Truecare Group Limited

Fountain View

Inspection report

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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

This inspection was carried out on 26 and 27 September 2016 and was unannounced.

Fountain View provides accommodation and personal care for up to six people who have learning disabilities. At the time of our inspection four people were using the service.

Fountain View has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 15 and 16 July 2015 we found five breaches in regulations. We asked the provider to take action to make improvements to safeguarding, governance, making notifications to CQC and the implementation of the principles of the Mental Capacity Act 2005. This action has been completed and the provider is now meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received safeguarding training and were able to describe sources and signs of abuse and identify people at risk of potential harm. Staff were aware of how to protect people from abuse. People and their relatives told us they felt safe.

Risk assessments were in place for each person on an individual basis. Staff were aware of the risks and knew how to mitigate them.

There were enough staff on duty to meet people's needs. The registered manager explained how staffing was allocated based on people's assessed needs. Recruitment was carried out safely to ensure that potential members of staff were suitable to work in the home.

Medicines were stored safely and administered by staff who had been trained to do so. Medication competencies were checked every three months to ensure staff remained confident to administer medicines appropriately. Medication Administration Records (MAR) were kept for each person and were correctly completed. Medicine stock levels were monitored and recorded on a daily basis by the member of staff administering medication. Medicines were also audited weekly and monthly.

People were asked for their consent before care or support was provided and where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act 2005. This meant that people's mental capacity was assessed and decisions were made in their best interest involving relevant people. The registered manager was aware of her responsibilities under the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications for people using the service.

Relatives told us they were very happy with the care provided to their family members. Staff understood people's preferences and knew how to interact and communicate with them. People behaved in a way which showed they felt supported and happy. People were supported to choose their meals. Snacks and drinks were available in between meals. Staff were kind and caring and respected people's dignity.

Support plans were detailed and included a range of documents covering every aspect of a person's care and support. The support plans were used to ensure that people received care and support in line with their needs and wishes. We saw this reflected in the support observed during the visit.

There was evidence in support plans that the provider had responded to health needs.

There was an open and transparent culture within the home. Staff were able to raise any issues or concerns with the registered manager who listened and responded. The home had a pleasant atmosphere, where staff worked well together and supported the registered manager in her role.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans were discussed with staff. Accidents and incidents were monitored for any trends which could be identified both within the home and across services, so that learning could be shared.

The service maintained a detailed system of quality control in order to ensure the quality of service was maintained and improved. This included regular checks carried out by the registered manager, the deputy manager and staff. There were also internal and external audits which identified improvements to the service. Appropriate actions had been taken.

Staff said they felt encouraged to feedback to the registered manager. They enjoyed the positive and open culture in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to keep people safe from harm and protect them from abuse. Identified risks to people's safety had been recorded and managed appropriately.

The registered manager planned staff rosters to ensure there were enough staff to meet people's needs. There were effective systems in place to ensure appropriate staff were recruited.

Medicines were administered safely by staff who had been trained and had their competency to do so regularly assessed.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had been appropriately trained and who had a detailed knowledge about people's needs.

People were able to choose their meals and had access to drinks and snacks when required, to ensure adequate nutrition and hydration.

People were supported to make their own decisions, but where they did not have capacity the provider had complied with the requirements of the Mental Capacity Act 2005.

People had access to appropriate healthcare to meet their needs.

Is the service caring?

Good

The service was caring.

People were supported in a stable and caring environment.

The staff promoted an atmosphere which was kind and friendly.

People were treated with respect and dignity and independence

was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

People's preferences, likes and dislikes had been recorded and responded to staff.

The registered manager sought and responded to feedback from people, relatives and staff to improve the quality of the care provided.

People took part in activities of their choice to enhance their wellbeing.

Is the service well-led?

Good

The service was well led.

We found the home had an open and transparent culture.

People and staff were encouraged to be involved in the future development of the service.

