Life Style Care (2011) plc

The Fountains Care Centre

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 on 24th July 2014 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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service. The provider was compliant with all the areas we reviewed at our last inspection on 10 July 2013.

The Fountains Care Centre is a home registered to provide accommodation and support with nursing and personal care for 62 people. At the time of this inspection 53 people were living at the home. The home is located in the London Borough of Havering, in a residential area and has car parking for visitors. Accommodation is on two floors and there are two passenger lifts.

Mental capacity assessments and best interest meetings were in place where required for people who were unable to make decisions for themselves. The Mental Capacity

Summary of findings

Act (2005) and Deprivation of Liberty Safeguards (DoLS) is law protecting people who do not have mental capacity, which means they may not be able to make some decisions for themselves.

People's care plans contained information about their needs, goals, and the support staff had to provide to meet their needs. We saw these had been followed up and people had care and support that reflected their needs. The care plans had been regularly reviewed and signed by care staff. This allowed staff to identify changes in people's needs and put an action plan that appropriately reflected their new needs.

People's care plans showed their individual health care needs were addressed. Each person was registered with a GP and we noted the GP visited every week. People who used the service and, where appropriate, their relatives were involved in the review of people's care plans. All the care staff we spoke with demonstrated a good understanding of people's care and support needs.

The home was clean and tidy during our visit. People and visitors told us the home was clean. One person said, "The cleaner comes in every day." The home had a full-time maintenance person who made sure that the facilities and equipment were maintained. The home was managed by an acting manager who had submitted an application form to CQC to be a registered manager. A registered manager is a person who has registered with CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The acting manager was supported by a deputy manager. People who used the service, visitors and staff told us the acting manager promoted a positive and motivating culture that was transparent and inclusive.

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?

Requires Improvement

The service was not safe for people who used it. PRN (medicines to be taken as necessary) protocols were not reviewed regularly, and needed more detail for people who were not able to communicate verbally when they were in pain. A call bell was out of reach for one person so they could not press it to call staff for help. We also noted another person had to wait for several minutes after pressing a call bell to get support from staff.

The rooms were clean and people had suitable equipment for their needs. We saw people had risk assessments which reflected their needs and reviewed by staff.

Is the service effective?

Good

The service was providing care to people effectively. Staff asked people and gave choices of what to eat, where to sit during meals and how they wanted to be supported. People could ask for and get meals of their preferences. All the people we spoke with said the food provided at the home was good.

The home worked with health professionals to ensure people were able to access advice and treatment when needed. Most staff had achieved a care qualification equivalent to a Diploma in Health and Social Care level 2.Staff had support and supervision to improve their knowledge and skills to deliver the care people needed.

Is the service caring?

Good

The service was caring. People told us the home was "an excellent" place to live in. They told us staff were friendly and caring. One person using the service said, “I am happy. Staff always ask how I am. They are caring.”

We saw staff respected people’s privacy and dignity. Staff knocked on people’s bedroom doors and waited for permission before entering. We saw people’s personal files were kept in locked filing cabinets or rooms to ensure confidentiality of their personal information.

Is the service responsive?

Good

The service was responsive. People told us staff listened to them and acted on issues they raised with them. They told us things were improving at the home and "the new manager is proactive and helpful". People knew how to make a complaint if they were not happy with the service.

Summary of findings

We noted people's birthdays and religious festivals were celebrated in the home. People's care files also included their "life story" which gave a short biography of the person including their beliefs. This enabled staff to organise and provide care that reflected each person's needs.

Is the service well-led?

Good

The service was well led.

The service was managed by an acting manager when we visited, who has since registered. All staff and people we spoke with told us the service was well led and there were significant improvements since the new manager started work at the home.

The home organised relatives' meetings which enabled people who used the service and their relatives to share their views with staff and influence the quality of the service people received. Regular audits of aspects of the service such as safeguarding, complaints, incidents and medicines were in place. This ensured the quality of the service people received was regularly monitored by staff.

The Fountains Care Centre

Detailed findings

Background to this inspection

The inspection team consisted of one inspector, a pharmacist inspector 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. The expert-by-experience had expertise in older people's care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. We contacted the commissioners of the service and Healthwatch Havering to obtain their views about the care provided in the home.

