

Fountain Lodge Care Home Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Fountain Lodge Care Home is a residential care home providing accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury . The service provides support to older and younger adults with a range of needs including people who have physical disabilities, dementia or support with their mental health. Fountain Lodge accommodates up to 30 people in one adapted building. At the time of our inspection there were 26 people living at the service.

People's experience of using this service and what we found

People received safe care and support because systems for assessing and managing risk were robust and staff knew how to safeguard people. Care plans included up to date and comprehensive individual risk assessments which gave staff the information they needed to maintain people's safety. Clear processes were in place to prevent and control infection within the home. The provider had been proactive in following government and local guidance in relation to managing the COVID-19 pandemic. Systems for recruitment of new staff were safe. Staffing was well organised and was appropriate to the needs of people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice . Staff received the training and support they needed to care for and support people safely and effectively. People's nutritional needs and preferences were assessed, and plans put in place to make sure they were met.

Staff were kind and caring. There was good interaction between staff and people who live at the home. There was evidence of people's and relatives' involvement in the care planning. Reviews were undertaken regularly. People's dignity and privacy was respected.

The provider assessed peoples' needs before they began to use the service and regular reviews took place to make sure care plans reflected people's current needs. People were supported by a range of health and social care professionals to maintain their overall health and wellbeing.

Changes in management systems had been effective in improving quality assurance systems. Analysis of accidents and incidents enabled the provider to learn lessons from previous events and implement positive change.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 28 July 2021) and there were breaches

of regulation. The provider completed an initial action plan after the last inspection to show what they would do and by when to improve. The provider then sent us monthly updates about what actions had been taken. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 28 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fountain Lodge Care Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by an inspector, a specialist nursing advisor 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.

Service and service type

Fountain Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fountain Lodge Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home and observed staff interacting with people. We spoke with five relatives and two health and social work professionals who were visiting the service during our inspection. We spoke with seven members of staff including the registered manager, nursing and care staff and the chef. We looked at documentation relating to five people's care including how their medicines were managed and administered. We reviewed four staff files and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we found the provider had not always identified incidents that needed to be referred to the local safeguarding team for investigation. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People told us they felt safe with staff. A relative told us; "I know my family member is safe here, the staff know them very well and if there is anything I need to know they call me straight away."
- Staff had received additional training to understand potential signs of abuse and how to report these to relevant organisations. Staff were confident any concerns they raised to the management team would be dealt with appropriately.
- There were appropriate policies and systems in place to protect people from abuse. The manager understood their responsibilities to safeguard people from abuse.
- The provider and registered manager had developed and maintained systems to make sure they had an overview of safeguarding issues within the home.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's health, safety and wellness had been assessed and reviewed using a number of recognised tools. Areas assessed included mobility, skin integrity, oral health and personal safety.
- Environmental risk assessments had been developed and regular safety checks made sure they were up to date and the environment was safe.
- The registered manager had systems in place to review and analyse accidents and incidents. This meant actions could be taken to minimise the risk of the incident being repeated.
- People received their medicines as prescribed. There were systems in place to ensure the safe management and supply of medicines were effective and did not place people at the risk of harm.

Staffing and recruitment

- People told us there were enough staff to support them when they needed this. Feedback we received from relatives was positive about staffing levels, they felt there was enough staff to meet people's needs. One relative told us, "They have a button to call staff and I have seen staff respond appropriately."
- We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive

to people. People confirmed to us they didn't feel rushed by staff. Staff told us when agency staff were required, the provider booked the agency staff who were familiar to people and knew how to support people in their preferred way.

- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions, such as, evidence that pre-employment checks had been carried out. This included employment histories, references, evidence of the applicant's identity and satisfactory Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting arrangements for friends and relatives were in line with current guidance. People were supported to have visits from their family members and friends.
- Some relatives told us how hard they had found the visiting restrictions during the pandemic. However, they acknowledged the home had been following the government guidance in place at the time and whilst they had not been able to visit their loved ones as often, or as flexibly as they had wanted to, they had been able to book appointments with the home to visit at specified times during the pandemic. One relative told us "The staff deserve medals for how they have coped during the pandemic, it hasn't been easy for anyone but they have gone over and above to make sure we stayed in contact and visited whenever possible."
- There were no restrictions on essential care givers visiting. Essential care givers are visitors identified by the person who provide them with additional support. Visits to people at the end of their life were also not restricted.
- All visitors were required to wear suitable personal protective equipment, (PPE) provided at the service and prior to entry were required to complete the providers robust infection, prevention and control (IPC) visitors' protocols in place. These included, COVID-19 screening questions, evidence of a negative lateral flow device tests and having an individual risk assessment completed by the home.

