Fountain Nursing and Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good
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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection where the provider did not know that we were visiting.

Fountain Nursing and Care Home provides accommodation for up to 27 older people who have care and nursing needs. There were 25 people living at the home when we visited. The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At this inspection we also reviewed the areas of this service which we were concerned with at a previous inspection in August 2013 to see if they had improved. On our last inspection we found that the design, size and

Summary of findings

layout of some rooms made it unsuitable and sometimes unsafe for people with mobility disabilities and there were not always enough qualified, skilled and experienced staff on duty to meet people's needs.

At this inspection we found that the design, size and layout of some rooms (corridors and communal areas) made it unsuitable and sometimes unsafe for people with mobility disabilities. We spoke to the manager of the home about this and were told that since our last inspection (in August 2013) detailed plans had been drawn up to modernise and significantly improve the building. We looked at the plans and noted that the refurbishment included the creation of more single rooms, a new treatment room and the re-development of the second floor to create improved facilities.

Although plans had been drawn up and arrangements made to commence the building work, the provider is in breach of Regulation 15(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 until the work has been completed.

At our previous inspection in August 2013, we found that people's health and welfare needs were not always being met because there were not always sufficient numbers of suitable staff on duty at all times. We spent several hours in the communal areas of the home observing the people who lived there and saw that there was not enough staff to regularly engage with people who were exposed to long periods of inactivity. The people we spoke to said that they were well cared for at the home but were concerned about the lack of care staff to support them. The provider is in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with people who lived at the home and their relatives. They told us that they were reasonably happy with the care provided and the staff who delivered support.

We found that people were supported by kind and knowledgeable staff. Staff were caring and polite and usually sought consent before providing care and support. However there were occasions when staff did not always seek consent and provide an explanation before delivering care. We raised this concern with the manager of the home who assured us he would take this up and discuss it at the next staff meeting.

People's health needs were met and care and support was provided by well trained staff. We found that people's health and care needs were assessed and care was planned and delivered in a consistent way. From the seven plans of care we looked at, we found that the information and guidance provided to staff was detailed and clear. People had regular access to a range of health and social care professionals which included general practitioners, dentists, chiropodists and opticians.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. There were no people who used the service who were deprived of their liberty. However we saw that the provider had proper policies and procedures in relation to the MCA and DoLS should they need to apply for a such an order.

We found that the home followed safe recruitment practices. We checked records and saw that all new employees were appropriately checked through recruitment processes to ensure that they were suitable to work with people. Staff were well trained and had a good knowledge of the people they were caring for. We found that the home's had a safeguarding policy and procedure and there were arrangements in place to deal with foreseeable emergencies.

People were encouraged to make their views known about the care, treatment and support they received at the home. This was achieved by holding group meetings, sending out survey questionnaire forms and seeking 'one to one' feedback.

We found that not all people living at the home had access to or were supported to engage in hobbies and interests. We noted that there were limited activities provided at the home and few available for people with more complex health needs. No one from the care home attended a day centre and rarely left the building or participated in any outside interests. We spoke to the manager about this and the non-involvement of some people who lived there. The manager acknowledged our concerns and told us that not everyone wished to participate.

Summary of findings

People who lived at the home and their relatives were complimentary about the manager of the home and the newly appointed quality assurance manager. The care and nursing staff also made similar positive comments about the management team at the home.

Records showed that the provider had a system to regularly assess and monitor the quality of service that people received at the home and a system to manage and report accidents and incidents. Findings from these systems were analysed and used to make improvements.

You can see what action we have told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not always safe.

Although the home was clean, well presented and maintained, the design, size and layout of some rooms (corridors and communal areas) made it unsuitable and unsafe for people with mobility disabilities.

People told us they felt safe at the home, however people were sometimes left unattended and inactive for long periods because there were not always sufficient numbers of staff on duty.

The home followed safe recruitment practices and staff had received appropriate training in relation to safeguarding vulnerable people, Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguarding (DoLS).

Is the service effective?

Good

The service was effective.