During our visit we spoke with nine people who used the service, 10 relatives, 12 care staff, two laundry assistants, one maintenance worker, two kitchen assistants, the acting manager and the regional manager. We observed care and support in communal areas and observed how people were being supported with their meals during lunchtime. We looked at eight people's care files, five staff files and a range of records including the home's policies, procedures, all people's medicines and medicine administration record sheets (MARS), and staff rotas.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

'The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Requires Improvement

Is the service safe?

Our findings

Some people's safety was at risk because they did not have suitable equipment or staff did not respond to their needs. For example, a call bell was out of reach for one person to use it to call staff when they needed support. We observed another person who had to wait for several minutes after pressing a call bell to come and attend to their needs. We discussed these with the acting manager and stated that people were not safe.

PRN (medicines to be taken as necessary) protocols were not reviewed regularly, and needed more detail for people who were not able to communicate verbally when they were in pain. We noted that the service had sought agreement and approval from the GP for people with limited capacity who needed their medicines to be crushed or added to food because they were refusing to take them. We noted people's relatives or representatives were, as appropriate, involved or consulted in the best interest decisions. We saw medicines were stored safely and all prescribed medicines were available at the service. We noted medicines records were accurate and up to date, except for the records used to record the application of topical medicines, such as creams, and some protocols for pain relieving medicines to be used as needed, or "PRN". We saw that nurses signed medicines records when carers applied creams, but did not always check whether creams had been applied, so some records had been signed when creams had not been applied.

Regular medicines audits were carried out and we saw that action was taken promptly when issues were found. Medicines were reviewed regularly by the GP. Some people were on medicines for challenging behaviour, and we saw that there was input from a psychiatrist so that people's behaviour was not controlled by the excessive use of medicine.

All the rooms were clean, tidy and free from malodours. People told us their rooms were cleaned daily and they were happy about it. One person using the service said, "The cleaners come daily." A visitor told us that they were "impressed" with the new cleaners and said their relative's room was "nice and clean". We observed people used equipment such as wheelchairs and walking frames that suited their needs. These enabled people to move safely about while maintaining their independence.

People's files contained risk assessments which were reviewed regularly. The risk assessments reflected individual risks to people and how to manage them. Staff we spoke with were aware of individual risk assessments and the procedures they should follow to provide care and support safely.

We asked relatives if they felt people were safe at the home. All of them replied in positive terms and one person said, "[My relative] was more safe than they were at home." Another visitor said a person using the service was safe because they always had two people to move them.

The 12 members of staff we spoke with were aware of their responsibilities to report incidents or concerns and understood their employer's whistle blowing procedures. They told us they were confident managers would deal with any concerns effectively and support them as whistle blowers. Records showed staff had undergone safeguarding training. This enabled them to have knowledge of how to identify and report abuse.

The acting manager explained the staffing arrangements. They told us there were four care staff and a nurse on each floor during the early shift and three care staff and a nurse on each floor in the afternoon shift. The acting manager and deputy manager were also available during the day shifts. The home had an activities' co-ordinator who worked with people by providing activities of their interest during the day. Even though none of the people we spoke with were concerned about the staffing levels, one person said the home would do "well with more staff". The acting manager told us that they would review the staffing level to reflect the needs of people using the service.

We also saw the home had a robust recruiting system in place when employing staff. Records showed that criminal record checks, identity, training, qualification and references had been checked for staff before they started work at the home. This showed people were supported by staff who were appropriately checked and who had the skills and knowledge to deliver care and support that met their needs.

We found the provider met the requirements of the Mental Capacity Act (2005) code of practice. The Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) is law protecting people who do not have mental capacity, which means they may not be able to make some decisions for themselves. CQC is required by law to monitor

Requires Improvement

Is the service safe?

the operation of the DoLS. The provider was aware of the recent changes in DoLS practice and was liaising with the local authority to ensure appropriate assessments were undertaken so that people who used the service were not unlawfully restricted. People's care records had mental capacity assessments and records of best interest decisions for people who were unable to make decisions for themselves. The service had requested and obtained DoLS authorisation from the local authority so appropriate arrangements were available for people who needed to be deprived of their liberty for their own safety. The acting manager told us more DoLS applications were made for some people and they were awaiting authorisation. Staff we spoke with understood what processes to follow if a person using the service lacked capacity to make decisions or was likely to be deprived of their liberty.

