

Halcyon Care Limited

# The Fountains Care Centre

## Inspection report

Church Lane  
Tetney  
Grimsby  
Lincolnshire  
DN36 5JX

Date of inspection visit:  
20 November 2018

Date of publication:  
14 December 2018

Tel: 01472210456

Website: [www.halcyoncare.co.uk](http://www.halcyoncare.co.uk)

## Ratings

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

# Summary of findings

## Overall summary

We inspected The Fountains Care Centre on 20 November 2018. The inspection was unannounced. The Fountains Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 45 people, some of whom may experience memory loss or physical health issues.

On the day of our inspection 31 people were living in the home.

At our last inspection on 2 and 3 March 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Risks in relation to people's daily life had been identified and planned for. There were enough staff, who were safely recruited to ensure people received care when they needed it. People received their medicines as prescribed from staff who were trained to manage medicines in a safe way. There were systems in place to minimise the risk of infections.

People continued to receive an effective service. Staff were trained and supported to understand and provide care that met people's individual needs. People were supported with their health and nutritional needs and had access to appropriate healthcare services when required. The policies and practices within the home supported people to exercise choice and control in their lives and care was provided in the least restrictive way.

People continued to receive care that promoted their dignity and privacy and respected their individuality. Staff understood what was important to people and provided care in a kind and supportive manner.

People continued to receive a responsive service. Their needs were assessed and planned for and regularly reviewed to ensure they continued to receive the care they required. Staff knew and understood people's needs well and people and their relatives were consulted about the care they received. The manager was taking action to ensure people and their relatives had access to their written care plans.

There was a complaints procedure in place and action had been taken to address any complaints that had been raised.

There was a new manager in post who had applied to register with the Care Quality Commission (CQC) in a timely manner. The home was well led and the manager encouraged an open and inclusive culture where

people could speak out about their views and any concerns they had. Systems were in place to regularly check the quality of the services provided and the manager was taking action to address identified issues.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remain effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# The Fountains Care Centre

## 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.

This comprehensive inspection took place on 20 November 2018 and was unannounced.

The inspection team consisted of one inspector and an assistant inspector. Prior to this inspection we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

Prior to the inspection the provider had 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 considered this information as part of our inspection process.

During the inspection, we spoke with six people who lived in the home for their views about the services they received. We spoke with the manager, a registered nurse, four care staff, the activity co-ordinator, the maintenance person and a housekeeper. We were not able to have extended conversations with some people due to their communication needs so we also relied on observations and spoke with the family members of five people to get their views.

We looked at specific parts of five people's care plans and observed how they received their medicines. We also looked at information provided by the registered manager related to the running of the home.

# Is the service safe?

## Our findings

All of the people we spoke with, and their family members, told us they felt the home was a safe place to live. One person said, "Yes I feel safe, I do not have to worry about anything." Another person told us, "I feel no harm will come to me here."

Staff understood their responsibilities to protect people from the risk of harm. They had received training in relation to keeping people safe and knew how to report any safety concerns both within the provider's organisation and to external agencies such as the local authority. Systems were in place to ensure local safeguarding protocols were followed and that we were notified of the actions the provider had taken as a result of any incidents or allegations of abuse.

Staff were knowledgeable about what action to take to reduce identified risk. For example, risk assessments were in place to help support people at risk of pressure damage to their skin. Staff followed people's care plans for regular position changes and the use of creams to keep skin soft and supple. A range of equipment was also in place to help minimise those risks such as special mattresses and cushions.

There were systems in place to ensure safety in areas such as fire risks and control measures were in place to reduce these risks. On the day of the inspection we saw that staff followed fire safety plans when the fire alarm was unexpectedly triggered and the fire service had attended. No fire was detected; however a full check of the fire safety systems was carried out by the maintenance person in liaison with an external fire safety company.

We saw that systems were in place to review any accidents or incidents which had occurred. This enabled staff to learn lessons when things went wrong so as to minimise the risk of them happening again. We noted that there had been no serious injuries recorded from, for example, falls during the past 12 months which indicated that risk management plans were effective.

Staff were available when people wanted them and they responded to people's requests quickly. Staff went about their work in a calm and organised manner and supported people to undertake their preferred daily activities. There were systems in place to enable the manager to review how long call bells took to answer so they could ensure care and support was consistently provided in a timely manner. People told us that staff responded quickly to their requests for help with one person commenting, "I have a call bell, they come very quickly."

The provider had safe staff recruitment processes in place to ensure suitable staff were employed to work with the people who lived in the home. We saw that two new staff members had recently been recruited and were awaiting final employment checks before they started to work in the home.

