

Folkestone Nursing Home Ltd

Folkestone Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

Overall summary

We carried out an unannounced comprehensive inspection of this service in August 2014 at which breaches of legal requirements were found. This was because the service was not meeting people's care needs in a safe manner. They did not respond to complaints appropriately. They did not have sufficiently robust quality assurance and monitoring systems in place and the service did not have enough sufficiently skilled and knowledgeable staff to meet people's needs.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements

in relation to the breaches. We undertook a focused inspection on the 7 and 13 May 2015 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to these topics. 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'

Folkestone Nursing Home provides accommodation for up to 43 people who require support with their nursing

Summary of findings

and personal care. The home mainly provides support for older people and people living with dementia. There were 29 people living at the home at the time of our inspection.

The previous registered manager of the service resigned in January 2015. The current manager began working at the service on the 9 March 2015. They told us they had made an application to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Overall we found improvements had been made at this inspection and we have revised our rating of the service from inadequate to requires improvement. However, the

service was still not meeting people's assessed needs in a safe manner because care plans were not always followed. You can see what action we have asked the provider to take at the end of this report.

The service did not have appropriate arrangements in place for the safe management of medicines. However, they took action to address the issues of concern we raised with regard to medicines. The service had safeguarding procedures in place and staff knew how to respond to allegations of abuse. There were enough skilled and knowledgeable staff working at the service.

Staff had undertaken training about dementia and demonstrated a good understanding of how to support people who had dementia.

People knew how to make a complaint and the service had an appropriate complaints procedure in place.

People and staff told us they found the manager to be approachable and accessible. The service had various quality assurance and monitoring systems in place.

Summary of findings

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 not always safe. Although we found some areas of good practice with regard to the management of medicines we also found some areas of concern.

The service had appropriate policies and procedures in place relating to safeguarding adults and whistleblowing.

There were enough staff working at the service to meet people's needs in a safe manner.

Requires improvement

Is the service effective?

The service was effective. Staff had undertaken training about working with people living with dementia. Staff exhibited a good understanding of how to support people living with dementia.

Good

Is the service responsive?

The service was not always responsive. At times people were not provided with the care that was detailed within their care plan.

The service had a complaints procedure in place and people knew how to make a complaint.

Requires improvement

Is the service well-led?

We found that action had been taken to improve how the service was led. People and staff told us they found the manager to be approachable and accessible. The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people who used the service.

Requires improvement

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Folkestone Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Folkestone Nursing Home on the 7 and 13 May 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in August 2014 had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well-led. This was because the service was not meeting legal requirements in relation to those questions.

The inspection was undertaken by two inspectors, a specialist pharmacy inspector, a specialist advisor with a

specialism in nursing care 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.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements, previous inspection reports and notifications the provider had sent us. We spoke with the local authority commissioning team.

At the visit we spoke with nine people who used the service and two relatives. We spoke with 10 staff members. This included the owner of the service, the nominated individual, the manager, a nurse and six care staff. We observed the care being provided. We examined the care records for six people, medicines records and staff training files. We looked at various policies and procedures and the minutes of meetings including staff meetings and residents and relatives meetings.

Is the service safe?

Our findings

People told us they felt safe living at the service and that there were enough staff. A relative said, "The staff always have time to sit and chat with Mum, they are always nice to her."

The manager told us the service had not had any safeguarding allegations this year. The manager and staff had a good understanding of their responsibility with regard to safeguarding and we saw the issue had been discussed during a recent staff meeting. The service had policies and procedures in place covering safeguarding and whistleblowing.

At our last inspection we found the service did not have enough suitably skilled and knowledgeable staff working to ensure people were safe. This was because the service was relying heavily upon agency staff who did not know people's needs or how to support them in a personalised manner. During this inspection staff told us the service used far less agency staff now. One staff member told us they only had to work with agency staff once or twice a month. They also said they thought there were enough staff working to meet people's needs and that they had enough time to carry out all required duties. Another staff member said, "Now we don't work with agency staff, only once in a while. We have permanent staff now." They told us that staff cover was always provided if a staff member was off sick and that there were enough staff on duty. However, they added that if the service got more people then they might need more staff. Staff rotas confirmed there was a low usage of agency staff and that there were enough staff working at the service to meet people's needs.

We checked the service's arrangements for the management of people's medicines by checking how medicines were stored and used for the 29 people who used the service. We found that although there were some areas of good practice, there were three areas of unsafe practice which may have placed people at risk.

