

Fountain Nursing and Care Home Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 15 August 2016 and was unannounced. At the last inspection on 29 July and 1st August 2015 we found the provider had breached regulations 15 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had not taken into consideration the impact of the building's design and layout on people who used the service. The provider had also failed to ensure there were sufficient staff available to promote people's interests and prevent long periods of inactivity. At this inspection we found that staff took effective action to minimise the impact of the building's layout on people and how they were supported by staff. There was still little stimulation and meaningful activities available. People were not receiving care which was centred to their individual needs and preferences.

Fountain Nursing and Care Home is a care home with nursing for up to 27 people, some of whom were living with dementia. The property is a large, adapted house and accommodation is on two floors with a passenger lift to facilitate access. During our inspection there were 26 people using the service.

At the time of the visit the home had a registered manager. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had taken action to ensure there were enough staff to meet people's care needs and appeared unhurried. Staff however continued to remain focused on completing tasks rather than promoting people's independence and social inclusion.

People's nutritional needs were met but meal times were task orientated and did not promote people's enjoyment of the dining experience. Drinks and snacks were limited outside of designated times.

The provider had taken action to ensure people were supported to move safely when space was limited. Staff did not always follow guidance designed to minimise the risk of harm to people such as keeping the premises secure.

People who used the service and their relatives said the service was caring. Staff responded promptly to people's requests for support and in line with their care plans, but people were not always supported to engage in activities they may like or receive care which reflected their individual preferences. Staff did not always put people's needs before the completion of administrative tasks.

Staff could recognise the possible signs of abuse and how to report any suspicions. People received their medicines safely and when they needed them.

Staff knew and understood the implications of people's mental and physical health conditions on how they

needed care and support, but did not demonstrate a detailed understanding of how to support people living with dementia.

Staff asked people how they wanted to be supported and they respected their views. When a person lacked mental capacity the registered manager had taken action to ensure decisions were made in their best interests.

People in the home were supported to make use of the services of a variety of healthcare professionals.

Staff supported people's dignity by helping them to maintain their appearance. People's right to confidentiality was not always respected.

The home had clear policies and procedures for dealing with complaints. Complaints had been investigated and responded to in line with these systems.

People living in the home, relatives and staff told us that they felt that the home was well run.

The registered manager had a clear vision of how the service should support each person's individual needs, however this was not generally practised by staff.

The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes to minimise the chance of the incident happening again.

The registered manager had developed good links with various health professionals and regularly sought their feedback on how the service was run.

You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Risks was not always managed appropriately to protect people from harm.

Staff did not always follow guidance designed to keep people safe.

People received their medicines safely and when they needed them.

Requires Improvement ●

Is the service effective?

The service was not effective.

Although staff received regular training they did not demonstrate a detailed knowledge of how to support people living with dementia.

Meal times were not promoted as a pleasant and sociable experience.

People received support from other health professionals when they needed it.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff often put routine tasks first before supporting people's welfare.

People and their relatives told us that staff were kind and treated people with dignity and respect.

People's right to confidentiality was not always respected.

Requires Improvement ●

Is the service responsive?

The service was not responsive.

Staff focused on completing tasks rather than promoting people's wellbeing and interests.

People were not always supported to follow activities of their own interest.

Staff supported people to express their views about their care.

The manager and staff responded appropriately to comments and complaints about the service.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The registered manager had failed to promote their vision of a person centred service.

Some responses to our last inspection had not been effective.

People expressed confidence in the registered manager and staff enjoyed working at the service.

Requires Improvement ●

Fountain Nursing and Care Home Limited

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 is 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 conducted a comprehensive unannounced inspection of this service on 15 August 2016. The inspection team consisted of one inspector and a specialist advisor who had clinical knowledge of the needs of the people who used this type of service. We were also accompanied by 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 service.

