

## Fountain Nursing and Care Home Limited

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### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

People's experience of using this service:

People told us that they felt safe living in the home but some processes needed improving to ensure people were protected from potential harm. Staff were not following recommended infection control procedures and improvements were needed to some aspects of the environment to make it a safer place to live.

Staff were not always supported to keep up to date with best practice and to develop their skills as they did not receive regular supervision and refresher training sessions. Audits and checks had not identified some of the issues found at this inspection and action was not always taken to address issues found in audits.

People had easy access to food and drink throughout the day and were supported to see health professionals when required. Medication was managed safely and people received the right medication at the right time.

People enjoyed having a choice of sitting in a range of different communal areas and there was a good range of activities on offer which people enjoyed.

People told us they felt well cared for and looked after by the staff team and were consistently treated with respect and dignity. Relatives were also happy with the quality of the care and felt welcome in the home. People were able to make choices for themselves when they were able to do so and decisions were made in peoples' best interests when they lacked capacity.

Peoples' needs were assessed and care plans reflected peoples' wishes and preferences. People and their relatives knew how to complain and had no concerns about how the service was being led and managed. People told us they were receiving responsive end of life care which was important to them.

The manager had addressed some of the concerns highlighted at the last inspection and staff felt supported to deliver and improve the service.

More information is in the detailed findings below.

Rating at last inspection:

Requires improvement (report published 01 August 2017)

About the service:

Fountain Nursing and Care Home is a care home that provides nursing and personal care for older people, some of whom are living with dementia. At the time of the inspection, 23 people lived at the service. The home was established over three floors, with a range of communal areas included dining spaces, a large garden and smaller lounge spaces.

The service had a manager who had had applied to become the registered manager with Care Quality

Commission (CQC). Their application was pending and they will be referred to as the manager in this report.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

No enforcement action was required.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not consistently well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Fountain Nursing and 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 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.

#### Inspection team:

The inspection team consisted of one inspector and one Specialist Advisor who was a qualified nurse.

#### Service and service type:

Fountain Nursing and Care Home is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection:

This inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with six people and two relatives to ask about their experience of the care provided. We spoke with three members of care staff, the cook, one nurse, the manager and the regional

manager. During the inspection we also spoke with one visiting professional.

We reviewed a range of records. This included five people's care records and medicine records. We also looked at seven staff files around staff recruitment. We also reviewed records relating to the management of the home including checks and audits.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- People were not consistently protected from the risk of infection because staff were not following the correct procedures for cleaning and infection control. For example, we saw waste bags being put in the wrong bins and coloured mops and buckets being mixed.
- Some bathrooms and toilets had no soap for staff, people or visitors to use to wash their hands.

### Assessing risk, safety monitoring and management

- We saw that most of the communal wheelchairs that were in use did not have footplates attached. This meant they could not be used. For example, we saw one person who wanted to eat in the dining room, had to eat in the lounge as there were no wheelchairs that were safe to use. We raised this with the manager who told us parts had been ordered to ensure footplates were attached to all wheelchairs.
- Records showed that checks were carried out on the building to ensure people were kept safe. These included checks on fire safety and moving and handling equipment. Staff had also completed recent training in fire safety. However, some improvements were required to improve the safety of the environment. For example, doors and gates were not locked which meant access to the street was not controlled and doors to the kitchen and storage cupboards which contained cleaning materials were not locked. Some people were living with dementia and were therefore at risk from harm.
- At the time of our visit, some of the call bells were not working. People had been told about this and arrangements had been put in place to check people on a regular basis. Urgent repairs were being carried out on the day of the inspection.
- Risk assessments were in place to reduce the risks to people and staff understood how to reduce these risks. For example, we saw that some people needed a soft or liquid diet due to a risk of choking and we saw that this happened at lunchtime.

### Safeguarding systems and processes

- People we spoke with told us that they felt safe in the home. For example, one person told us, "I'm safe here – there is nothing they [the staff] could do better."
- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- We saw that the manager had shared concerns with local authority safeguarding teams where appropriate.