Effective quality assurance systems were in place, to ensure a continuous and consistent quality of care.

Learning from incidents was demonstrated, so improvements could be made.

Fountain View

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 checked 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 inspection was carried out on 26 and 27 September 2016 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, we reviewed all the information we held about the home including the previous inspection reports and notifications received by the Care Quality commission. A notification is information about important events which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our 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 service.

During our inspection we spoke with two relatives and four people. We also spoke with the registered manager, the assistant regional director and two support staff. We reviewed records relating to the management of the home, such as audits, and reviewed two staff records. We also reviewed records relating to three people's care and support such as their support plans, risk assessments and medicines administration records. Following the inspection we received feedback from two healthcare professionals who have had contact with the home.

Where people were unable to tell us about their experiences, we used other methods to help us understand their experiences, including observation. We used information in people's communication support plans to communicate with people effectively.

We last inspected the home in July 2015 and found five breaches of regulations.

Good

Is the service safe?

Our findings

People told us they felt safe. Relatives told us their family members felt safe. One relative, when asked if their family member felt safe, said "The whole house is safe." A person, when asked the same question said "Yes, I have friends."

During our previous inspection we found there was an overuse of risk assessment which could be seen as restrictive to people, restrictive practice was evident in the home and there was inappropriate use of restraint. At this inspection we found that there were appropriate individualised risk assessments in place and restrictions such as locked doors had been removed. The sharps drawer and COSHH cupboard were locked to keep people safe and there were risk assessments in place in relation to these. There was no routine use of restraint although staff had been trained appropriately to use restraint safely if this became necessary. This impacted positively on people's lives as they were protected from risks with the minimum of restriction on their lives.

Staff had received safeguarding training and were able to describe sources and signs of abuse and potential harm. They also knew how to report abuse. Staff were aware of how to protect people from abuse. Cards were handed out to staff to remind them how to report anything they saw of concern. Staff said they would feel able to whistle-blow, if necessary, without fear of reprisal. One staff member said "If there were any issues of malpractice, I would use the whistle blowing card and call the numbers." Safeguarding training was also available for people living at Fountain View entitled 'Keeping me safe from abuse.' The training was led by people who use residential care services. Two people from Fountain View had completed this training in order to be provided with the knowledge to recognise if they were being placed in a position of harm by other people.

Individualised risk assessments were in place for each person living in the home. Risks to people's wellbeing were evaluated by identifying the frequency of which someone was exposed to risk and the severity of the particular risk to their wellbeing. Once evaluated, a total score was identified and actions documented and taken to reduce the overall score for the person. There were clear plans in place to manage the identified risks. For example, one person experienced repeated falls and the home had take appropriate action to refer them to a falls clinic. A night monitor was in place to alert staff if the person wanted to get out of bed during the night, so they could ensure they assisted them. Regular checks were carried out day and night to ensure the person was not in a position where they were at risk of falling. Another person had experienced a recent choking incident. Staff had taken immediate action to clear the blockage and sought advice from medical staff in Accident and Emergency. Following the incident the person was referred to a Speech and Language Therapist (SALT) for guidance and a risk assessment was in place to inform staff how to support the person to reduce the risk of choking. A member of staff told us "He has constant support from staff with his eating and is constantly prompted to cut his food up smaller and to slow down. He does well if you eat with him." This matched guidance provided in the person's risk assessment. The risk assessments matched care plans, SALT guidance and health action plans ensuring management of risks was carried through to the actual care delivered. This meant risks to people had been identified and managed to keep people safe.

There were enough staff on duty to meet people's needs. The registered manager explained how staffing was based on the needs assessments of people using the service. Everyone was funded one to one for all or part of the day and sufficient numbers of staff were rostered to meet this. This meant that two staff were on twelve hour day shifts and two staff were on eight hour day shifts with two staff on a waking night. We observed during the inspection that this met people's needs. We saw that everyone received the support they required and were able to access the community and undertake in house activities.