For the people receiving their medicines covertly, (by crushing and adding medicines to food), the method of crushing was not safe. We saw that the member of staff administering these medicines used the same tablet crusher for every tablet, without cleaning it in-between. When we looked at the tablet crusher at the end of the medicines round, it was evident that this had not been

cleaned for some time, and contained a significant amount of powder residue. Five people had allergies to medicines. This meant that the method of crushing tablets placed people at risk of receiving medicines that they were allergic to.

We found that there was unsafe practice with the use of insulin. There were three open and in use insulin pens in the medicines fridge and two open and in use insulin pens stored in a first aid box. These insulin pens were labelled with an instruction to discard four weeks after first opening. There was no date of opening on these pens, and as they had been dispensed in October 2014, January 2015 and February 2015, there was a risk that they had been used for people beyond their four week expiry date. This meant that people may have been placed at risk of receiving out of date medicines. We were also concerned over the control of insulin pens, as there were duplicate pens in use for one person. Some pens were being used directly from the fridge instead of at room temperature, which meant that the injection was cold and could have been painful. For the safety of people at the service, we ensured that staff discarded the insulin pens with no date of opening during our inspection, and started using new insulin pens.

We looked at how the home managed peoples' pain. We saw that although people were prescribed pain relieving medicines, there were no protocols in place to explain what the pain relieving medicines were for, and how often and when they should be used. There was also no system in place to assess people's pain, such as the use of pain assessment tools. This was significant because staff told us that some people at the service were unable to communicate verbally when they were in pain.

We discussed these issues with the manager and they wrote to us on 18 May 2015 to confirm that they had taken steps to address all the issues of concern we raised with regard to medicines and that staff would be receiving refresher medicines training on 28 May 2015.

Although the issues we observed were rectified promptly, on the day of our inspection the provider did not have systems in place for the proper and safe management of medicines. **We recommend that** the service introduce robust systems for managing and monitoring the safe administration of medicines.

We found that there was an effective system in place to order medicines. All prescribed medicines were available,

Is the service safe?

and were stored securely. We were shown evidence that staff responsible for administering medicines had received medicines training and had been assessed as competent to administer medicines. People's medicines administration records were clearly completed and up to date, including information about allergies, showing that people were receiving their medicines as prescribed. Controlled drugs were stored securely, checked regularly, and appropriate records were kept.

The GP visited the service every week and we saw evidence that people's medicines were reviewed regularly. Some people did not have capacity to consent to taking their medicines and had been refusing some of their essential medicines. We saw that the service had arranged for Mental Capacity Act assessments to be carried out and covert administration care plans were in place, confirming that the GP had authorised staff to administer medicines covertly, in food, so that these people continued to receive essential medicines.

Is the service effective?

Our findings

People told us they were happy with the support they received. One person said, "The staff are nice, they look after me very well, I'm OK here."

At our last inspection we found that staff did not always have a good understanding of how to support people with dementia. This was in part because staff had not received adequate training in this area. Since then the service has provided advanced dementia training for staff. In addition staff have undertaken refresher dementia training to keep their knowledge and learning up to date.

Staff had a good understanding of how to support people with dementia if they exhibited behaviours that challenged others. For example, one staff told us one person became agitated if they felt crowded so the staff approached them one at a time and if they became agitated with that they left the person for a while then a different staff member would approach them. Staff supported people in a sensitive and appropriate manner and understood how to support people with dementia.

Is the service responsive?

Our findings

At our last inspection we found that care plans were of a poor quality and that they were not always followed correctly. We consequently issued a warning notice about this. During this inspection we found that improvements had been made to care plans but there were still some areas of concern and they were not always followed correctly.

Since our last inspection the service had introduced a new format for care plans which staff told us was an improvement on the previous format. One staff member said, "We feel more comfortable with care plans, all the pages are there, they are easy to understand. Before not all the pages were there and there was so much information we did not know what it was for or how to use it." Another staff member told us that the new care plans were, "Easy to understand."

