

Fountain Lodge Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Overall summary

This inspection took place on 24 March 2015. It was unannounced.

Fountain Lodge nursing home provides nursing care for up to 30 older people. At the time of our inspection there were 21 people living at the home.

The home's registered manager resigned in December 2014. 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. A registered manager from another home owned by the provider had been working at the home three days a week on an interim basis until arrangements are finalised for them to work at Fountain Lodge on a full time basis.

People told us they felt safe. They were supported by a staff team who had undergone recruitment checks by the registered manager to check staff's suitability to work in

Summary of findings

the home. Staff understood safeguarding policies and procedures, and followed people's individual risk assessments to ensure they minimised any identified risks to people's health.

There were sufficient numbers of staff with experience, qualifications and knowledge to support the safety and well-being of people.

Most medicines were managed safely; however some medicine records had not been completed following good practice guidance.

Staff had received, or were booked on training considered essential to meet people's health and safety needs. We saw staff used their training to support people's needs well.

The manager understood, and was working to ensure the home met the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards. The manager was aware there were some people who lived at the home who required applications sent to the supervisory body (the local authority) because their freedom had been restricted. They were in the process of doing so.

People were supported to have enough to eat and drink and enjoyed the food provided. The provider ensured people's dietary needs were catered for. People who were not drinking or eating sufficiently to stay healthy were referred to the right health care professionals for further guidance.

People had access to other health and social care professionals when required. These included their GP, dentist, social workers and dieticians.

Staff were caring and considerate to people who lived at Fountain Lodge Nursing Home. People told us staff treated them with dignity and respect.

Visitors were welcome at any time during the day and evening at the home, and were encouraged to be involved in the care of their relations. We saw some activities were available to people who lived at Fountain Lodge, but these were limited and people told us they were bored.

The new manager was considered by staff and people who lived at the home to be open and approachable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The administration of medicines did not always meet good practice guidance. People told us they felt safe. Staff knew what action to take to protect people if they thought a person was not safe, and there were sufficient staff to meet people's needs.

Requires Improvement



Is the service effective?

The service was effective.

People felt staff had the necessary skills and experience to support them with their care. Staff understood people's rights under the Mental Capacity Act, and the manager was making the appropriate applications when people's liberty was restricted. People received food and drink according to their needs, and had access to health and social care professionals when required.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion. They were involved in making decisions about their daily lives. People's privacy and dignity was respected. Visitors were made welcome at the home during the day and evening.

Good



Is the service responsive?

The service was not consistently responsive.

People's care was mostly task focused, with limited opportunities for staff to respond to people's individual hobbies or interests. People and their relatives felt able to raise concerns or complaints about the service.

Requires Improvement



Is the service well-led?

The service was well-led

The registered manager had resigned in December 2014, and the provider had made interim arrangements to ensure the smooth running of the home. People and staff told us the new manager was approachable and was developing an open culture in the home.

Good



Fountain Lodge Care Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 March 2015 and was unannounced. An inspector and a specialist nursing advisor undertook the inspection.

We looked at the information received from our 'Share Your Experience' web forms, and notifications received from the provider. These are notifications the provider must send to us which inform of deaths in the home, and incidents that

affect people's health, safety and welfare. We also contacted the local authority commissioner to find out their views of the service provided. The commissioner was satisfied with the care provided by the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who lived at Fountain Lodge and three relatives and friends. We also spoke with seven staff (this included nurses, care workers, administrative and kitchen staff) and the manager. We observed the care provided to people and reviewed six care records. We also reviewed records to demonstrate the provider monitored the quality of service (quality assurance audits), medicine management, two staff recruitment records, and complaints, incident and accident records.

Is the service safe?

Our findings

We looked at the administration and management of medicines to see whether people received them safely. People told us they received their medicines on time but one person said, "Sometimes they are late." We observed a nurse administering medicines. We saw they took their time and ensured people took their medicines as prescribed. However, we saw the nurse did not observe good hygiene practice as they put the medicines in their hand before transferring them into the pot to give to people.

We saw very limited written information about medicines which should be taken 'as required' (PRN). For example, the information for one 'as required' medicine told us the person should be administered this medicine for pain. There was nothing on the record to inform why the person might be in pain. We also saw eye drops had been stored in the fridge after they had been opened. However, the manufacturer's instructions explained they needed to be stored at room temperature once they had been opened. This meant they were not being stored safely in line with the manufacturer's recommendation.