There was an effective recruitment policy in place which was followed. Disclosure and Barring (DBS) checks were carried out before anyone could be recruited. These checks identify if prospective staff have a criminal record or are barred from working with people at risk. Potential staff had to provide two references and a full employment history, to ensure they were suitable to work within the service. During our previous inspection we found that recruitment checks had not been fully completed to keep people safe. During this inspection we found that systems were in place to ensure that all checks were completed before a potential member of staff could be recruited. In order to verify employment histories provided by staff the registered manager had contacted all previous employers to request a reference. This was a project which was underway during the inspection. The provider had taken action to ensure that staff were safely recruited.

Medicines were administered safely by staff who had been trained to do so. Staff had received medication training and had their competency to administer medicines checked regularly. Staff were not permitted to administer medicines until they had had their competency checked twice. We reviewed records in relation to medicines. Medication Administration Records (MAR) were kept for each person. These were all signed appropriately with no gaps which would indicate that people had received their medicines as prescribed. Medicine stock levels were checked and recorded each time a medicine was administered. A weekly medicines audit was carried out by the deputy manager and a monthly medicines audit was carried out by the registered manager.

Medicines were stored safely in a locked cabinet. The temperature was monitored daily to ensure medicines were stored at a safe temperature. Each person had individual records kept in relation to their medicines. These included a photograph, a diagnosis, what support the person needed to take their medicines and how they liked to take them. For example, one person liked to take their medicines with yogurt or mousse because they found it hard to swallow. There were detailed instructions in place for medicines which needed to be taken 'as required', known as PRN. This ensured people received the medicine they needed, when they needed it. One person was being supported to promote their independence when managing part of their prescribed medicines. They signed their own MAR chart to confirm they had administered their specialised toothpaste. Current medicines were listed for each person in conjunction with dosage, times, used for and side effects details. A selection of medicines from a cabinet were checked and all were within date and had the date they were opened recorded.

Good

Is the service effective?

Our findings

One relative told us in relation to their family member's care "I can honestly tell you I do not worry anymore."

During our previous inspection we found that the provider had not complied with the principles of the Mental Capacity Act 2005 (MCA). During this inspection we found that the MCA had been followed. People's capacity had been assessed in relation to individual decisions. This meant that wherever possible people made their own decisions. Decisions were made in people's best interest where they were assessed as not having the capacity to do so.

People were asked for consent before care and support was provided. Staff told us they asked for consent before providing personal care and would do this in a way which people understood. One member of staff said "We ask people. If they say 'no' we leave it and ask again later." Where people lacked capacity to make specific decisions, the home acted in accordance with the principles of the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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. Where they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been completed which were decision specific. For example, one person had a mental capacity assessment in relation to having a listening monitor in their room day and night and another person had a mental capacity assessment in relation to receiving one to one support all day.

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. We found that the registered manager understood when an application should be made and had submitted relevant applications for people.

Staff had received appropriate training to deliver the care and support for people living in the home. Records showed that training covered all essential areas such as medication, food hygiene and fire safety. There was also training specialist training in relation to positive behaviour support (known as SCIP). This specialist training focused on proactive methods to avoid triggers that may lead to a person to presenting behavioural challenges. One member of staff told us "Some of the SCIP training was adapted especially for this service." They also told us the SALT team had come to the home to provide guidance to staff in relation to supporting people who were a choking risk. Some staff had completed vocational qualifications in health and social care. Staff had access to further development training. There was an academy training program which staff could access in order to gain promotion such as to senior support worker or registered manager. Staff had regular supervision meetings and said they felt supported in their role. Training was available to people as well as staff. Courses included; keeping me safe from abuse and first aid.

