

SPV4 Limited

# The Fountains Nursing Home

## Inspection report

Victoria Park  
Swinton Hall Road, Swinton  
Manchester  
Lancashire  
M27 4DZ

Tel: 01617945814

Website: [www.thefountains.care](http://www.thefountains.care)

Date of inspection visit:

07 August 2019

08 August 2019

12 August 2019

Date of publication:

08 November 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

The Fountains Nursing Home is owned and managed by SPV4 Limited and is situated in the Swinton area of Salford, Greater Manchester. The accommodation is provided in three separate units. Victoria unit (General Nursing) is situated on the ground floor and both Lowry (Dementia Nursing) and Garden View (Residential) are situated on the first floor.

The home is registered with the Care Quality Commission (CQC) to provide care for up to 98 people. Car parking is available at the home in sufficient quantities.

People's experience of using this service:

We carried out this comprehensive inspection on 7,8 and 12 August 2019. At the time of the inspection there were 85 people living at the home.

Improvements were required to the safe administration of people's medication, record keeping and quality assurance systems. Breaches of the regulations were identified regarding safe care and treatment and good governance.

Not all staff felt the management team were approachable and supportive. We raised these issues with the provider who told us they would investigate this further and raise the issue at future staff meetings.

People said they felt safe living at the home, with staff demonstrating a good understanding about how to protect people from the risk of harm.

Staff were recruited safely, with appropriate checks carried out before their employment commenced.

Maintenance checks of the premises and the servicing of equipment was carried out throughout the year to ensure they were safe to use.

There were enough staff to care for people safely, although some of the feedback received from staff was that more were required on each of the units.

Accidents and incidents were monitored and any actions taken to prevent future re-occurrence were recorded.

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.

Staff received the necessary training and support to help them in their roles. Staff supervisions and appraisals were carried out and gave staff the opportunity to discuss their work.

We saw staff supporting people at meal times, if they needed assistance. Where people needed modified diets due to having swallowing difficulties, these were provided. Feedback about the food provided was mixed however.

People living at the home and visiting relatives made positive comments about the care provided at the home. The feedback we received from people we spoke with was that staff were kind and caring towards people.

People said they felt treated with dignity and respect and that staff promoted their independence as required.

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

Activities were available for people to participate in if they wanted to. One to one activities also took place where people were cared for in bed.

Rating at last inspection:

Our last inspection of The Fountains Nursing Home was in June 2018. The overall rating at that inspection was 'Requires Improvement'. The report was published in August 2018. Requirement notices were issued following breaches of the regulations regarding person centred care, safeguarding people from abuse and improper treatment and staffing.

Enforcement:

At the last inspection we issued two warning notices regarding safe care and treatment and good governance.

Why we inspected:

This inspection was carried out in line with our inspection methodology timescales for services rated Requires Improvement. This meant we needed to re-inspect within 12 months following the publication of the last report.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Requires Improvement' rated services, however if any further information of concern is received, we may inspect sooner.

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

## 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.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was Effective.

Details are in our Safe findings below.

**Good** ●

### Is the service caring?

The service remained Caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# The Fountains 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

#### Inspection team:

The inspection team consisted of one inspector and an expert by experience on the first day. An expert by experience has personal experience of caring for or living with someone with care needs similar to people living at The Fountains Nursing Home. The second day of the inspection was carried out by two inspectors and a pharmacist inspector who looked at how medication was handled. The third day was carried out by one inspector only.

#### Service and service type:

The Fountains Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The first day of the inspection was unannounced. This meant the service did not know we would be visiting on this day. However, we informed the registered manager we would be returning for the remaining days of the inspection and announced this in advance.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked closely with the home.

We also reviewed the PIR. This is a form which describes what the home does well and any improvements they intend to make.

During the inspection we spoke with the registered manager, regional manager, general manager, 15 care staff (from both the day and night shift), 10 people living at the home and five visiting relatives.