We asked a nurse the procedure for checking controlled drugs and they advised us that care staff were used to witness the administration of these. They were not aware that counter signatories needed to have undergone medication training prior to signing as they needed knowledge of the types of drugs used, dosage, and side effects. We also saw a nurse had not adhered to good recording practice as they had signed the record to say controlled medicines had been given, but these were to be given to people later in the day.

We saw a medicine audit had been undertaken by the manager in February 2015 and no issues had been identified. The manager told us they were going to introduce medicine competency checks to ensure nurses administered medicines in accordance with good practice.

People and their relatives told us people felt safe at Fountain Lodge. One relative told us, "We've never had a problem with safety, never seen any marks unexplained, and [person] has never said anyone has hurt them, never." Staff we spoke with understood the policy and procedure for safeguarding people. We gave staff various scenarios and asked them to tell us what they would do. For example,

we asked one member of staff what they would do if they saw another member of staff drag lifting a resident (pulling up under their arms). They told us, "I would tell them it wasn't acceptable and would report it – that's abuse." They went on to say that the safety of people who lived at the home was, "non – negotiable."

Staff assessed and identified risks people had in relation to their care. For example, the risks of falling, eating, skin breakdown, moving, and incontinence had been assessed and care plans put in place to minimise the risks to people. People who had diabetes had controlled blood glucose levels because staff were regularly monitoring them. This meant people were at less risk of developing complications related to their diabetes.

People had been provided with equipment such as individual slings for the hoist, and pressure relieving cushions and mattresses to keep them safe. However, the settings of the pressure relieving mattresses provided for people whose skin was at risk of breaking down were not checked regularly by the registered nurses. This is recommended by the National Institute of Care and Excellence (NICE). The nurse we spoke with did not understand the importance of checking the mattresses to ensure the settings were appropriate to the person's needs and weight.

There were plans for responding to emergencies. The plans detailed each person's dependency which was colour coded and informed staff how they should be supported if the home required evacuation. Staff had received fire training, and the maintenance worker checked the fire safety equipment regularly. There was an evacuation 'ski mattress' available for use in an emergency, but no training had been provided to staff for the safe management of this piece of equipment.

During our visit we saw sufficient nursing staff and care workers to keep people safe. We were told the number of staff increased according to the number of people who lived at the home. People and staff confirmed to us there was usually enough staff on duty to keep people safe. We were told at night time there was one registered nurse on duty and two care workers. The manager and staff felt this was sufficient to meet people's needs.

Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a

Is the service safe?

national agency that keeps records of criminal convictions. This was to minimise the risks of recruiting staff who were not suitable to support people who lived in the home. Staff confirmed they were not able to start working at Fountain Lodge until the checks had been received by the provider. The manager told us they had employed two new members of staff but they had not yet started because they were waiting for their DBS checks to be returned.

We saw the manager followed clear staff disciplinary procedures when concerns were raised about staff conduct. One member of staff had been suspended from duty subject to disciplinary investigations regarding their conduct. This meant the manager protected people whilst investigations were being completed.

Is the service effective?

Our findings

People told us staff had the necessary skills and knowledge to support them with their care. One person said, “Staff know what they are doing and they care”. Staff told us they had received training and support considered essential to work with people effectively and safely. This included moving people, infection control and safeguarding people. During our visit we saw staff carry out tasks they had been trained to do. For example, we saw people being supported to move with a hoist. Staff used the correct sling, and understood how to use the hoist safely.

Staff received induction training when they first started work at the home, and were supported to undertake further training and gain qualifications in care. One care worker told us they had been supported to do a level 2 apprenticeship and a level 3 diploma in health and social care.

Staff we spoke with understood that people’s consent should be sought before care or support was provided, and that people had the right to choose. One care worker gave an example of how this was put into practice. They told us about a person who sometimes refused to wash. They told us the person had the right to refuse, but it was important when this happened that staff kept asking the person, particularly if they wore incontinence pads because they could become sore. During our visit, we saw staff ask people’s consent before any care task was carried out.

