

Folkestone Nursing Home Ltd

# Folkestone Nursing Home

## Inspection report

25 Folkestone Road  
East Ham  
London  
E6 6BX

Date of inspection visit:  
14 September 2022  
17 October 2022

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12 December 2022

### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Folkestone Nursing Home provides nursing and personal care for up to 45 older people who may be living with dementia. At the time of our inspection 42 people were living at the home. The service is provided in an adapted building spread across three floors, each accessible by a lift.

### People's experience of using this service and what we found

People had risk assessments in place to reduce the risks of harm they may face. Building safety checks were carried out and there was a plan in place to improve the environment. Staff were knowledgeable about safeguarding and whistleblowing. The provider used accidents and incidents to learn lessons. People were protected from the risks associated with the spread of infection. Staff were recruited safely and there were enough staff on duty to meet people's needs. People's medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were met. Care plans were detailed, personalised and included people's preferences. Staff understood how to provide a personalised care service. People were offered a variety of activities. Complaints were dealt with appropriately. People were offered a variety of activities. People's end of life care wishes were met.

The provider promoted a positive culture within the service to achieve good outcomes for people. Managers and staff understood what was expected of them. The provider checked the quality of the service provided in order to make improvements. People, relatives and staff gave feedback on service quality through surveys and meetings. The provider worked with other professionals to improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 13 December 2017).

### Why we inspected

We received concerns in relation to the safety of care and treatment people received and the lack of activities. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Folkestone Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Folkestone Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Folkestone Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Folkestone Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service and 2 relatives. We spoke with 6 staff including the registered manager, a nurse, 3 care staff and the activities co-ordinator. We looked at a range of management records including accidents and incidents, medicines for 4 people, quality audits and building safety certificates. We reviewed 4 people's care records including risk assessments and 4 staff recruitment records. After the site visit, we continued to liaise with the service. The registered manager sent us documentation we asked for and clarified any queries we had.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely. The medicines room was clean and tidy. Medicine was appropriately stored. Fridge temperatures were monitored and found to be within the acceptable range.
- Controlled drugs had been appropriately signed for and the stock count for these was correct. Controlled drugs are medicines that are subject to strict legal controls and legislation to prevent them being misused or causing harm to people.
- People prescribed 'as needed' medicines had guidelines in place for staff to know how and when to administer them. This meant staff would administer these correctly, safely and when needed.
- Medicines with a limited lifespan were labelled with an opening date so staff would know they were still safe to administer.
- While checking medicines with the registered manager, we found errors in stock counts for 3 people's medicines for 5 medicines for the day of inspection. The registered manager told us they were in the process of changing from boxed medicines to blister packs to reduce the occurrence of this.
- Following discussion with the registered manager, we were confident these issues would have been identified during the weekly audit. The registered manager told us after the inspection, they had made the weekly and monthly medicine audits unannounced as a precaution.
- The registered manager investigated the above errors and sent us evidence of the actions taken. This included reviewing the competency of all staff responsible for administering medicines by the end of September.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm or abuse.
- People told us they felt safe at the service. A person said, "I feel safe here."
- Relatives told us they felt their relative was safe at the service.
- Staff knew what action to take if they suspected someone was being abused. A staff member told us, "I would report to the manager. If the manager did not take action I would go to the next level [such as] the management director, CQC or the council."
- Staff received training in safeguarding vulnerable adults and how to whistle blow when they suspected abuse.
- The provider had a safeguarding policy which gave guidance to staff about how to report abuse. The provider notified the appropriate authorities about any safeguarding concerns.

### Assessing risk, safety monitoring and management

- People had risk assessments in place to minimise the risk of harm they may face. These included fire

evacuation, mobility, falls, and nutrition. Records showed risk assessments were reviewed monthly.