Good

Is the service effective?

Our findings

We observed staff gave people choices about what they wanted to eat and where they wanted to sit during meal times. Staff asked people how they wanted to be supported and explained to them what was available. One person said, “The food choice is not to my liking, and this may be due to a change in a chef recently.” However, the person told us they could ask for and get the meals they wanted. They said they were looking forward to “butty sandwiches which the chef would organise” for them. All people we spoke with said the food was good. We observed staff sat by people’s side, communicated with them and were not hurried when supporting them with meals. This ensured people had appropriate support and time to have their meals. We saw the home had a four weekly rotating menu. The acting manager told us people could ask and have options not included on the menu. This was confirmed by people we spoke with.

People's nutritional needs were assessed and monitored. Care plans included information about people’s food preferences, including cultural choices and risks associated with eating and drinking. For example, one person’s care plan contained lists of the food they liked and those they did not like. This showed that the person the food provided reflected people’s preferences. We saw staff cut food into smaller pieces for some people who were at risk of choking. People's weights were monitored and advice was sought from healthcare professionals regarding appropriate medical or support interventions.

The home worked with health professionals to ensure people were able to access advice and treatment when needed. A GP visited the home weekly and a psychiatrist came to the home once a month. Records showed opticians, chiropodists and dieticians came as required to treat people. People were weighed regularly and appropriate action taken, for example, by reviewing their medicines and diets.

There were systems in place to assess the competency of the staff and to make sure they had the skills to perform their duties. We checked the training programme for staff and saw that staff had attended a range of training relevant to their roles. This included moving and handling, fire safety, basic food hygiene, promoting dignity, infection control, Mental Capacity Act (2005), DoLS, and safeguarding. The acting manager told us that refresher courses were being organised for staff. We noted most care staff had a care qualification equivalent to the Diploma in Health and Social Care level 2. This indicated people were cared for by people who were trained and had a relevant care qualification.

Staff we spoke with confirmed they had received supervision and this had improved since the new manager took over. They said they felt supported by the manager. Staff comments included, "You get honest answer from her. The manager is supportive. The manager is very nice, approachable."

However, another relative of a person informed us that the support arrangements for people attending hospital were not adequate and could put people at risk. A relative of a person informed us that they were concerned because staff did not stay with a person using the service when they needed medical treatment at a hospital. We discussed this with the area manager who confirmed that people would only be left with the hospital staff if they were to be admitted or to stay for a long medical investigation. We asked the area manager if there was a written policy about the provider’s arrangements for supporting people when they attended hospitals. This was not available. However, the area manager said that care staff would make sure the hospital staff had detailed information about the support needs of a person before they leave them at the hospital. The area manager told us that this policy would be reviewed and shared with staff, people using the service and, as appropriate, with their representatives.

Good

Is the service caring?

Our findings

We observed that staff interacted with people in a friendly and caring manner. Staff spoke with people and explained what they were doing to assist them with their needs. We observed a care worker who asked a person "what was wrong?" with them before providing care and support they needed. This showed staff communicated with people and provided appropriate care that met their needs. We saw staff were patient and polite when supporting people.

People were positive about using the service. One person said the home was “an excellent place” and they were “quite happy [with the service]”. Another person told us staff were friendly and caring. When we asked a person if staff treated them with respect they said, “Yes.” All the visitors we spoke with were satisfied with people’s treatment. A visitor told us a person who used the service was “looked after properly”.

We spent time in a communal area and observed people. We saw most of the care staff interacted well with people by calling with their names and greeting them. We saw staff offered people with snacks and asked them if they were "OK". However, we saw a member of staff who did not communicate with people when they came to the communal area. This indicated that while most staff had good interaction with people some staff did not. One person who used the service told us that they were "happy with most of the staff". Another person said, "The nurses are good. They do their job." When we asked what they thought about the service, one person said, "I am happy. Staff always ask how I am. They are caring."