The new manager understood the Mental Capacity Act 2005. Care records demonstrated that people’s capacity to make decisions had been assessed. Staff understood where people did not have capacity, decisions needed to be taken in the person’s best interest. One member of staff told us of two people who needed to go to bed in the afternoon. They said it was in their best interest to lie down for a little while in the afternoon to take the pressure off their skin. The people did not have capacity to consent to this decision and we could not see the decisions documented in the care records. We also saw two bedrooms in use with safety gates which were secured when the person’s door was left open. We saw no records which informed of why the gates had been placed by the door. The Mental Capacity Act Code of Practice says any

staff involved in the care of a person who lacks capacity should make sure a record is kept of the process of working out the best interest of that person for each relevant decision.

The manager was working to ensure the service met the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. We found one person at Fountain Lodge had a DoLS supervision order but the previous manager had not applied for further DoLS applications for people who met the requirements of the legislation. The new manager was aware of this and had started to complete the applications for submission to the supervisory body.

We saw where people had given their consent; ‘Do Not attempt Cardio-Pulmonary Resuscitation’ orders were in place.

We asked people and their relatives what they thought of the food provided. Four people we spoke with thought the food was good and they confirmed they were asked what choice they would like before they received their meals. One person said, “It is good and if I want something they will get it for me”.

We saw the home catered for people’s individual nutritional needs. People who lived at Fountain Lodge had different ethnic backgrounds. The provider ensured people were provided with food that catered for their cultural needs. Diabetic diets were provided for people with diabetes, and people on a soft food diet had their food pureed separately so people could distinguish the separate colours and flavours.

Food and fluid intake was monitored for people who could not inform whether they were hungry or thirsty or who had been assessed as being at risk because of low food or fluid intake. However, the charts did not show the totals to aim for, and so staff did not know by looking at the chart whether the person had received enough fluid.

People’s day to day health needs were being met. Relatives told us their relations saw healthcare professionals such as the GP when required. Care records confirmed that health and social care professionals visited people as and when necessary.

Is the service caring?

Our findings

We asked people about the care they received at Fountain Lodge. People and relatives told us they and their relations were well cared for at the home. We arrived at the home at 8.45am and completed our observations at 5pm.

Throughout the day we saw staff were attentive, patient and caring towards people.

The staff on duty had worked at the home for a long time and demonstrated a good knowledge of each person's needs, their likes and dislikes. They also knew how to communicate with people who could not easily verbalise their wishes. For example, a care worker told us of a person with whom they used hand signals to communicate. On the day of our visit the hairdresser was also present. The care worker told us the person would not understand the question, 'Do you want your hair cut?', but if they made their hand into a scissor shape and made a cutting motion the person knew what they were asking.

The hairdresser told us they had, "A soft spot for this home", and told us the staff were helpful and caring to people who lived at Fountain Lodge.

People with differing ethnicities were supported by staff who could speak their language. Staff who did not speak a person's language had learned their likes and dislikes and found other ways of communicating so the person's needs were met.

Staff responded to people's wishes and choices about their day to day care needs. For example, we saw people had

choices in what they wanted to eat and drink, where they wanted to sit and have their meals, and whether they wanted to spend their time in their bedrooms or in the communal areas.

During our visit we saw people were treated with dignity and respect and people confirmed this when we spoke with them. Staff knocked on people's doors and waited to be invited in. Doors were closed for privacy when personal care was being provided, and staff ensured when the hoist was used, ladies had blankets put over their legs so they were not exposed.

Care workers told us they enjoyed providing care to people. One care worker said, "I love the residents and chatting to them." Another told us "I love my clients here."

We were told by a relative that the provider came to the home once a week. During this visit the provider spoke with people and their relatives to ensure they were getting the care they wished for. We also saw the manager knew the people who lived at their home, their relatives and friends, and had a friendly and caring approach with each person. Relatives also told us the manager was caring to people who lived at the home.

There were no restrictions on times for relatives and friends to visit people living at Fountain Lodge. During our inspection we saw people come and go through the day. One visitor told us, "I am made welcome; they make me a cup of tea." They told us a member of their family visited their relation every day and they were, "Happy with the care provided."

Is the service responsive?