We reviewed 15 care plans, five staff personnel files, 16 medicine administration records (MAR) and other records about the management of the home to help inform our inspection judgements about the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were not always safe and protected from avoidable harm. Legal requirements were not met.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same, requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People missed some doses of their prescribed medicines because there was no stock available in the home for them. This meant the treatment may be less effective placing people's health at risk of harm.
- People were at risk of being given doses of some of their medicines too close together, which means they may experience unpleasant side effects. Some medicines were given at the wrong times which meant they may not be fully effective. The provider's systems did not include checks to make sure this did not happen.
- Written guidance was in place when people were prescribed medicines to be given "when required" but the guidance was not personalised, and staff did not have the information to tell them when someone may need the medicine. When medicines were prescribed with a choice of dose there was no information about which dose to choose so staff may not administer the dose needed at that time.
- The provider did not ensure people with swallowing difficulties had their medicines in a suitable formulation to ensure they were not at risk of choking.
- A system was in place to make sure that medicines administered in a patch formulation were rotated safely to ensure people's skin did not become irritated. However, nurses failed to rotate them in line with the manufacturers' directions
- Information was missing to help staff give covert medicines safely which meant that people were at risk of missing doses of their medicines or the medicines not being effective.
- Information was missing to make sure people had their diabetes managed and treated safely, placing their health at risk of harm.
- Most medicines were stored safely but we saw the medication trolley was left open and unattended on one occasion and a tin of prescribed thickener was left on the unattended drinks trolley. If medicines are accessible people could accidentally take medicines which were not prescribed for them. Thickener must be out of reach, so it is not accidentally ingested.
- Waste and unwanted medicines were not stored safely in line with current guidance which meant they could be misused.
- Creams were managed safely.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People living at the home and relatives told us they felt the home was a safe place to live. One person said, "I feel safe, safe, safe, here. It's everything –from the staff, the care and the place itself. I love it." A visiting relative also said, "[My relative] is very safe here. I think it's the general care of the staff. We visit at any time on different days and different times. The standard of care is always the same. They don't put it on for show."
- Staff confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. An up to date safeguarding policy and procedure was available.
- A log of safeguarding incidents which had occurred within the home was maintained. Where any allegations of potential abuse had been identified, alerts had been submitted to the local authority for further investigation.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were well managed
- Each person had their own risk assessment in place covering areas such as mobility, falls, skin care and nutrition. Where risks were identified, there were details about how they needed to be mitigated.
- Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's evacuation needs in an emergency.
- People at risk of skin breakdown had appropriate equipment in place such as pressure relieving cushions and mattresses.
- We looked at how people were supported to maintain good mobility. People had mobility care plans in place, detailing the support they required from staff. People had access to the necessary equipment such as walking frames to increase their independence. Staff used hoists safely and explained to people what was happening to keep them calm.
- The premises were well maintained, with records of work completed documented when servicing had been carried out to the building or any equipment.

Staffing and recruitment

- The feedback we received from staff about current staffing levels was mixed. Whilst most staff felt there were enough staff to care for people safely, others felt more were required. We asked if this impacted on the care people received, however staff felt people's care needs were still met and that care was not compromised as a result.
- Staff were recruited safely and we found all relevant checks had been carried out prior to them commencing their employment.

Preventing and controlling infection

- We found the home was clean and where any odours were present, measures were taken to minimise these during the day. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. We observed domestic staff cleaning the home throughout the day and ensuring people's bedrooms were fresh and tidy.

Learning lessons when things go wrong

- Systems were in place for when things went wrong. Accidents and incidents were monitored closely, with details recorded about actions taken to prevent re-occurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in June 2018, this key question was rated as Requires Improvement due to concerns regarding DoLS/MCA and the recording of people's nutritional intake. Breaches were identified regarding safeguarding people from abuse and improper treatment and good governance. This key question had now improved to Good.

Ensuring consent to care and treatment in line with law and guidance

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 Act requires 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Staff had received training in MCA and DoLS and demonstrated a good understanding about when DoLS applications needed to be made and when any decisions needed to be taken in people's best interests.
- DoLS applications had been submitted where required, such as if people had been assessed as lacking the capacity to consent to their care and treatment. Mental capacity assessments were undertaken about people's abilities to make their own choices regarding their care.

People had given written consent where possible and this was recorded in their care plan. Where people were unable to give their own consent, this was done by relatives who acted in their best interests and had the appropriate power of attorney (POA).

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The care and support people needed to receive from staff had been captured as part of the pre-admission process and was recorded within care plans.
- Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives, said they were consulted about the care provided and felt involved.