People and their relatives told us that they were happy with the care they received and the staff who supported them.

We saw that people had regular access to a range of health and social care professionals which included general practitioners, dentists, chiropodists and opticians.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices because staff received effective support, induction, supervision, appraisal and training.

Is the service caring?

Good

The service was caring.

People told us that they were supported by kind and attentive staff who were patient and treated them with respect and dignity.

Staff knew how people wanted to be supported because they demonstrated they knew people's preferences and personal histories.

Relatives were complimentary about the care their family members received and the competence and kindness of staff.

Is the service responsive?

Requires Improvement

The service was not responsive to the needs of the people who lived at the home because there were limited activities provided.

Summary of findings

People knew how to comment on their experiences or raise a concern or complaint and were encouraged to make their views known.

Staff had regular opportunities to discuss their training and development needs, welfare and any concerns they might have about the people they were caring for. We saw that the provider had taken action when concerns were raised.

Is the service well-led?

Good

The service was well led.

The people who lived at the home and staff were complimentary of the manager and told us that they would have no hesitation in recommending this home to their family and friends.

Records showed that the provider had a system to regularly assess and monitor the quality of service that people received which included the management and reporting of accidents and incidents.

Fountain Nursing and Care Home Limited

Detailed findings

Background to this inspection

This inspection was undertaken by one inspector, a specialist 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. The specialist advisor was a physiotherapist and provided guidance and expertise in relation to moving and handling people.

We visited the home on 29 July 2014 and 1 August 2014. We spoke with six people who lived there, two of their relatives, five members of staff, the registered manager and the quality assurance manager. After our inspection we also spoke with two relatives and a health professional who visited the home on a regular basis.

Providers are required to notify the Care Quality Commission about events and incidents that occur at their home including unexpected deaths, injuries to people receiving care including safeguarding matters. We refer to these as notifications. Before our inspection we reviewed the notifications the provider had sent us and any other information we held on the service. We also looked at the findings from our last inspection conducted in August 2013 where we had identified some concerns. We used this information to plan what areas we were going to focus on during our inspection.

We observed how care and support was delivered by care and nursing staff including at breakfast and lunch time. We spent time observing care and support in the dining room and communal living areas.

We looked at seven people's care plans and the employment files for three members of staff. We also looked at records from staff meetings, staff supervision, residents meetings and accidents and incidents. We reviewed several of the provider's policies including, safeguarding and complaints. We looked at the provider's quality assurance records which were used to check and monitor the quality of the service being provided at the home. These included how the provider responded to issues raised, audits, action plans and annual service reviews.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

When we previously inspected this home in August 2013 we found that the design, size and layout of some rooms made it unsuitable and sometimes unsafe for people who lived there, particularly those with mobility disabilities. Corridors at the home were narrow and communal areas too small to safely operate lifting equipment. During our visit in July 2014 we checked the home and noted that it had been tastefully redecorated since our last inspection and two double rooms had been converted into single bedrooms. However, it was apparent that no significant changes had been made to the building which improved access, comfort or safety.

We spoke with the manager of the home and were told that since our last inspection, detailed plans had been drawn up to modernise and improve the building. We looked at the plans and noted that the refurbishment included the creation of more single rooms, a new treatment room and the re-development of a second floor to create improved facilities (including more communal areas). We were told the work was scheduled to commence in later in the year and should address the concerns we raised.

Although the provider had plans to undertake building works to address our concerns they were in breach of Regulation 15(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 until the works are completed.

When we previously inspected this home in August 2013 we found that there were not always enough qualified, skilled and experienced staff on duty to meet people's needs. At that time we said that the staff were busy with daily tasks and as a result there was little interaction with people who were exposed to long periods of inactivity and contact with staff.

During this inspection we spoke to the manager about staffing arrangements and what changes had been made since our last inspection. Records showed and staff confirmed that adjustments had been made to staffing rosters and now staff started earlier in the morning which ensured that people were supported to get up earlier than previously. However, we noted that there had been no increase in staffing numbers since our last inspection. Therefore there was still a risk that people did not always receive care which kept them safe from the risk of loneliness or meet their individual care needs. Therefore the provider is in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with six people who used the service. People told us they felt safe. Comments included, “I feel safe here. The only time I don’t feel safe is when the doors are left open” and “I feel secure. No one can get in. It’s not a bad place.”