People received their prescribed medicines safely. Arrangements for the storage and administration of people's medicines were in line with good practice and national guidance. Staff had received training in the safe handling of medicines. Regular audits were carried out to check that medicines were being managed in

the right way. One person commented that staff always brought their medicines to them at around the same times of the day.

Staff had a good understanding of why systems for managing the risk of the spread of infection was important. The home was clean and tidy and we saw staff used aprons, gloves and good hand washing procedures appropriately. Colour coded cleaning equipment was readily available and laundry arrangements took account of infection control guidance. Everyone we spoke with said the home was kept clean.

# Is the service effective?

## Our findings

People's needs were assessed before they came to live in the home. Staff, including the manager, demonstrated a good understanding of people's identified needs and preferences. We saw that they followed the guidance set out in care plans and received training to ensure they had the right skills to do so. They demonstrated confidence when providing care for people and we saw they referred to care plans and colleagues when they needed further information.

Staff said that the manager made sure they kept up to date with training and we saw there was a plan in place to show when training was due. Staff told us that the training helped them to maintain and develop their understanding of people's needs such as dementia and continence care. One member of staff told us, "I'm up to date with all my training and it does help us to refresh our knowledge." Staff also told us that they had supervision sessions with the manager in which they could discuss their training and development needs and any issues that affected them.

People were supported to eat and drink enough to stay healthy. During the lunch time meal we saw that food was of a good quality and plentiful with extra food available if people wanted more. We also saw there were a number of options available to people when they did not want what was on the main menu. Most people we spoke with told us they enjoyed the food and drinks available to them. One person commented on the food saying, "It's really good; we have a choice and it's all home cooked." A family member told us, "The food is amazing. It looks lovely, it always smells nice; [my relative] has put on weight since being here." Another person said, "It's passable but not what I'm used to", and their family member described the food as 'no good'. We saw that the new manager had recently reviewed the menus with people to ensure everyone's preference and needs were catered for.

The catering staff knew people's individual needs and preferences and told us that care staff kept them up to date with any changes. People's dietary needs had been assessed using a nationally recognised assessment tool. Staff kept records to monitor how much people ate and drank through the day to ensure they received sufficient nutrition. Where specific dietary needs were identified staff had sought advice from healthcare professionals such as Speech and Language therapists. Food supplements were available for those who needed them.

Everyone we spoke with told us that their health needs were attended to quickly and appropriately and they had access to the healthcare services they required. Everyone was registered with a local GP and records showed they were supported to see their GP whenever there was need.

The premises were spacious and easily accessible to those who had mobility needs. There were various lounge areas and secure outside spaces for people and their visitors to use. The manager and activity co-ordinator explained their plans to repurpose one rarely used lounge area into a bespoke area for reminiscence activities. People's bedrooms were personalised to their own taste. There was a range of bathrooms and toilet areas with appropriate equipment available for people. Toilet seats were of a bright colour so those with sensory or memory issues could easily identify them. The manager and provider had a



plan in place for substantial refurbishment of the home over the coming months.

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.

The manager and staff worked within the principles of the MCA. We saw that they promoted people's choice and encouraged them to make decisions about their daily lives where they were able to do so. Care plans generally reflected where best interest decisions had been made on people's behalf however some records were not clear about how and when family members had been consulted. The manager acknowledged this and took steps to address the issue.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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 found that the conditions in DoLS authorisations were being met and we had been notified when DoLS applications had been made.

## Is the service caring?

### Our findings

People and their family members told us that staff were kind and caring. One person said, "Ten out of 10; I've not come across a bad one yet." Another person told us, "They're all pleasant to me; I could not possibly give you anything that is wrong." A family member told us staff were. "Very good, I have no complaints."

We found that staff treated people in a kind and caring way. People reacted positively to staff and looked relaxed in their company. Staff knew what people liked and what was important to them. One example was where the manager took time to chat with a person who liked to watch wildlife in the garden. They spoke about the peacocks that regularly visited the garden and the person was smiling and interested in the conversation.

Staff knew how to support people who could become anxious or upset. We saw they used a calm and reassuring approach when a person became distressed during a meal time. They demonstrated their understanding of the likely causes of the person's distress and how best to help them relax.

People were supported to maintain their dignity and privacy. Staff supported people discreetly with personal care and discussions about personal issues were carried out in private. Staff knew when people did not wish to be disturbed and respected the person's choice. Staff addressed people by their preferred names and were respectful when speaking with them.

People were supported to maintain as much independence in their daily lives as they were able to. For example, people were encouraged to use walking aids to promote their mobility and a range of crockery and cutlery was available to help people eat and drink more independently. One person told us how they liked to clean their own room and were supported to do so.