We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed the information the provider had sent us in response to concerns raised at our previous inspection. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the registered manager and one nurse, four care assistants, the cook and two cleaning staff. We also spoke with eight people who lived in the home and two people's relatives. We sampled three people's care plans and eight medication records. We looked at two staff recruitment records and staff training records. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection we found the provider had not taken into account how the layout of the premises could make it unsafe when people were supported with personal care or mobilised. We were concerned that some areas of the environment were small and cramped which did not promote the safe hoisting and moving of people. The provider sent us an action plan which included undertaking building works to address our concerns. At this inspection we saw that although plans to undertake building works had been cancelled staff were supporting people appropriately to minimise the risk presented to them by the environment.

At this inspection we noted that plans to address this concern by building an extension to the property had not been completed. The registered manager told us that there were no longer plans to change the layout of the property. We saw however that staff took environmental constraints into account when they helped people to mobilise. On one occasion we saw that when one person was being hoisted a member of staff supervised the other people in the room so they were not at risk of harm from equipment or prevented the person's safe hoisting. The registered manager and staff told us that they had introduced this practice to maintain people's safety where space was restricted in the home. The provider had addressed our concerns about supporting people safely in a limited environment.

We noticed several unsafe practices occurring around the home. When we arrived at the home we were granted access remotely without anyone challenging our identity however the registered manager told us they had seen us arrive via CCTV. A garden gate was open which meant that people who were disorientated or lacked an awareness of personal safety could have walked out into the street. An old bed frame propped up against a wall presented a crush hazard as it was not secured. Several washing lines and guy ropes from a gazebo in the garden were secured at neck height which people could have suffered injury and distress had they walked into them. Whilst people did use the gazebo to sit outside shaded from the sun they were accompanied and supported by staff which reduced the risk posed by the support lines and items stored. These concerns were addressed by the registered manager and maintenance man during our visit.

At our last inspection we were concerned that there were not enough staff to meet people's care and welfare needs. At this inspection we saw this had improved. We saw there were enough staff to respond promptly to requests for support although we noted that staff were generally busy responding to tasks rather than proactively promoting people's independence and social inclusion. We observed that there was always a staff presence in communal areas and staff appeared unhurried. There was a core of staff who had worked at the service for several years. The registered manager told us they did not use agency staff and sickness and absences were covered by existing staff working additional hours. This helped to ensure that people were supported by staff who knew them and how they liked to be supported. Staff we spoke with confirmed there was usually enough staff on duty however one person said that staff could be busy in the mornings.

All of the people we spoke with told us that they felt safe in the home. We saw that people looked relaxed in the company of staff. One person told us they felt safe when staff supported them with personal care.

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. A member of staff told us, "I would tell the manager and then tell you [Care Quality Commission]." A review of incident records showed that the registered manager had taken action and notified the appropriate authorities when they felt a person was at risk of harm.

The registered manager had assessed and recorded the risks associated with people's specific conditions but further work was required. Although records sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the risks to people, staff did not always follow these instructions. For example three people's adjustable pressure mattresses were not at the settings identified as necessary to minimise the risk of them developing sore skin. During our visit the registered manager took action to address this. Audit and checking processes had failed to identify that these risks were not being managed.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. We looked at the recruitment records of two recent members of staff. We found that suitable checks had been undertaken.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitable safe location and stored appropriately. The medicines were administered by staff who were trained to do so and had undertaken competency checks. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions and when these medicines should be administered. There were written instructions from a GP for a person who was at particular risk if their medication was not administered as prescribed. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) and found that they had been correctly completed.

Is the service effective?

Our findings

The people and relatives who we spoke with told us that the staff were good at meeting their needs. Staff told us that one person who received respite care from the service was considering moving into the home permanently due to the quality of the support they had received.

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. This covered the necessary areas of basic skills. Staff then received annual updates in relation to basic areas however we noted that some staff had not had a recent update in how to safeguard people from the risk of abuse.