- Relatives told us they thought risks to people were managed safely. A relative said, "I've seen [staff] use hoists on [relative] to get them into the wheelchair and there is always a lot of people helping and they are always careful,"
- Staff knew how to manage the risks people may face. A staff member told us, "Risk assessments have been done and we need to follow the care plans. If [person] can choke, we are giving pureed food." This staff member told us the nurses updated them when a person's needs changed.
- One person's skin integrity risk assessment stated the person could mobilise short distances with a walking aid and could reposition themselves in bed which meant they were at low risk of developing pressure wounds.
- Building safety checks were carried out as required. For example, portable electrical appliances had been tested on 29 March 2022 and a gas safety check was carried out on 22 June 2022.
- During our visit we noted the garden pathway was blocked by overgrown plants and debris which could form a trip hazard to anyone going into the garden. The registered manager showed us the maintenance plan which included the inside and outside areas.
- Following the inspection, the registered manager confirmed the garden pathway had been cleared and showed us pictures.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs. Records and staff confirmed this.
- People told us there were enough staff on duty to meet people's needs. A person said, "There always seems to be plenty of [care staff] around."
- Relatives confirmed there were enough staff on duty. A relative told us, "[Care staff] go up and down all the time checking on [people using the service]. There's always carers coming in to see [relative]."
- The provider did not need to use agency staff as the turnover of staff was low and permanent staff were willing to work extra hours to cover gaps. The registered manager told us they had a regular agency they could use should they need to.
- The provider carried out relevant recruitment checks before employing new staff. This included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions. DBS checks were carried out for new staff and regular updates obtained for all staff.

#### Preventing and controlling infection



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider's approach to visiting was in line with government guidance and there were no restrictions to visitors at the time of inspection. Visitors were encouraged to wear a mask during their visit. One relative told us, "Visiting has now returned to normal so it's good because now if you've got 5 minutes or so, you can just pop in."

#### Learning lessons when things go wrong

- The provider kept a record of accidents and incidents and used these to learn lessons so improvements to the service could be made.
- The registered manager told us they had learnt a lesson about informing family about accidents and incidents because on one occasion a staff member had not told a family their relative had a fall which had led to a formal complaint. They said they now take personal responsibility for communicating with the family about incidents.
- Staff confirmed lessons learnt from accidents, incidents and complaints were shared with them in team meetings. One staff member said, "[Registered manager] arranges a meeting and informs staff to come the next day or the next day will go to each floor to inform all staff."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care to meet their needs and preferences including preferred staff gender. We observed staff offering people choices of activities and food during our visit.
- People told us care was provided in accordance with their preferences. One person said, "I spend most of my time in my room and usually have my lunch here. That's what I prefer."
- Staff understood how to deliver a personalised care service. One staff member told us, "We need to give preferences to the [person's] choices. We need to give [people] the choices and it should be their preferred choice."
- Care plans contained people's life history including likes and dislikes, hobbies and interests.
- Care plans detailed the aim of support for each task. For example, a person's care record stated, "To help [person] manage periods of distress, anger and low moods, staff to try to use diversion techniques, work history, family history or what's on TV."
- Care plans were reviewed regularly and the views of relatives were considered.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood what was required of them to meet the Accessible Information Standard. They told us to help people with dementia to make choices they showed them pictures of the choices such as food or clothes.
- The registered manager told us for people with a sight impairment, "We try to get [information] in different formats or big letters." They told us for people with a hearing impairment, "We can write down [information]. We can show them physically to find out their choices."
- Care records gave detailed information about how to support people with their communication needs including preferred language. One care plan stated, "I take time to reply to questions. I need to understand the question which takes time."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities. Records showed daily activities included group and individual exercise, hand and foot massage therapy, baking and outdoor walks.

- One person told us about the activities they took part in, "I get out into the garden sometimes. We go out to the shops or the park, they use a minibus sometimes. I get my hair cut here. We have a salon downstairs that the hairdresser uses."
- A relative told us, "The activities co-ordinator will come in and chat with [person]. They're so good, they paint [person's] nails and they got [person] to the jubilee party for instance."
- The activities co-ordinator told us, "I'm here weekdays. We take people out sometimes, like we will visit a [place of worship]. We have a large park nearby too we can visit, and we always celebrate birthdays."
- We observed people engaged in activities such as colouring in or painting pictures of the Queen's head and completing jigsaw puzzles. The activities co-ordinator visited people who chose to stay in their bedroom to offer individual activities.
- People had an activities care plan which listed their preferred activities. One person's care record stated, "To reduce the risk of social isolation, staff to encourage [person's] preference of activities and encourage them to participate in the homes activities on offer as and when they wish."
- We asked the registered manager about activities at weekends. They explained that relatives visited at the weekend and took people out. The registered manager said weekend activities were offered to people who did not have visitors.

