonstrate that staff have the appropriate skills and knowledge this training should be rescheduled without delay.

We discussed staffing with the acting manager who told us that there were currently vacancies for permanent nurses which they were hoping to recruit into. Staff said they were always busy but felt they were sufficiently staffed to offer a safe service.

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

Comments and complaints people made were responded to appropriately. However, the formal complaints procedure was not in a format that was accessible to everyone and not all complaints had been recorded.

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

Concerns had been raised with us regarding the accessibility of the provider's complaints procedure.

We looked at the provider's complaints procedure. Although there were limited stages of redress, the details of who a complaint should be made to and the timescales for a response were clear. The procedure included who to contact should the complainant remain dissatisfied.

We did not feel the complaints procedure was in a format which would necessarily be accessible to everyone using the service and we were not made aware of any advice or advocacy service available to support people to make a complaint.

People who used the service told us that they had made verbal complaints to staff regarding the infringement of their personal space and the taking of their personal items from their bedrooms. One person told us that they had lost clothes and food items whilst another said they were unable to stop one particular person from coming into their bedroom whether they were in it or not. This both compromised their privacy and worried them as to the safety of their belongings when they were not present. People told us that they did not have a key to their bedroom door but could ask staff to lock them when they were not using it. We were concerned that not everyone would be able to make this request or voice a complaint should they wish. We discussed this with staff who acknowledged that people had raised concerns. However, we did not find these recorded in the complaints log.

We looked at the record of complaints and found some complaints difficult to follow through to conclusion. Although all complaints received in writing had been taken seriously, investigated and responded to, not all complaints had received a final outcome letter.

Complaints were monitored by the acting manager and we saw evidence of learning from

complaints and comments which had led to changes in the service provided. For example, the provider told us that they were in the process of re-establishing a receptionist during daytime hours to facilitate visitors to the home. We were told was in direct response to feedback they had received.

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

✓ Met this standard

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 meeting this standard.

People who use the service have their needs met by a manager who is supervised by an appropriate person.

Reasons for our judgement

At our last inspection on 07 May 2013 we were concerned that the provider had failed to provide the name of a person who is employed either as director, manager, or company secretary, to be "the nominated individual".

Although the provider had submitted a formal notification regarding this matter, a named individual had not been made known to us. We discussed this with the provider during the inspection visit and we are now in receipt of the appropriate details.

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 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services
Diagnostic and screening procedures	How the regulation was not being met: The registered person must, so far as reasonably practicable, make suitable arrangements to ensure the privacy of service users and treat service users with consideration and respect. Regulation 17 (1)(a)(2)(a)
Treatment of disease, disorder or injury	
Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
Diagnostic and screening procedures	How the regulation was not being met: The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of taking reasonable steps to identify the possibility of abuse and prevent it before it occurs. Regulation (11) (1)(a)
Treatment of disease, disorder or injury	
Regulated activities	Regulation

This section is primarily information for the provider

Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Complaints</p>
<p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>	<p>How the regulation was not being met:</p> <p>The registered person must bring the complaints system to the attention of service users in a suitable manner and format. Provide service users with support to bring a complaint or make a comment, where such assistance is necessary and ensure any complaint made is fully investigated and, so far as reasonably practicable, resolved to the satisfaction of the service user.</p> <p>Regulation 19 (2)(a)(b)(c)</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 22 October 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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