Although staff had received training in dementia awareness they did not always support people in line with good practice. We saw that one member of staff corrected a person who was asking to go home and then ignored their repeated requests. We saw one person being mimicked by a member of staff. The registered manager told us this was not how they expected people with dementia to be supported and was not in line with the principles of the training staff had received. They told us that further dementia awareness training was planned shortly for all staff. There was no information to orientate people so they would not become anxious about where they were or what day it was. The registered manager told us that parts of the home were due to be refurbished and they were to ensure the colour schemes and décor was appropriate to people with dementia.

All members of the staff team were encouraged and enabled to obtain nationally recognised qualifications. One member of staff told us, "There's lots of training every month, always manual handling." We observed staff were competent when completing tasks such as hoisting people and administering medication. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. However on one occasion we found information for staff to support a person with their wound care was confusing and contradictory and had failed to be challenged by staff. Some people's pressure relieving mattresses were not at the correct settings and there was some confusion amongst staff about how to check and adjust the settings. The registered manager took action to rectify this during our visit.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis. They told us the registered manager and other team members were available if they required advice and guidance. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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 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 so that they can 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. We saw that the manager had sought and taken appropriate action in relation to people in the home and had made applications in respect of some people to restrict their liberty but they had not yet received any written approvals to do so. There were processes to monitor that people were being supported in line with their applications.

Staff told us they had received training in the MCA and we observed staff ask people how they wanted to be supported and they respected their views. When assessments had identified that a person might lack mental capacity the registered manager had taken action to involve other people to ensure decisions about how the person was supported were made in their best interests.

People we spoke with said they enjoyed their meals. The cook told us they had worked at the service for many years and had got to know people's individual preferences. We saw that staff had carried out nutritional assessments when people were thought to be at risk of weight loss / gain. They had sought and taken the advice of relevant health professionals in relation to people's diets to ensure they were supported to eat and drink sufficient quantities to maintain their health. The records of what people had eaten showed that the food was varied and met people's needs in terms of culture, preference and nutritional need.

Staff support during meal times was task orientated and failed to be focussed on the individual needs of people and how they liked to be supported. Staff support was inconsistently provided in respect of promoting people's enjoyment of the dining experience. One person told us, "I prefer sweet potatoes and they get them for me." However we also saw that table cloths were removed from tables before service so they did not get dirty and some people's drinks were placed out of their reach. Most meals were served to people whilst they were seated in armchairs within the lounges and some people were not offered a choice of moving to the dining room to eat their meals. During lunch time televisions were not turned down and staff did not promote the meal time experience as a sociable occasion. People were not enabled to remain independent by pouring drinks and helping themselves to condiments. People who required assistance were helped by staff although we saw staff regularly break off from supporting people in order to complete other tasks. People were provided with cutlery which met their abilities and cultural heritage.

People were at risk of becoming dehydrated and did not routinely have access to drinks and snacks outside designated times when staff served them. We noted that when drinks were served some people were not offered a choice of drinks however staff told us they were aware of what people liked to drink. One person told us they always kept a bottle of water with them as they were frequently thirsty. A member of staff told us they would always provide drinks and snacks if approached or if they felt they were needed. The registered manager confirmed this and we saw that there were suitable stocks were held in the kitchen. However there were no communication aids available for people who were unable to say if they needed a drink or snack and staff were not seen to offer frequent drinks or snacks to ensure people were protected from the risk of becoming hungry and thirsty.

People in the home were supported to make use of the services of a variety of mental and physical healthcare professionals including opticians and chiropodists. When necessary the registered manager had involved social workers to review people's personal circumstances and welfare. There were scheduled weekly GP visits to the home. The registered manager told us that they alerted the GP to any concerns in advance which were followed up when they visited. People could also make impromptu requests to see the

GP which were actioned by staff in the home.

Is the service caring?

Our findings

All the people we spoke with said they service as caring. One person said that staff were, "Marvellous." Another person said, "They will do anything you ask."