### Using medicines safely

- People told us they received their medication. One person said, "The staff give me my tablets every day

and that's fine." Medication was stored and disposed of safely and records showed that people received their medication at the right times. Staff took care to give medication safely and in line with people's care plans. For example, two people needed their medication crushed to ensure they could swallow it safely and the manager had checked with external professionals this was safe to do so.

- Some people required medication 'as and when required' and we saw people being asked if they wanted these medicines. There were clear protocols for staff to follow when giving these medicines.

#### Staffing levels

- People and relatives told us they thought there were enough staff on duty to meet people's needs and keep people safe. People told us that they did not have to wait long when they asked for assistance. One person said, "I have a call bell which I can use and staff come quickly." Some staff thought that staffing levels needed to be increased as people's needs had changed. However, we saw that there were sufficient staff on duty to respond to people's needs and staff had time to chat with people and provide individual support.

- We saw that staff kept a constant presence in communal areas to ensure people were safe.

- Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

#### Learning lessons when things go wrong

- Records showed that incidents and accidents were monitored and analysed so that changes could be made to reduce the risk of further harm.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Records showed that best interest discussions were had when people lacked capacity to make decisions and these discussions involved relatives and other professionals when relevant. For example, one person had bed rails in place to stop them falling out of bed. Records showed that this decision had been made in consultation with the person and their relatives.
- Records showed that the provider had made DoLS applications where people had been assessed as lacking capacity and staff had a good understanding of the MCA. We saw staff asking people if they wanted support before providing it.

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

- Assessments of people's needs were detailed, expected outcomes were identified and care and support was reviewed when required.
- The manager carried out detailed assessments of people's needs prior to admission to ensure the service could meet their needs. One relative said, "This place has been ideal for my wife. She can move around freely even though her balance is not good. She likes walking and here, she only has to walk short distances".

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services when required to promote their health and well-being. One relative told us, "[Person's name] is on a liquid diet and I know the Speech and Language Therapist (SALT) visits to review this."
- People told us that they were supported to attend appointments such as dentists and opticians and records contained details of these appointments. One person told us, "I get to see the GP and the nurse when I need to. The GP comes here which is great".

Staff skills, knowledge and experience

- Staff received training which was relevant to people's needs. Staff told us they found the training had helped them in their work. One member of staff told us, "The training is really good here. The training is planned around the individuals we have in the home and their needs".
- Staff told us that they had the opportunity to request additional training to increase the breadth of their knowledge.

#### Eating and drinking enough with choice in a balanced diet

- People we spoke with told us they liked the food but some people and staff told us that the menu could be more varied. We spoke to the regional manager about this who said they would look at sample menus from other homes run by the same provider to see if changes could be made.
- Staff were available to support and prompt people at meal times. Food was provided in line with people's needs. For example, some people required softened food and we saw that these were provided. People were offered drinks and snacks on a regular basis throughout the day.

#### Staff providing consistent, effective, timely care within and across organisations

- The visiting professional we spoke with was positive about the home and told us how well the manager and the staff team had worked with them to plan an admission to the home.
- Records showed that staff monitored people's health care needs and contacted specialists for advice. For example, some people had been referred to hospital or SALT teams.

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

- People told us they liked their bedrooms and we saw people being able to choose to spend time alone or with others. There were a number of small lounges for people to enjoy and staff told us people enjoyed spending time in the large garden in warmer weather.
- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations and the environment.
- There was a range of bathrooms on both floors so people could choose to have a bath or a shower and people could move safely between floors by using the lift.

## Is the service caring?

### Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they were treated with kindness and were positive about the staff's caring attitude. One person told us, "Its lovely living here, like having your family around you. I have found a new lease of life since moving here". We received feedback from relatives which supported this. One relative said, "I really think [person's name] is happy here – her mood has become really settled."
- We observed staff supporting people with patience. For example, people were being helped to mobilise at a pace they were comfortable with and were told what was happening before support was given. Staff responded quickly when people became anxious or confused and used touch and distraction to support people.
- Staff enjoyed working in the home and were motivated to provide high quality care.

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

- People told us they felt listened to and involved in how their care and support was provided.
- We saw that people were asked to make choices about everyday life in the home such as what food they wanted and where they wanted to sit. One person said, "I always get a choice of what I want to wear because staff ask me every morning."
- There was a 'resident of the day' scheme running where people took it in turns to receive special attention. This included being able to choose the menu for the day, having their room deep cleaned and being pampered with activities of their choice.