#### Improving care quality in response to complaints or concerns

- The provider managed complaints and concerns appropriately. They had a detailed policy which gave clear guidance to staff about how to handle complaints.
- People and relatives knew how to make a complaint or raise a concern. A relative told us, "I haven't got any worries about [person] being here at all. If I do, they [managers and staff] are straight on it."
- Staff were knowledgeable about how to respond to a complaint or concern. One staff member told us, "I will try to correct it. I will report to the manager and the nurse and they will try to make it perfect."
- Records of complaints showed these were responded to appropriately and the complainant was satisfied with the resolution.

#### End of life care and support

- People's end of life care wishes were respected. The provider had an end of life care policy which gave clear guidance to staff about how to meet people's end of life care wishes.
- Staff received training in how to deliver compassionate end of life care.
- People had an advanced care plan as part of their care records. These plans included where the person wished to end their life, who they wanted to be present and burial wishes.
- Care records also noted if a person wished to be resuscitated and where a person did not wish for this, appropriately completed 'Do not attempt' resuscitation' forms were in place.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive culture which was open, inclusive and empowering. The registered manager told us they helped out at lunchtimes and worked alongside staff at least once a month. They said, "If I see something done well, I say 'Well done'. I have to value my staff."
- Relatives thought the service was well managed. One relative said, "I believe the manager here is very good. [They are] easy to get hold of. The staff here are lovely and helpful to me and [relative]."
- Staff spoke positively about the registered manager. One staff member said, "[Registered manager] is supportive. We can tell [them] anything. We can call [registered manager] anytime even if [they are] not in the building."
- Staff told us the management were open to suggestions to help the service improve. Comments included, "We always give suggestions." and "Sometimes I will ask for additions like [specific] activities."
- The registered manager explained how they included people and relatives, "We go one to one to [people] and ask them if they have anything they want to discuss. I communicate with the family and whatever they say I take into consideration."
- The registered manager told us about different ways they engaged with staff. They said, "I deal with anything in the staff meetings. I operate an open-door policy. If [staff] cannot get hold of me, I tell them to please talk to the nurse or call [owner]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to notify the local authority and CQC about safeguarding and incidents. CQC had received notifications as appropriate.
- The registered manager understood their responsibility under the duty of candour and told us, "If we have any serious incident or accident, we have to write to [person and family] and say sorry. We have to report to the local authority and CQC."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager described the challenges in managing the service during the pandemic and said, "I think the [challenges were] utilising staffing levels on each floor and trying to maintain the quality of service. My staff were able to maintain the quality of service and the families have been very understanding."
- Staff were clear about their roles and knew the people they supported, and their care needs well.

- The provider had quality audit systems in place to check for any improvements that could be made to the service. These include medicines, health and safety, falls and infection control.
- We checked the health and safety audit carried out on 30 June 2022 and noted actions from the previous audit had been completed and a fire risk assessment and legionella risk assessment were booked.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and visiting professionals were updated and involved in the development of the service through feedback surveys and meetings.
- The provider carried out feedback surveys to obtain the views of people, relatives, staff and visiting professionals about the quality of the service. Analysis of surveys was used to improve the service.
- The survey of people and relatives carried out in June 2022 had 22 respondents who were happy overall with the quality of the service. We noted one person was not happy with how complaints were handled. This was addressed in a meeting held with people and relatives and was discussed with staff.
- The provider held regular meetings with people and relatives. We reviewed the minutes of the meeting held on 5 September 2022 and noted relatives felt staff and management were approachable and easy to talk to if they had any issues.
- We reviewed the minutes of the staff meeting held on 18 August 2022. Topics discussed included falls, training, complaints and face masks.
- Staff told us they considered people's cultural needs. A staff member said, "It is our duty to take care of culture." The registered manager told us if relatives wished to bring a spiritual representative to visit their family member, this was encouraged.
- The registered manager told us staff were treated equally and there were no equality issues within the team. Staff confirmed this.

Working in partnership with others

- The provider worked in partnership with healthcare professionals to improve outcomes for people including the optician and dentist.
- Care records showed staff liaised with other professionals to ensure people received timely and appropriate care.
- The registered manager told us they had monthly meetings with the multi-disciplinary team which included the GP, speech and language therapist, dietician and physiotherapist. They told us they did not need to wait for the GP to make a healthcare referral as they could do this directly.
- The registered manager told us the physiotherapist sent physiotherapy students to work with people using the service and a college sent student nurses to work at the service as part of their training.