People's relatives told us that the staff had showed kindness towards the people they supported and knew their care needs. One person's relative told us they could visit at any time and were made to feel welcome. People were supported by consistent staff and several members of staff had worked at the service for many years. We observed people were generally happy and pleased with the staff who were supporting them.

People told us that the manager and staff asked them about how they wanted to be cared for and supported when they first started to use the service. They said that staff checked with them before providing personal care and respected their choices. People were regularly approached to comment on how their care was provided. We saw staff checking and asking people what they wanted and provided support in line with their responses. There were regular meetings so people could express their views of the service and records of these meetings showed that comments were generally positive. However a lack of suitable communication aides meant that not everyone was supported to express their views. Some people had been involved in planning a recent garden party so it would reflect their preferences.

Staff failed however to promote person centre approach to the care provided. Staff did not support people to pursue interests they liked or provide a stimulating environment. Several people said they were bored and most staff we spoke said that it was not their role to address this. We observed several occasions when people who required support had to wait until staff had completed tasks such as completing paperwork. We saw this had prevented people from receiving prompt support which met their specific care needs.

We found that some people's care records were stored unlocked in a small public foyer. Although most people who used the service could not access this area without support, the records containing personal information were not securely stored and would be available to unauthorised access. This did not respect people's right to confidentiality.

People told us that the members of staff respected their privacy and took care to ask permission before entering their rooms. When people shared rooms there were screens available to help maintain people's privacy when receiving personal care. A relative told us, "Staff have asked me to pop out [of person's bedroom]. I know they use the screens to maintain her dignity."

We saw that staff supported people's dignity by helping them to maintain their appearance. One person was promptly supported to go to their room when they wanted to change their top after it became soiled. Another person told us how staff assisted them to wear a nail polish they liked.

Is the service responsive?

Our findings

We observed that although staff responded promptly to people's requests for support, people were not always supported to engage in activities they may like or receive care which reflected their individual preferences.

People were not supported to engage in individual interests or stimulating activities. A person who had started using the service several weeks prior to the inspection said, "There have been no activities since I have been here." The relative of one person told us, "They asked us to bring a TV in because she is on her own in her room. She is lonely. Staff pop in but she is rather depressed being on her own all the time."

People told us and our observations confirmed that there was very little activity and stimulation provided for people apart from television and radio. Staff did not ask people what they wanted to watch or listen to. We observed one person reading an out of date free newspaper but there were no daily newspapers or magazines available that reflected the interests of people using the service. One person told us, "I have lost all contact with the outside world, I don't even know what day it is." Another person told us, "I would like a game of cards occasionally."

Although there were usually staff present in the lounges they focused on completing tasks and did not promote or support people to pursue interests or engage in any social interaction. On several occasions we observed staff break off from supporting people so they could complete other tasks. Two people who were unable to verbally communicate or move around the home without support spent all day in the dining room with little stimulation provided. We saw that some music was turned in the afternoon but staff had not checked whether if the music was in keeping with their choice or preferences to listen to. Some staff we spoke to referred to the people who used the service as, 'Patients.' This did not reflect the uniqueness and personal identities of the people they supported or promote a person centred culture.

Staff did not always respond when there were unplanned opportunities for people to enjoy themselves. It was a sunny and warm day during our visit however staff did not prompt or support people to sit out on the garden patio. When a relative arrived to visit a person in the lounge staff did not make suitable arrangements so they could sit together or offer to move them to a more private area. Staff kept asking the relative to move as they were in the way of them conducting tasks. This did not promote a pleasant social occasion or support the person to enjoy time together with their relative.

An activities co-ordinator for the service was away during our visit and staff told us it was this person's job to support people to engage in their interests and promote social interaction. The registered manager had not made suitable arrangements to ensure other staff members would take on the activity co-ordinators responsibilities. Staff we spoke with were unsure what activities were available for people to engage in. A member of staff told us, "I think there are activities in the morning, but I only work in the afternoons." Another member of staff said, "They have activities but not today."