We spoke with relatives of people who used the service and they also said they felt people were kept safe. Comments included, “I’m satisfied with my relative’s safety here, the staff are good” and “No concern’s, I think my relative is safe and well looked after.”

We spent several hours in the communal areas of the home and met most of the people who lived there. Most of the people we spoke to said that they were well cared for but were concerned about the lack of care staff to support them. Comments included, “It would be nice if they [staff] had a bit more time, they are really busy.” We saw that people were exposed to long periods of inactivity and not everyone’s needs were being met. We concluded that staffing levels were not always sufficient to ensure that people’s identified needs were met at all times. This meant that people were sometimes left isolated and at risk of being lonely.

At this inspection we observed staff assisting people to get up, washed and dressed for the day. We observed a number of techniques used by staff to move and handle people including the use of lifting equipment. We found that staff were well trained, knowledgeable and considerate. However some rooms including bedrooms and communal areas were found to be too small to operate lifting equipment safely. Staff were working in tight spaces which meant they were at risk of injuring both themselves and the people they were supporting. Corridors on the ground and first floors were narrow and would not accommodate any more than standard sized wheelchairs. We found that no-one could pass through the corridors until the person in the chair and the carer worker had passed through. On one occasion, we saw staff operating two lifting devices in a communal lounge at the same time. The room was too small for both devices to be used at the same time and therefore people were at risk of being injured.

Requires Improvement

Is the service safe?

Staff were suitable to work with adults because the home followed safe recruitment practices. We checked records and saw that all new employees were appropriately checked through recruitment processes which included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service (a criminal records check) to identify if they posed a risk to people living at the home.

The home had appropriate policies and procedures in place to inform and advise staff as to the required actions they should take if an incident or unusual event happened at the home. For example, we found that the provider had policies in relation to safeguarding adults, bullying and harassment and whistle blowing which contained relevant information and guidance. The policies explained what abuse was and where staff could report safeguarding concerns, should they arise. The policies sampled were detailed, up to date and accessible to all members of staff.

We saw that staff had received training in relation to safeguarding people, Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding (DoLS). We spoke to members of staff and they were able to explain to us the different forms of abuse that people could be exposed to and what their responsibilities were if they saw or heard an incident of concern. Therefore people were supported by staff who knew how to respond appropriately when they felt a person was being harmed or at risk of harm.

Good

Is the service effective?

Our findings

We spoke with people who lived at the home, their relatives and visiting professionals about the competence and ability of the staff employed there. Comments included, "They treat me very well, they know what they are doing" and "The staff are fine, I visit regularly."

We observed people during meal times and saw that they were supported when they needed assistance. We saw that mealtimes were calm and relaxed and that people were not hurried or rushed when they were eating. Staff were patient and considerate. We saw that people had a choice of meals. The food was hot and well-presented and people seemed to enjoy the meals they were eating. Comments included, "The food is good and I have a choice" and "It's not bad at all." We saw that people were kept hydrated throughout the day and jugs of juice and other drinks were visible and offered. Therefore people were supported to eat and drink sufficient quantities to meet their nutritional needs.

We spoke to members of staff about their training and support. Staff told us that they were well trained and received supervision and support on a regular basis. They told us that the manager was approachable and that they had the opportunity to talk about their training needs at their supervision meetings. This meant that people were being supported by staff who had the skills and knowledge to meet their assessed needs, preferences and choices.

We found that people's nutritional needs were assessed to identify the risks associated with poor diet and hydration.

We saw that systems were in place to monitor and manage these risks. Records showed that people were weighed regularly to ensure that any fluctuation in weight was identified and responded to promptly. We noted that some people had special dietary needs and preferences and needed fortified foods (food where the amount of calories is increased). We saw that people who needed support were assisted by care staff at meal times and encouraged to eat and enjoy their meals at a relaxed pace. Records showed that people saw dietary and nutritional specialists if staff had concerns about their nutritional needs.