Staff support: induction, training, skills and experience

- An induction programme was provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. The induction was based around the care certificate which is used if staff had not worked in a care job previously and is recommended to be used by care providers.
- Staff spoke positively of the training provided and said enough was available to support them in their roles. The training matrix showed staff had completed training in areas such as moving and handling, safeguarding, dementia awareness, infection control, health and safety and fire awareness.
- Staff supervisions were carried out and gave staff the opportunity to discuss their work. Appraisals were ongoing at the time of the inspection and were scheduled throughout 2019.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink at meal times, as required. Other people were able to eat independently and this was something that was promoted by staff.
- We saw people received food and drink of the correct consistency, such as fork mashable diets, when they had been assessed as being at risk of choking and aspiration. People's fluid intake records showed they received sufficient levels of fluids.
- People's weight was regularly monitored. Where people had lost weight, they had been appropriately referred to other health care professionals, such as the dietician service for further advice.
- There was a dining room on each unit and we observed the meal time experience on each. People were offered the choice of what they would like to eat and were asked if they would like second helpings once they had finished.
- People told us they received enough to eat and drink, however the feedback we received about the quality of the food was mixed.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home.
- Professionals such as district nurses, podiatrists and chiropodists regularly visited the home to assist people with their care and offer advice. Annual eye appointments/checks had also been attended by people living at the home.
- One person said, "I went to hospital in an ambulance once. I think it was because I was ill. The staff notice when I'm not well." Another person said, "The optician comes here. They bring me new glasses. And the chiropodist comes to do my feet."

Adapting service, design, decoration to meet people's needs

- We looked around the premises to ensure they were suitable for people living at the home. People's bedroom doors had a picture of them and the number making them easier to identify.
- Hand rails and toilet seats had contrasting colours, making them easier for people to see when using them.
- People had access to fresh air and people were often accessed garden areas either for activities, or a change of scenery when the weather was nice. Air conditioning units were used in lounge areas during periods of hot weather.
- The first floor of the home could be accessed either by the staircase, or passenger lift. Disabled access was also available at the main reception and could be used by emergency services as required.
- A refurbishment plan was still in progress, although we noted many improvements to the environment since our last inspection to areas such as windows, flooring and seating.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved in their care.

At our previous inspection in June 2018, this key question was rated as Good. At this inspection, this key question stayed the same.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively about the standard of care provided and that staff treated people well. Staff were described as being kind, caring and considerate. One person living at the home said, "There's nothing too much for these girls. They go out of the way to help you. Although I'm a patient, I'm treated like one of the gang. They talk to you one-to-one, not down to you." Another person said, "The staff are quite good with people. They know what they're doing all right."
- Comments from visiting relatives were equally positive about the care provided. One relative said, "I think the care is very good here and the staff do very well. They are very good at their job. I know (relative) is very pleased and has had no problems." Another relative added, "The care is good, very good. We've never gone away thinking [my relative] is short of anything."
- Staff were kind and caring and we observed a number of caring interactions between staff and people who lived at the home.
- People's equality, diversity and human rights (EDHR) needs were considered and recorded in their care plan. Staff told us people would be treated equally regardless of their age, gender and race.

Supporting people to express their views and be involved in making decisions about their care

- Resident and relatives' meetings were held so that people could express their views about the care and support they received. Questionnaires had also been sent, seeking people's views and opinions about the service.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. Staff knocked on people's doors before entry and closed them behind them. Doors were always closed when personal care was in progress.
- One person said, "They shut the door and the curtains when they come in to get you washed." Another person said, "The staff knock on my door if they want to come in, and I let them in."
- Staff were knowledgeable on the importance of promoting independence. Staff encouraged people to do things for themselves or provided reassurance to people whilst completing tasks, such as eating independently and walking around the home on their own using equipment such as a Zimmer frame.

## Is the service responsive?

### Our findings

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

People's needs were not always met through good organisation and delivery.

At our previous inspection in June 2018, this key question was rated Requires Improvement. This was because the care being delivered was not always reflective of people's needs and preferences and accurate records were not always maintained by staff. At this inspection, this key question stayed the same.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; meeting people's communication needs