Our findings

Some people we spoke with were bored. They told us there was little to do each day. One person said, "There's not much going on. I'm in my room all the time." Another said, "I'm fed-up, I've been here ages, there's nothing to do here, it's boring." One person told us that some activities were provided, but, "No one comes to talk to me. I do ask but no one ever comes. I get bored."

People were supported to undertake activities three times a week. The activities were group activities and not based on the individual interests and hobbies of people who lived at the home. One person told us they used to like gardening but they could not do it anymore. Whilst the person had occasionally gone into the garden at Fountain Lodge, staff had not pursued this interest to see whether they could involve the person with gardening type activities.

People who lived at Fountain Lodge Nursing Home had their needs assessed by the manager or by one of the nurses before they came to stay at the home. We spoke with one person who had recently moved into the home. They told us their needs were being met at Fountain Lodge. We saw the person had a haircut before going out to the pub with their friend. A relative told us the registered manager had been responsive to their relation's request to have a budgie in their bedroom. They told us the person loved having the budgie and they were really pleased the provider had allowed them to bring it with them when they moved to the home.

We looked at the involvement people had in planning and reviewing their care. One person told us, "I have never been

involved in care planning and have never been shown anything." Another person told us, "Staff never ask about care, but I'd soon tell them if it doesn't suit me." We saw care plans were reviewed regularly, but we saw little involvement with people or their relatives. A nurse we spoke with acknowledged that people were not always consulted, but said, "Residents are listened to and able to do things within reason. We talk to them and keep an eye on them. I love my residents and encourage them to speak out."

Staff told us they were informed of any changes in people's needs at the staff handover meeting at the beginning of their shift. They said the handover provided them with the knowledge and information they needed to support people, particularly those who had concerns or health issues since they were last on shift.

Through talking with staff we found they knew people's care needs well. For example, a care worker told us of one of the people who lived at the home. They said the person liked to eat their breakfast and then wait for half an hour before being supported with their personal care.

People and their relatives told us they felt able to go to the manager or senior member of staff on duty if they had concerns. One relative told us they had concerns that their relations' toiletries were going missing. They discussed this with the manager and they felt this issue had now been addressed. They also told us they had previously needed to speak with the provider, and they found the provider responsive to their issues. A person told us they did not like a member of staff supporting them to have personal care. They told us they informed the manager of this, and they no longer had this member of staff support them.

Is the service well-led?

Our findings

The registered manager left the home at the end of 2014. People told us they were not made aware that the manager was leaving and they were surprised they had gone. Prior to the registered manager leaving the home they had completed the provider information return (PIR). We saw the information on the PIR was an accurate reflection of what the home did well, and the areas for improvement.

The provider had made interim management arrangements. A registered manager from one of the provider's other homes had been providing management cover. The manager was familiar with the home as they had been the registered manager at Fountain Lodge up until 2013 when they left the service. At the time of our inspection they were working at the home three days a week. They intended to apply for registration as the full-time manager of Fountain Lodge once the provider had organised management cover at the other home.

We spoke with people who used the service and their relatives about the management of the home. The people and relatives we spoke with were complimentary and told us the manager was approachable and easy to talk to. Our observations and conversations with people showed that the manager was visible, approachable and knew the people who lived in and visited the home. For example, we saw some banter between the manager and a visitor about football teams. One person told us, "I can talk to the manager; he's only just come back again. I can speak with him."

Staff also told us they felt the manager had the best interests of the people and the home at heart. One staff member said, "He's a good man." Another said, "[Manager] is approachable, he sorts issues out, he does act. He has a good rapport with staff and residents and is very jolly."

Staff told us the new manager met with them all and re-assured them that his door was open and they would be welcome to come and talk with him if they had any issues of concern.

The manager had started to undertake checks to ensure the quality of care provided to people. We saw checks had been made to make sure infection control measures were being followed, care plans were checked and medicines had been audited. The manager had also recognised that there were people who lived in the home whose liberty had been restricted and a DoLS application had not been sent to the supervisory body. They were in the process of completing the necessary applications.

The manager had also recently sent out a quality assurance questionnaire to people and their relations. We saw seven responses had been received. Six respondents were positive about the care received. One respondent gave mixed views. The manager had asked to meet with the person to discuss their response to see whether they could make improvements.

The manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the registered manager.