People were offered a choice of nutritional food. The registered manager told us that people could choose whatever they wanted for breakfast and lunch. There were no set mealtimes, people ate when they chose and were encouraged to prepare whatever they had chosen for their breakfast or lunch. During the inspection we observed one person having porridge for breakfast and some people had pizza pinwheels for lunch with salad. For dinner, the meals were chosen in advance by people either through pictures or just by saying what they would like. From this a shopping list was put together and people went shopping with staff to buy the right ingredients for the meals chosen. On the first day of the inspection fajitas and salad was on the menu. The registered manager told us the one person always chose a curry and that in general everyone liked a roast dinner so there was at least one of these each week. There was no set time for dinner; people were very active during the day so often ate when they had finished their activities. During lunch on the second day we observed staff giving appropriate support to one person who was a choking risk. People had their own 'snack boxes' and were supported by staff to go to the shop to choose the things they liked. This was a popular activity. We asked people if they could have snacks if they were hungry in between meals and they told us they could have "Biscuits." Staff supported people to receive sufficient nutrition and hydration.

Health professionals were appropriately involved in people's care. For example, one person had been referred to a falls clinic and others had been referred to SALT. On the second day of the inspection one person was supported to attend a dental appointment. Records showed that people's health needs were met. Comprehensive health logs were kept within people's care plans, including appointments such as dental appointments. In house psychologists were involved in people's care.

Good

Is the service caring?

Our findings

Relatives told us they were very happy with the care their family member received at Fountain View. They felt that staff understood their relative and provided comfort if needed. One relative said "When (my relative) comes home, he's missed. The first thing they say when I take him back is 'Welcome home (person) we've missed you.' " Another relative said "I am very happy with the staff." A visiting professional told us "I have received a positive impression of the staff where they appear to genuinely care for the service users."

Staff were supportive and caring and treated people with high regard. We observed people receiving support in communal areas within the home. Staff knew how to meet the needs of people because they knew them well. Staff told us they were understanding and compassionate without being patronising. One member of staff said "I try to put myself in their shoes." Another member of staff said they read people's care plans but "The best thing was to dive in and really get to know people." One person had a tendency to 'grab out' when they became distressed. On the second day of the inspection this person became distressed and grabbed at staff. We observed the person was quickly reassured by staff and within a short time had returned to their normal pattern of behaviour and was preparing their breakfast in the kitchen. A member of staff told us that they had recently found a person in "Melt down" which meant they were experiencing an emotional episode. They told us they had supported the person to move to another environment and then had sat with them and reassured them until they calmed down. People received the support and comfort they needed.

People were supported to maintain relationships with people who were important to them. One person had a fiancée. They were supported by staff to visit their fiancée regularly and to make telephone calls to them and their family. The person had their own mobile telephone to facilitate these calls. It had been identified that the person was at risk of distress because they were not using their phone appropriately. As a result there was an agreement in place (which the person had consented to) that their telephone was kept in the office. This meant it was easier to check the number of calls the person was making. There was an agreement in place to call at set times to ensure their fiancée was available when they called. This meant the person did not become distressed if their fiancée was not available. There were also planned calls, which meant the person was able to look forward to the call calmly without obsessing about when they would be able to call. Work was underway with the person's fiancée about whether the relationship would be taken further with marriage and living together. The person told us they were happy with the support they were given from staff to facilitate their relationship with their fiancée. It was clear this was an important relationship to them. The registered manager told us that they were taking slow steps forward and they felt this was the right pace for the person.

People's rooms were individually decorated according to their taste. One person had chosen their curtains and pictures on the walls in their room. Although they were known to like dogs, they had asked for the dog pictures to be taken down and replaced by other images. They had chosen a beach theme for their ensuite bathroom. Staff had respected the person's dignity by ensuring their 'bowel chart' was kept on the inside of a cupboard door ensuring it was only seen by those who needed to add information to it. Another person's room included positive photographs such as of them wearing a smart outfit and of themselves and others at

a Halloween party. They had recently been supported to receive some sex education training and had chosen to have some of the pictures which they had seen during this training displayed on their wall. During the inspection they asked for some more of these pictures and were supported by staff to choose further pictures to display in their room. The registered manager told us that people had chosen the sofas in the front room and each person had chosen a cushion they liked to put on the sofa. These included one with a dog on it and one with a bicycle on it, reflecting people's interests.