Failure to provide care which reflected people's individual needs and preferences is a breach of Regulation 9

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people generally told us there was not much to do records showed that the activities co-ordinator had a programme for providing group activities at the home and these had been evaluated to ensure they were suitable for the people who used the service. The registered manager had arranged social events such as a garden fete and regular barbeques. This had helped some people to engage with the wider community.

People we spoke with told us that they felt listened to and said staff were responsive to their care needs. One person told us, "They are very good with personal care when you need it." Another person said, "They pop in and offer me a cup of tea. They will talk to me about things."

People told us that staff generally responded appropriately to their care needs. A review of peoples care records showed that the registered manager had taken the appropriate action to meet people's specific care needs although some instructions and good dementia practices were not always followed by staff. Plans were updated when necessary to reflect changes in people's conditions. Staff we spoke with were generally able to tell us people's most current care needs but could not demonstrate a detailed knowledge of how to support people's specific conditions.

The home had clear policies and procedures for dealing with complaints. A person who used the service told us they knew how to complain and a person's relative said they knew the registered manager and felt they were approachable. We saw a copy of the provider's complaints policy available in the home's reception. We noted that complaints had been investigated and responded to in line with the provider's policy. The registered manager had a process to record any informal comments and concerns and had responded appropriately when concerns were raised. The registered manager told us and records confirmed that they reviewed complaints to identify any action that may prevent similar incidents from reoccurring. People told us that they were able to express their views of the service and felt assured that any concerns would be responded to.

Is the service well-led?

Our findings

People living in the home and relatives told us that they felt that the home was well run. One person said, "The carers are very friendly, I feel involved." A relative we spoke with said, "People are looked after very well here. We have no concerns."

We observed that people who used the service approached the registered manager often throughout the visit and engaged in meaningful conversation. It was clear the registered manager was popular with the people who lived at the home. There were formal opportunities for people to express their views about the quality of the care they received. The registered manager had a clear vision of how the service should support each person's individual needs, however we noted that a lack of specialised knowledge amongst staff and task orientated practices did not reflect their vision. This had resulted in people suffering interruptions to their care, having to wait until designated times for support and a lack of activities in line with their individual preferences. The culture of the home did not promote a person centred approach to people's care.

Many members of staff had worked at the service for many years and said they found the work enjoyable. Staff said the registered manager provided appropriate leadership and direction. We observed the registered manager was regularly speaking with staff to offer guidance and direction. One member of staff said that tasks were not clearly defined between care and nursing staff and on one occasion we observed a nurse instruct a member of staff to stop supporting someone to eat so they could fetch some paperwork for them. Staff had individual supervisions and group meetings so they could express their views of the service. Records showed that the registered manager had used these meetings to inform staff of new practices and implement actions in order to improve the quality of care people received.

The registered manager understood their responsibilities to the commission. They had displayed their latest ratings and provided an action plan in response to concerns from our last inspection. Although they had addressed most concerns they had not completed their actions as planned. Plans to extend the building had been cancelled although we observed that there were enough staff on duty they still did not support people to undertake meaningful activities. A review of accident and incident records showed that the registered manager had made us aware of events where they were legally required to do so.

There were systems in place to monitor the quality of the service and identify if people were at risk of receiving unsafe care. Recent audits however had failed to identify several practices such as unlocked doors which could have put people at risk of harm from authorised access. The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes to minimise the chance of the incident happening again.

The records sampled showed that the registered manager and provider made checks that the standard of care was maintained and improved where possible. Records were regularly reviewed to ensure they reflected people's current care needs and where possible people who used the service were involved so they

could comment on the quality of the care they received. This helped the registered manager to monitor the quality of the service and identify areas for improvement.

The registered manager had developed good links with various health professionals and regularly sought their opinion on how the service was run. Records showed they had made positive comments about the service and that people were supported in line with their care needs. We noted their comments were positive.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The care service users received was not designed with a view to achieving service user's preferences and ensuring their needs were met. Regulation 9 (3)(b)
Treatment of disease, disorder or injury	