Staff actively encouraged people to make choices for themselves. We saw examples such as people being supported to spend their time in the places they chose to be; people being supported to wear the clothes they chose and what activities they wanted to engage in. Staff knew how to offer choices for people so it was easier for them to decide what they wanted. For example during lunch there was a number of choices and we saw staff showing people the food to help them make their choice.

We saw there was some information available for people about how to access advocacy services. The manager told us how they were planning to improve the amount and type of information available to ensure maximum choice for people. Advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

People were able to maintain relationships with their family and friends. We saw visitors were welcomed into the home.

## Is the service responsive?

### Our findings

People continued to receive care that was personalised and responsive to their needs. Care plans were regularly reviewed and updated as people's needs changed. One family member said, "The home are good at contacting me [to discuss care]." Another family member told us, "I do a lot with [me relative's] care; they are good at communicating with me." However, although people and their family members were involved in discussions about their care they told us they had not seen their care plans. The manager acknowledged this and took steps to ensure people had access to their care plans.

Information was made available in ways people could understand. Picture signs were used to help people find their way around the home and identify different rooms more easily. The activities on offer during the day were displayed with relevant pictures to assist people to make choices. There was also a television screen in the main hallway which was used to display daily menus, the time and date and the weather. The manager told us they were preparing picture menus to reflect the recently updated menu choices.

During the inspection we saw activities such as a gentle exercise session and a quiz were taking place. Those who chose to take part were supported and encouraged by the activity co-ordinator and were fully engaged with the activity. We also saw the activity co-ordinator took time to visit people who spent time in their bedroom to minimise any feeling of isolation. Some people told us they chose not to join in the activities but knew they were available if they changed their mind.

There were systems in place to ensure complaints were managed appropriately. The registered provider had received two complaints since our last inspection. We saw the complaints were recorded along with the outcome of the investigation and the actions taken. People and visitors told us they knew how to raise concerns or complaints and felt that they would be dealt with in the right way.

People's wishes for their end of life care were recorded in their care plan. The plans also set out how staff should maintain people's dignity and comfort and we saw staff followed this guidance carefully. There were a range of cards and compliments from the families of people who had been cared for at the end of their life. They made comments such as 'thank you for the care and attention; wonderful caring girls' and '[my relative] felt very settled and the care was exceptional'.

## Is the service well-led?

### Our findings

There was a new manager who had been in post for five weeks and had applied to become the 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager told us about their plans for on-going improvement in the home and said that the provider and operations manager were supportive of this. We saw that she had an action plan in place and had already begun to address areas identified for improvement. These included improving the environment for those people who experienced memory loss and introducing lead roles for staff in areas such as tissue viability and moving and handling. The manager also told us they were reviewing dependency monitoring arrangements to make sure that they always worked with the correct staffing levels.

We asked people and their family members if they would recommend the home to others. One person said, "Yes, I find it alright, there are things but I cannot fault the place overall." A family member told us, "I would now with the new manager, it is homely, they have enough staff." They added, "We can see a change in [my relative] already."

Staff told us, and we saw that there was an open and inclusive culture within the home. Staff said the manager was 'very approachable' and worked alongside them to understand people's needs and preferences. People who lived in the home were relaxed and comfortable in the manager's company and she demonstrated a detailed knowledge of their needs and preferences.

Staff felt the manager provided clear leadership and effective support. They told us the manager had arranged individual supervision sessions and team meetings with all of the staff when they took up post. They said they had reviewed their training and development needs and were able to share their views about the home and any concerns they had. All of the staff we spoke with told us they had seen positive changes which helped them to feel confident that their concerns and views had been listened to and acted upon. A member of staff said, "I was happy working here before but I can see a lot of improvements for the good."

There were systems in place to monitor and improve the quality and safety of the services provided for people. The manager continued to carry out audits of topics such as medicines management and infection control. The manager and staff told us that the provider and their operations manager also visited regularly to check the quality of the services provided.

People told us that they were asked for their views about their care on a daily basis. However, most people and their family members said they had not been offered the opportunity to complete a survey or attend meetings. The manager had identified this and said they were reviewing the arrangements for gathering people's views about the services provided. We saw meetings for people who lived in the home and their family members had been arranged and were due to be held. The manager also said that an annual survey

completed in October 2017 indicated people were happy with the services they received. We saw that the manager had prepared the survey for 2018 and were about to send it out.

The home had links with the local community and worked in partnership with other agencies to improve the services people received. For example, on the day of the inspection the manager and nurse on duty were meeting with the local pharmacy to discuss ways of improving their joint working systems.