We saw a leaflet for the 'Smile scheme' on the notice board. It offered people the opportunity to meet up with friends and have a coffee. Friends meant other people using service within Choice Care Group. One person using the service had said they would like to join this scheme and staff said they would support the person to attend. This was important as it gave the person opportunities to make friends with people outside the home and enjoy a wider circle of friends. Friendships were supported in other ways. For example, one person had left the service to live in another home. Staff had supported a person using the service to meet them for coffee ensuring they were able to maintain their friendship.

People were encouraged to make decisions about their care and these were evident on a daily basis with people choosing when they got up, what they ate and what they did. One member of staff said "We pride ourselves in the fact that we involve the boys a lot. We get photos and things to help them make a decision." The registered manager told us she had discussed people's support plans with them and two people we spoke with were able to confirm this. Where people were able, they had signed to say they agreed with their support plan.

People were valued and respected by the provider. An annual event called 'Choice got Talent' was held. This was an event celebrating people's talents. People had chosen an underwater theme and made flags. They won the competition, boosting people's self-esteem, and brought home a bucket of sweets as the prize. There had also been a gardening competition. Staff had supported people to make flower tubs and to plant tomatoes and chillies. There was also gnomes which people had painted themselves. Part of the garden display included a clay placard where people and staff had left their hand prints and these had then been painted by people. This showed that everyone had been involved in the making of the garden. Fountain View won second prize during this competition. The prize was financial and people were asked what they would like to do with the money. It was decided to put the money towards developing a vegetable patch. People felt important and valued.

The atmosphere in the home was caring. We observed people were supported in a positive, caring way. Staff communicated well with people. Staff were seen laughing and joking with people in a positive way. People were seen to be looking after each other as if they were a family.
People's views about their care were sought through monthly one to one meetings with their keyworker. Staff said that people let them know their views outside of the meetings. One staff member said "They are very vocal and will tell you."
Privacy and dignity was respected. We observed staff knocking on people's doors before they entered. A member of staff told us "We knock and wait for an answer. We respect that people do like to spend time on their own." A relative said (about staff) "They understand that everyone needs time on their own." People were able to have undisturbed time in their room, if they chose, and this was also written into people's support plans.

Independence was respected. On person, with restricted mobility, liked to make their own cups of tea. There was a designated area in the kitchen for the person with a low worktop which enabled them to sit down when making tea. There was also a one touch water boiler which meant the person did not need to lift a heavy kettle. All tea making items were immediately to hand for them. This enabled the person to maintain

their independence by making their own tea. The registered manager told us they wanted to promote independence. One person choose when they wished to have their personal care there were no set times in place so they could still have control over their life. For the same person they were encouraging them to be more involved in taking their medicines, by asking them to sign to say they had had their specialised toothpaste. The person also had an agreement allowing them to sign out their personal allowance each week. They agreed they would keep the money in their room and look after it and understood it was their budget for the week. Staff had agreed to remind the person how long it was until they received their next weekly allowance to ensure they did not spend all their money at once. This was a step towards their independence in aspects of daily living.

Good

Is the service responsive?

Our findings

Relatives told us they were pleased with the way staff had responded to their family member's needs. One relative said "I absolutely love the staff, they are so caring, they contact me all the time."

During our previous inspection we found that support plans were sparse in content and included out of date and incorrect information about people's care. Following that inspection support plans had been rewritten on an individual basis. During this inspection we found they were detailed and clearly described the support people needed. We asked a visiting professional what they thought the service did particularly well. They said "Treating each service user individually and looking at their needs and not the home's need."