Of the six care plans we looked at we found areas of concern with three of them. We found one person had four falls between the beginning of January and the end of March 2015 but their care plan had not been updated to reflect the increased level of risk. Another person had type 2 diabetes and their care plan stated their blood glucose levels were to be checked weekly but this had not been done at all. The third person had a catheter fitted on 26 December 2014. This was supposed to be changed after three months but had not been changed until our inspection on 7 May. When we pointed this out to staff they arranged for it to be changed on the day of our inspection. The same person also had type 1 diabetes. Although their blood glucose level was checked daily there was no

guidance or pathway in place about what to do if the blood glucose levels were too high or too low. This put people at risk if action was not taken to address blood glucose levels that were too high or low. Care was not always provided in line with people's assessed needs. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the service did not always investigate and respond to complaints made and that people and relatives were not made aware of how they could complain. At this inspection we found this issue had been addressed and complaints were dealt with appropriately.

People told us they knew how to make a complaint. A relative said, "I think the new manager is very approachable and seems nice. I've had a few chats with him. If I ever thought there was a problem I know I could go straight to him or to any one of the carers."

Records showed that one complaint had been made this year. We saw that this had been investigated and an apology made to the complainant. The service had taken steps to reduce the risk of the same issue recurring.

The manager told us that the complaints procedure was discussed with people and relatives at a recent meeting and records confirmed this. We saw a copy of the complaints procedure displayed within the communal area of the home and the manager said all relatives had been provided with their own copy. Records showed that how to deal with complaints had also been discussed at a recent staff meeting.

Is the service well-led?

Our findings

People told us they thought the service was now well-led and that they were happy with the new manager. A relative said, "The manager around four years ago was brilliant, but things went downhill when he left, but the new manager is very good and we can all see improvements and differences now. I come in every day and I did used to worry when I left [my relative], but now there are no problems here, I'm very satisfied and feel OK when I go."

At the last inspection staff told us they did not feel well supported by management. They said the registered manager was not accessible or helpful. Since our last inspection in August 2014 the registered manager at that time resigned from their post in January 2015.

The service appointed a new manager on 9 March 2015. They told us they had submitted an application to register with the Care Quality Commission. We noted that the manager had re-located their office from the basement to the ground floor near the front entrance. It was now more visible to people that used the service and relatives. The manager told us they had an open door policy and staff, relatives and people that used the service were welcome to speak with him at any time. Staff confirmed this was the case, telling us the management within the home had improved greatly since our last inspection. One member of staff said, "The manager is very approachable and friendly. The door is always open and he has been supportive." Another staff member said of the manager, "He is an approachable man. He gives us help and treats the staff equally and fairly." A further member of staff told us, "He is like a teacher, he teaches us things every day." They added that the manager explained things clearly so that staff knew what was expected of them. One member of staff told us the service was, "100% better" since the new manager started. The added, "He comes to talk to us, to see if we have any problems."

At the last inspection we found the service did not have sufficiently effective quality assurance and monitoring systems in place. Since then the manager has introduced various audits to check and monitor the care provided. These included medication audits, a monthly health and safety audit and audits of records relating to people's

nutritional needs. The manager also told us they had started carrying out spot checks during the night and at weekends to help ensure people were getting appropriate support during those times.

The provider carried out a survey of people that used the service and their relatives in March 2015. This was to gain their views on the service. The manager had analysed the results and taken action to address identified shortfalls. For example, the survey revealed that people wanted more activities provided. The manager had agreed with the provider that from June 2015 the activities coordinator would increase their weekly working hours from 20 to 37. The survey showed that people were concerned about items that had gone missing from bedrooms and the manager had taken steps to address this issue. People also raised concerns about the levels of agency staff used and steps were taken to reduce this.

The manager told us they had recently introduced joint meetings for people that used the service and their relatives. The minutes of the most recent meeting showed a discussion of the last Care Quality Commission report and what the service was doing to address the areas of concern detailed in that report. We saw relatives had been provided with the dates of future meetings which made it easier for them to attend.

Staff told us they had completed a staff survey shortly before our inspection but had not yet heard about the results. The manager told us the service carried out a staff survey in March 2015. We saw completed surveys and the two major issues raised were about poor communication between staff and managers and the level of agency staff used. The manager said they had introduced regular staff meetings to help improve communications and that they visited each floor every day they worked to speak with individual staff. Staff confirmed that both issues had improved since they completed the survey. Staff told us the service had recently introduced regular staff meetings. One staff member told us, "We have a calendar for staff meetings, we never had them before."

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	How the regulation was not being met: People who used services were not protected against the risks associated with unsafe care or treatment because people's care and support was not always provided in line with people's assessed needs. Regulation 12 (1) (2) (a) (b)