Respecting and promoting people's privacy, dignity and independence

- People's independence was respected and promoted. We saw people being prompted by staff who then stepped back and let people complete tasks on their own when they were able to do so. For example, we saw staff cut one person's food into small pieces so that they could feed themselves.
- People's dignity and privacy was respected. For example, people told us that staff always knocked on their doors before entering. We also saw staff maintain people's dignity when they were being hoisted by ensuring the person's clothes were properly adjusted.
- People were supported to maintain and develop relationships with those close to them. Relatives told us they were free to visit anytime and always felt welcome.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

#### Personalised care

- Peoples' needs had been assessed and care and support was provided in line with these assessments and peoples' preferences. Care plans were reviewed and amended when peoples' needs changed. For example, one person told us how they had been given a downstairs bedroom as they did not like using the lift anymore.
- Staff were knowledgeable about people and their needs and preferences. For example, we saw one person being given chop sticks to eat with in line with their cultural background. We saw staff using a mobile phone app to communicate with people to ensure their requests could be listened to.
- People told us they were able to find plenty of things to do and we saw people engaged in activities during the inspection. There was an activities co-ordinator in post and records showed that people had the opportunity to take part in a wide range of activities.

#### Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew how to complain and felt confident that any concerns would be dealt with quickly. One person said, "I would talk to the nurses if I wasn't happy. They always ask us if we are ok". Relatives told us they were kept informed and involved in reviews of peoples' support.
- We saw that the provider had not received any complaints in the previous 12 months but there was a complaints policy in place which would be used when the need arose.
- The provider kept a record of compliments which had been received from relatives and visiting professionals.

#### End of life care and support

- Two people were receiving end of life care at the time of our inspection. One person wanted to talk to us to tell us how grateful they were for the support they were receiving and were glowing in their praise of the staff team.
- Care plans contained information in relation to people's individual wishes regarding end of life care, including religious preferences and who they wanted to arrange their funeral. Staff had received training in end of life care to ensure they could support people in a dignified and effective way.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- Staff did not complete training in line with the provider's schedule. For example, records showed that most staff had not received refresher training on health and safety and dementia awareness.
- Staff told us and records showed that staff did not receive supervision sessions in line with the provider's policy. Opportunities were therefore missed for staff to reflect on their practice and develop their knowledge and skills.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements;

- A range of checks and audits were carried out to monitor the performance of the service and staff. These included checks on falls, medication, daily records and care plans. Whilst some of these audits were effective, some of the issues identified at this inspection had not been identified. These included the unlocked doors and lack of foot plates which are referred to earlier in this report.
- The provider's systems had not identified when DoLS were due to expire and therefore DoLS renewals had not been submitted in a timely way.
- We saw one care plan where there was insufficient instructions or record keeping for the care of a pressure ulcer. We spoke to the manager and nursing staff about this who told us the ulcer had now healed and that they would ensure this would be addressed in the future.
- Some audits had been completed but had not been followed by appropriate action. For example, an audit of training and supervisions in January 2018 had identified low completion rates but there had been no improvement in this area at the time of the inspection.

Engaging and involving people using the service, the public and staff

- There was little evidence that people or staff had been involved or engaged on a regular basis in giving feedback to develop the service. People had completed questionnaires in February 2018 and we saw that feedback was generally positive but there was no analysis of the results or plans to address any areas for improvement.
- The manager told us that local residents were invited to a range of social events each year including a summer fete.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff told us they felt listened to and that the manager was approachable. One person said, "I know the manager; she is nice."

- Staff spoke positively about the manager and felt they were supportive. One member of staff said, "[Manager's name] is a very good manager. She is a hard worker and is always available on the phone".
- The manager had addressed some of the concerns highlighted at the last inspection; these included improving the management of medicines and promoting people's dignity and privacy.

#### Working in partnership with others

- The visiting professional we spoke with felt there was a positive working relationship between the manager and themselves.
- The service had good links with the local community and the provider worked in partnership for people's benefit. The manager reported that working relationships were good with other partners such as the local GP, dentist and pharmacy.