Support plans were well written clearly demonstrating how staff should meet people's needs. Each person had records which included four different types of care planning. These included a support plan describing how to care for and support the person, a current folder which included daily observations, a health action plan which included medical information and a 'Living the life' folder which included information about aspirations and goal setting. There were also monitoring forms linked to people's current needs. For example, one person was a falls risk and the chart monitored the person's falls to determine whether the fall was physical or behavioural. Another person was a choking risk and there was a cough chart being completed and monitored for this person. These were live documents kept available for staff in the main living area so they could be accurately updated in a timely manner.

Support plans started with 'My story', a summary of the person's history and background. Other sections included 'What do other people like and admire about me,' 'What is important to me,' and 'How I spend my time.' Communication plans described how people communicated and what staff needed to do to ensure people were able to communicate with them. Detailed information was included about each aspect of a person's care. For example, risk assessments and guidance about how to support a person with epilepsy. Each person had a positive behaviour support plan. The plans described the type of behaviour and strategies to address the behaviour starting with a proactive approach and ending with last resort actions staff may need to take. For example, one person displayed socially inappropriate behaviour. Another person using the service had received sexual education training in order to support them in taking appropriate actions to rebuff the other person's advances. There was a detailed plan in place for staff to ensure that the person was not left alone in communal areas. There was a social story for the person describing how to be with other people. A social story is designed to help teach social skills to people on the autism spectrum. It is a short description of a particular situation, event or activity, which includes specific information about what to expect in that situation and why. Staff maintained communication about the ongoing issue. We observed in the communication book that staff were updating each other about the behaviour and what they needed to be aware of. This meant staff were responsive to people's needs and the support they required.

'Living the life' folders were person centred around the person's goals and ambitions. They described the person's circle of support. This was clearly important to people. We heard one person repeatedly asking staff about people who were recorded in their circle of support. The file also included things the person might like to achieve independently. One person had recorded that they would like to go out to buy crafts. It was also

recorded that the person would like to go on holiday to Butlins and would like a train trip to Bournemouth. The holiday to Butlins had already been arranged and a countdown board was on display in communal areas so that people could see how many days to their holiday. The files also described what 'fun' meant for that person. For one person the file described 'fun' as sifting through and listening to old CDs (compact discs) whilst drinking tea. The person had their own unique tea making facilities and we heard staff talk to the person about their CDs. This showed staff knew what was important to the person. Each person had six goals to ensure they were living their life according to their wishes. Staff discussed these goals during one to one keyworker meetings with people and supported people to achieve their goals. For example one person had a goal of attending a coffee morning or lunch club. The registered manager told us that a person from another service was starting a knitting club. They knew the person liked knitting, so they were arranging for the person to join the knitting club.

People were asked what activities they would like to take part in. These were discussed on a weekly basis and changed regularly according to choice. For example one person had felt uncomfortable going swimming as part of a group and had requested to go swimming alone. This was being arranged. One relative was pleased that their family member had felt confident enough to take part in new activities. They told us "They hire a bike for him once a week in the New Forest. He goes gardening. He now goes to watch Southampton play (football)." The person's room demonstrated their love of football and in particular Southampton football club. The registered manager told us it was a step forward in being able to support the person to attend matches because previously the person had found it distressing to be in a loud place with lots of people. Some people regularly played football and others chose to watch them play. One person told us how they were planning a fete for 'Children in Need' with the support of staff. They were very excited about the fete when they described what they doing including that proper tickets had been printed. The registered manager told us that the person had visited the local public house and sourced a raffle prize for the fete. This helped the person feel part of the local community and valued for their input into an important event.