Learning lessons when things go wrong

- The provider had systems in place to record accidents and incidents so they could be monitored and learnt from. Staff recorded actions taken as a result of incidents and this allowed the management team to monitor and learn from patterns. The provider has arranged regular meetings with the registered managers of all their locations to review good practice and to share learning points.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. Outcomes were consistently good, and people's feedback confirmed this.

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

- Care files included a number of assessments of need. People's individual choices and preferences were clearly documented within the assessments.
- People's needs were assessed prior to them being offered accommodation at the home. Due to the pandemic and in line with infection control guidelines, all people moving into the home, or being readmitted from hospital isolated in a separate unit for the recommended length of time.
- The registered manager told us the provider were supportive in helping them stay up to date with standards, guidance and the law. Throughout the COVID-19 pandemic the provider sent updates when any guidance or rules changed.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained to meet their needs. Staff told us they had access to an online training service and trainers would come on site.
- Nurses had access to personal and professional development in order to meet their professional registration requirements. One nurse said, "We are trained to do our job." They then listed the specialist training they had received.
- Staff new to the home told us they had a thorough induction when starting. One staff member told us they thought their induction was, "Really good as an introduction to care. I was able to shadow other staff until I felt confident." Systems were in place for staff new to care to complete the Care Certificate. The Care Certificate is an agreed set of 15 standards that define the knowledge, skills and behaviours expected for staff working in health and social care settings.
- Staff felt supported by the management of the home and the provider. Comments included, "I have supervision with my manager regularly" and "I feel really well supported. You are never alone working here, there is always someone to ask."

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

- People's needs and preferences in relation to nutrition and hydration had been assessed and detailed care plans were in place.
- Where people were assessed as being at risk of poor nutrition and hydration, food and fluid charts were completed. Fluid charts included daily intake targets, and these were reviewed daily.
- People's weights were monitored and when people were losing weight due to known reasons such as poor health, this was well documented and appropriate health care professionals had been involved.
- People told us they enjoyed their meals and were able to make choices about what they received.

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

- People's care plans contained detailed information about their health needs.
- Involvement of healthcare professionals was clearly documented, and their advice included in care plans. This included advice from GP's, speech and language therapists (SALT) and tissue viability nurses. We also saw specialist nurses were involved in people's care where appropriate.
- Records were in place detailing interactions with healthcare professionals and the outcomes of their involvement.
- The 'Red bag pathway' was in place. This is a system to aid communications with health care professionals particularly when people are admitted to hospital.
- During the pandemic the registered manager called all relatives, where appropriate, to let them know the results of each of their relative's COVID test.

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

- People were able to decorate their bedrooms with their own belongings to meet their needs and wishes. Some people chose to display items reflecting their religious beliefs. Other people had pictures and possessions from the home they had moved from.
- Clear signs were placed around the home to act as visual prompts for people who may have visual impairments or memory loss.
- The provider had an ongoing refurbishment plan to continue making improvements to the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had a system in place for making sure DoLS were managed well. An overview of the system was up to date and included detail of any conditions applied to the DoLS.
- People told us staff always asked for consent before supporting them and they were involved in making decisions about their care.
- Relatives we spoke with said they had been involved, where appropriate, in making decisions about their family members care.
- The registered manager maintained an overview of how decisions were made in relation to people's care.
- Details of who should be involved in making decisions were clearly documented.
- Care files included people's decisions about their care, for example, whether or not they had consented to having a flu vaccination.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives gave complimentary feedback about the care and support provided by staff. They stated staff were kind and friendly, and attentive to their needs. One person told us "All the staff are lovely here; I don't know what I would do without them." A relative told us "We know there are fancier, more modern homes but what we love about Fountain Lodge is how much the staff care. They treat everyone like their own family, I visit every day, but I know if I couldn't get here [Name] would be safe and loved."
- We observed staff supported people with consideration and compassion. People liked how staff interacted with them and we saw people smiling and happy.
- People were supported in a way which respected their diversity, we heard people called by their chosen name and staff supported people to follow their religious beliefs.