- Each person had their own care plan and we reviewed 15 of these during the inspection. People's care plans covered areas such as eating and drinking, skin care, mobility, communication and washing/dressing.
- People's care plans contained person-centred information about their life story and included details regarding their childhood, employment, school years, hobbies and interests and details about their family.
- 10 of the 15 (67%) care plans we looked at did not contain sufficient detail about people's care needs. For example, communication care plans did not always provide sufficient detail about people's sight, hearing and equipment required such as glasses or hearing aids.
- Washing/dressing care plans were used for personal care tasks, however did not always contain sufficient detail about nail care and oral hygiene routines. This issue was found in seven of the 15 (47%) care plans we looked at. We saw several people had long and dirty finger nails and staff said this was because they were resistive to assistance, however this was not always clearly recorded in the care plan. This meant we could not always determine if people's care needs were being consistently met. Some people had oral health care plans in place, however these detailed the support people required and not that staff were helping people to clean their teeth twice a day.
- Staff maintained records about when people's care had been attended to, although these were not always completed consistently by staff. This included records relating to re-positioning, dietician advice, nail care, shaving and oral hygiene. This issue was identified in seven of the 15 (47%) care plans we looked at.
- Confidential records were also not always stored securely and saw the office door on Garden View was not always locked when staff were not present. This room was used to store people's care plans which contained personal information. We observed good practice on the Lowry unit however, where staff consistently ensure people's personal information was kept secure.

This meant there had been a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 regarding good governance. This was because staff did not always maintain securely an accurate, complete and contemporaneous record in respect of each service user.

- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Translation sheets were available for people who spoke different languages and took into account key words and phrases to aid communication.
- The home employed a multi-nationality staff team who assisted with communication as needed.

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.

- A plan of activities was in place on each of the units. This included board games, arts/crafts, ball games, baking, bingo and sing along sessions. Trips out were also being planned to local museums and the sea life centre.
- One to one activities also took place and we saw these were beneficial for people who were cared for in bed.
- Reminiscence and memory sessions also took place and we observed staff sitting and speaking with people about their past.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about the care they received. People said if they had raised concerns, they were happy with the outcome. One person said, 'I once made a complaint but I can't remember what. It got sorted out okay.'

Information about how to make a complaint was displayed in the reception area and a policy and procedure was in place, explaining the process to follow.

- A central log of complaints had been kept and we noted responses had been provided where people had been unhappy with the service they received. A range of compliments had also been received, where people had expressed their satisfaction about their experiences at the home.

End of life care and support

- The home provided end of life care to people as necessary. People's care plans considered their wishes as they approached the end of their life and how they wanted their care to be delivered.
- Do not attempt cardiopulmonary resuscitation (DNACPR) forms had been completed, to ensure people's choices were respected.
- Statements of intent (issued by the person's GP when approaching end of life) were put in place with authorisations from the person's GP as needed and end of life care medication was ordered and could be given to people when the time was right.

# 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 in June 2018, this key question was rated as Requires Improvement. This was because governance systems within the home were not always fully effective. At this inspection, this key question stayed the same.

### Continuous learning and improving care

- Following our last inspection, the home sent us an action plan, detailing how the regulatory breaches identified would be addressed. However, we identified two continuing breach of the regulations (12 and 17) and also two warning notices which were not met.
- A range of quality assurance systems were in place at the home to ensure the quality of service was being monitored. Audits in place covered areas such as care plans, medication, infection control and the kitchen area. These were up to date and had been completed as recently as July 2019.
- Provider level audits were also undertaken with any areas for improvement detailed.
- Further improvements were required to quality assurance systems to ensure the issues regarding medication and record keeping were identified and acted upon in a timely manner.

### Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Most staff spoken with at the inspection told us they enjoyed working at The Fountains were happy in their roles.
- Not all staff (Four of the 15 which is approximately 27%) felt the management team were approachable and supportive. We raised these issues with the provider who told us they would investigate this further and raise the issue at future staff meetings, as it was not something that had been brought to their attention.
- One member of staff said, "I find them to be alright and get on with them well. I feel supported in my role." Another said, "Management is fine, I would say excellent." Another member of staff said, "I don't feel the door is open if I have a problem and management aren't always approachable." Another added, "It's not good and I don't find them approachable. There needs to be better confidentiality from managers when there are issues between staff."

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, they are Registered Persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- Statutory notifications were submitted to CQC as required where any safeguarding incidents, serious injuries, or expected/unexpected deaths had occurred. This meant we could respond accordingly.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We

saw the last inspection ratings were displayed in the main reception area and also on the provider website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others and community links

- A regular newsletter was produced information people living at the home, staff and visitors about upcoming events and things that had opened in previous months.
- Staff meetings were held and could be attended by both day and night staff. Minutes of these meetings were taken and held on file.
- The home worked in partnership with other organisations. This included a range of other healthcare professionals in the area, such as district nurses, social services and local hospitals.
- A number of community links had also been developed. This included local nurseries and churches.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 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  Appropriate systems were not always in place to ensure people received their medication safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Appropriate systems were not always in place to maintain securely an accurate, complete and contemporaneous record in respect of each service user.