Relatives and people told us they knew how to complain. There were very few complaints and all had been appropriately addressed. Staff told us they felt happy raising any concerns or queries with the registered manager. One member of staff said "I have no doubts that (the registered manager) would listen and take appropriate action." There were regular staff meetings where staff were able to feedback their opinions about the service. One member of staff told us "We have regular staff meetings, we do have input. I'm happy to give and receive feedback." Staff were able to raise any concerns through their one to one supervision meetings. There were regular service user meetings and people had monthly meetings with their keyworker where they were encouraged to give feedback. People told us they would talk to the registered manager if they were unhappy about anything. This meant the service was able to listen and learn from people's feedback and experiences.

In July 2016, a survey was carried out in which feedback was sought from people, their relatives, staff and other professionals working with the service. A report collating this feedback was only received by the service on the second day of the inspection; however the registered manager told us she would be using the feedback to prepare a development plan for the service.

Good

Is the service well-led?

Our findings

During our previous inspection we found that appropriate notifications had not been made to CQC as required by the regulations. During this inspection we found that the registered manager understood her responsibilities as a manager and notifications had been submitted to CQC in line with the requirements.

There was a positive culture in the home. There was a friendly, homely feel about the home. One member of staff told us "I think it's very open here. We have had a fresh intake of staff. I feel supported and valued." Another member of staff said "(The registered manager) has an open door policy and will encourage any issues to be raised immediately. Everyone is treated as individuals." Relatives liked and respected the registered manager. One relative said, "I especially like the new manager, she's on the ball all the time."

Incidents and accidents were appropriately recorded and responded to, to minimise repeat events. Body maps which were completed as the result of an incident were kept in people's support plans so they could be monitored by staff. The registered manager completed a monthly consolidation of incidents and accidents in order to identify any trends. Accident statistics were reported at board meetings and also discussed at Health and Safety Committee meetings. The Health and Safety Committee is a provider level meeting which the registered manager of Fountain View attends. She told us discussions at the committee focussed on homes which may have more falls than others or identifying specific reasons where learning could be shared.

Core values for the provider were given to staff on small cards. These values included 'integrity', 'dignity and respect', excellence', trustworthy and reliable' and 'committed and passionate.' Staff were aware of the values and were observed to be demonstrating these values through their work.

Staff told us they were aware of their roles and responsibilities. The registered manager had listed everyone's roles and responsibilities. For example, one member of staff was responsible for staff induction, night logs, menus, mental capacity assessments and one person's care plan. The registered manager told us that once staff were competent she rotated responsibilities ensuring that staff were able to become competent in all areas. The night shift was similarly well organised with a clear list of tasks which must be completed each night. This ensured the support people received was planned, organised and complete because staff were clear about their individual responsibilities. The registered manager told us that staff were always keen to improve, to train and to make a difference. Staff were positive, always willing to pick up extra shifts when needed. She felt staff were honest and transparent with everyone who visited the home. During our inspection we found the registered manager to be honest and transparent. She was keen to point out the changes and improvements to the home. It was clear that discussing the home and individual people's challenges and achievements was a pleasure. This translated into the positive and upbeat attitude of the staff.

There were systems in place to enable the service to deliver high quality care. These included checking people's care plans, their rooms and cleanliness within the home. Medicines were audited weekly and monthly and appropriate actions taken where necessary. Records showed the fire alarm was tested weekly

and fire evacuations were practised regularly. The registered manager told us she had repeated the evacuations more often than required until she was sure that people would know what actions to take in the event of a fire. Yearly expert audits were carried out. An expert audit was when a person from another home visited the service and wrote a report about their perspective of the service. The last one looked at cleanliness and patience and friendliness of staff. There were no actions.

Checks were also carried out at provider level. A management monitoring report had been carried out in September 2016 by the assistant regional director. The visit looked at care plans, medications, accidents, physical intervention and training amongst other key areas. There was also a check that any actions from the previous or other audits had been completed. An audit had been carried out by the internal quality team in May 2016. This was based on the five domains which CQC focus on. The registered manager had recorded progress on each of the actions required as a result and these were mostly completed or there were plans in place to complete shortly. This meant there were systems in place to monitor the quality of the service and identify potential improvements.