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

- People and relatives were involved in creating and reviewing care plans.
- Where people were unable to contribute to their care plan, staff provided the details for the care plan based on their knowledge of people's needs in partnership with friends, family members or advocates.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- People were neatly groomed and appropriately dressed. They wore clothing they had chosen or which they were supported by staff to choose. It stated in one person's care plan it was important to them to appear smart and to wear make-up and items of jewellery. We saw staff had supported the person to be dressed the way they preferred.
- People's independence was encouraged, promoted and maintained. Staff encouraged people to complete parts of their personal care they could undertake. For example, some people were able to wash parts of their body and perform their own oral care. Staff confirmed they knew how to encourage people's independence. One member of staff stated, "I will encourage people to do things by themselves and help them when they can't."
- Information was protected in line with applicable regulations and guidance. This included the data collection, storage, retention and destruction steps.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and relatives were involved in the development of their care plans which included their likes, dislikes, hobbies and interests.
- Registered nurses reviewed the care plans over time, with input from the person, care workers and relatives.
- Changes to care plans were also informed by any information from health and social care professionals who provided advice or visited the home.
- Advanced care plans were in place and detailed any worries the person may have and how they would like to receive care if they became ill and were approaching the end of their life. The documents also included details such as the person's preferred undertaker and where they would like their funeral to take place. Details of family members who would be involved in making arrangements were also included.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's ability to communicate was documented within their care plan.
- The care plans detailed different ways to effectively communicate with people. For example, it stated whether the person had an impairment (such as dementia) that may prevent the person's understanding.
- Methods for communicating or interpreting messages with people included verbal, non-verbal (such as facial expression), sensory (such as hand gestures) and pictures or symbols.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were able to take part in activities they enjoyed and were interested in.
- There was an activities programme in place, a calendar was prominently displayed so people could choose what they wanted to do. People could also view the photos of prior activities to remind them of events that had occurred, or they had taken part in.
- Staff told us they had time to sit and talk with people or take part in one to one activities based on the person's interests.
- During the pandemic and lockdowns, people communicated with relatives and friends using technology

such as tablet computers. People has also been supported to have regular visits from friends or family members in line with national guidance.

Improving care quality in response to complaints or concerns

- The registered manager maintained an overview of complaints and concerns which detailed the issue, actions taken and the response from the complainant.
- People and relatives told us they would know what to do if they had cause to complain and said they had had confidence the registered manager would take their concerns seriously.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant there had been improvements of the service's management and leadership however a longer period of time was needed for the changes made to become embedded in the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

Since 2015 the provider had either failed to make improvements to the service people received or had failed to comply with regulations. At our last inspection the provider had not implemented effective governance systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

At our last inspection we found the provider had not always informed CQC of certain incidents which they were required to. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider and registered manager had completed an action plan following our last inspection to drive improvements within the service. The action plan detailed the corrective actions, the staff member responsible and the time frame for completion. The progress of the actions was tracked weekly. The action plan demonstrated that risks were being mitigated over time and improvements were being made.
- At the last inspection the manager did not have sufficient oversight of the home due to trying to fulfil the role of registered manager and clinical lead. Since our last inspection the provider supported the registered manager to focus on their role as registered manager and to improve their skills.
- The provider and registered manager had established new, robust systems for auditing safety and quality within the service to continue to drive improvement.
- The new auditing system involved staff throughout the service including the provider and other members of the management team.
- Relatives commented very positively on the improvements the registered manager had made. One relative said "The care has never been bad here, but the registered manager has done so much since the last inspection to make improvements. He has worked tirelessly, and it shows."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider promoted a positive culture that valued people and the staff. People and relatives were positive about the registered manager and the culture they promoted.
- Staff were equally as positive about the registered manager and spoke highly of them. They often describes the culture of being like a family.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their role and responsibilities in being open and transparent when something went wrong. One relative said, "A while ago [Name] had a fall, they weren't hurt but staff phoned me straight away to let me know and to tell me what they had done to reduce the risk going forward."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had regular meetings to share their ideas, needs and wishes for improving the home. They could also share what they felt was going well.
- The registered manager told us there were arrangements in place to meet people's cultural and religious needs. These continued during the COVID-19 pandemic when they arranged religious representatives to follow people's end of life wishes.
- Staff had regular meetings to discuss the running of the home. Information was shared and opportunities to discuss learning, or changes that were required. Staff felt they were respected as individuals by the provider and management.

Working in partnership with others

- The management promoted positive working with other health and social care professionals. There were weekly doctors rounds to discuss the changing needs of people.