Most of the families and relatives talked positively about care and support provided at the home. One relative said, "[This home] is much better at caring for my mum than others." Another relative of a person told us staff were “lovely and polite”. However, one relative said, "The carers could do more. [They] didn’t sit and interact with mum.” We noted most staff were busy supporting people but attentive when people required support

Staff were allocated to work in units and with specified people on each shift. This allowed them to have more knowledge about people's needs. We noted that each unit was led by a registered nurse who was responsible for monitoring and reviewing care plans and risk assessments

People’s privacy and dignity were respected. We saw that staff knocked on people’s bedroom doors and waited for permission before entering. When we asked staff how they would ensure people's privacy they told us they closed the doors or pulled the curtains when supporting them with personal care. They said they kept the records in locked filing cabinets or rooms to ensure confidentiality of people’s personal information.

Good

Is the service responsive?

Our findings

We observed ten people who were participating in a game of "nostalgic" activities in the ground floor lounge. We saw good participation from most of the people and a family member was also there joining in. We were informed by the family member that this was a regular event and that the activities co-ordinator had "a good rapport" with the people. We saw the activities co-ordinator checked and encouraged people to take part in the activities. We noted people's birthdays and religious festivals were celebrated in the home.

People's needs had been assessed before they moved to the home. The acting manager told us that staff completed a pre-admission assessment of needs for each person. The assessment process involved a senior member of staff visiting people at their home's or hospitals and talking to them, relatives or professionals such as healthcare staff to determine whether or not the service was suitable and could meet the person's needs.

Each person had a care plan, which was formulated based on their assessment of needs. This showed the care plans were personalised and reflected people's individual needs.

We saw records which detailed people's "life story" describing a short biography of the person. This ensured staff were aware of and able to respond to people's individual needs.

People told us they knew how to complain. One person said, "If I am not happy, I will put in a complaint. But I haven't done [as there was no need to]." Another person told us that staff asked them if they were happy with their support. They said they would talk to the staff if they were not happy about their care.

Visitors told us staff listened to them and acted on issues they raised with them. One person said they could talk to staff and the new manager. They said there were problems in the past but things were improving at the home and "the new manager is proactive and helpful". Visitors told us they were confident the new manager would address their concerns. Following the inspection one person told us by telephone about their concern and stated that they had spoken to the acting manager who had agreed to meet and discuss the issues with them. The person said they were satisfied with the manner in which the new manager was handling their complaint.

Good

Is the service well-led?

Our findings

The home was managed by an acting manager, who had applied to the Care Quality Commission and was waiting for an assessment to be the registered manager. Visitors, staff and people's relatives made positive comments about the acting manager. A visitor said, "[The acting manager] is approachable and I can mention anything to her." All visitors we spoke with stated that there were improvements at the home since the acting manager started work at the home. Staff told us they "liked" the manager and were hopeful the service would improve. They said they were happy with the way they were organised into different teams. This enabled them to focus on certain areas such as health and safety, personal care, and maintenance to ensure people's needs were met. One member of staff said, "The manager is great. She is the biggest plus in all the time I have been here." A member of staff told us they had worked at the home for many years and said, "The manager is visible around the home and regularly visits residents. She is approachable and operates an open door style that is a refreshing way to be treated". All the staff we spoke with told us they were happy and enjoyed their job.

We noted the home organised regular six monthly relatives' meetings and four monthly family forum meetings. We looked at the minutes of the six monthly meetings and noted that relatives had an opportunity to talk about the service and care provided at the home. The minutes showed that people were able to make comments and ask questions. We noted staff representatives from different units attended relatives' meetings. The acting manager told us that issues raised at the relatives' meetings were also shared with the all staff at staff meetings. This showed the home worked closely with families and relatives of the people.

Records showed staff meetings took place once every month. We looked at a sample of recent team meeting minutes and noted staff discussed various issues including the provider's policies, people's needs, and support practices. During the feedback session of this inspection we asked the manager about a comment in the staff meeting minutes that stated that "it was not tolerated" in the care home to speak in other languages when working with people who did not speak that language. The acting manager told us that there had been incidents where staff spoke in other languages while working with people. They said this had been stopped but it was to remind all staff that the practice of using other languages while supporting people was not allowed. This indicated that the acting manager used staff meeting effectively to communicate message.

Arrangements were in place for monitoring the quality of the service. Discussion with the acting manager and the records we checked confirmed that staff carried out regular medicine, care plan and health and safety audits. We were informed that the regional manager visited monthly to undertake audits of various aspects of service delivery including incidents, accidents, safeguarding, complaints, and care plan reviews. We noted the home was recognised by Investors in People. This indicated that the home encouraged and provided training for staff.