We saw that people's day to day health needs were met. Records sampled showed that the provider had made prompt referrals to relevant health services if people's health needs changed. These included referrals to GP's, dentists and chiropodists. We spoke to a visiting healthcare professional and received favourable feedback about the staff who work at the home and the care and support provided. They told us that the home and the staff were good and people seemed to be well looked after.

Records showed that staff received support, supervision, appraisal and training. We saw that staff received regular one to one supervision meetings with the manager of the home. The records we looked at showed that staff had received training in a number of subjects which supported them to meet people's specific care needs. These included: moving and handling, safeguarding adults, fire safety, food hygiene, infection control and supporting people with dementia.

Good

Is the service caring?

Our findings

We spoke with people about the standard of care and support they received at the home. People told us that staff were caring and friendly and looked after them well . Comments included, “The staff are very kind to me,” “The staff are pretty good, but they are very busy and don’t always have time to talk to us” and “One or two of them are nice and I stick to them.”

We spoke with relatives of people who lived at the home. They were complimentary about the standards of care being delivered and the competence of staff delivering care and support. Comments included, “I’m happy with the care my relative receives thanks” and “The manager and staff are very good, I visit regularly and have never seen anything untoward.”

We found that people’s needs were recorded appropriately and understood by staff delivering care. The staff we spoke with demonstrated a good knowledge of the people who lived there including an understanding of their medical needs, likes, dislikes and how they preferred their care to be delivered. We found that the staff at the home reflected the diversity of the people they cared for. Many members of staff had worked at the home for several years which had allowed them to build up positive relationships with people who lived there. Therefore people were being cared for and supported by staff who knew them well and understood their needs.

People told us that staff listened to them and that they were able to share their views and opinions. Comments included, “We have our say and they listen to us” and “Staff are really good, they check and make sure we are okay and listen to us.”

We spent a lot of time in the communal areas of the home observing the contact between care workers and the people they were supporting. It was apparent that although busy, most of the staff were attentive, polite and had built up a good working relationship with the people they were supporting. The majority of people at the home seemed comfortable and at ease with the staff who cared for them.

Staff we observed were patient with the people they were supporting and treated them with respect and dignity. For example we saw that people were given the time they needed to make decisions and staff usually sought consent and explained what they were doing before providing care and support. However we did see an occasion when staff moved a person from a seat to a wheelchair without explaining what they were doing. We raised this with the manager who assured us they would discuss it at the next staff meeting.

People had privacy when they needed it. We saw that most people had their own bedrooms which were personalised and individual. People could return to their rooms at any time they wished. We saw that the family and friends could visit the home at any time they wished without any undue restriction. We spoke to relatives of people who lived at the home and they told us they were always made to feel very welcome. Comments included, “They are really nice to me, they offer me a cup of tea and are very helpful, my relative is well looked after.” Therefore people could maintain relationships with relatives and friends who were important to them.

We saw that the home had policies in relation to dignity, privacy and fulfilment which had been recently reviewed and were fit for purpose. People’s religious and cultural needs were recorded on their care plans and taken into account in delivering care and support.

Requires Improvement

Is the service responsive?

Our findings

We found that not all people living at the home had access to or engaged in activities of their choice. We noted that there were limited hobbies and interests provided at the home and few were suitable for people with more complex health needs. We found that a member of the administration staff spent four and a half hours each week providing hobbies, interests and entertainment to people who lived at the home. This included bingo, skittles, board games and watching DVD's. We spoke to people about the hobbies and interests at the home. People told us that there were very few hobbies and interests at the home that they enjoyed and that they were bored and left watching television for long periods. They told us that they would like occasional outings and some variety. Comments included, "There are no activities, I don't go out. I can't walk very well. Whatever we do, we try to do ourselves" and "Activities? There's just sitting round. I haven't seen many activities."

We spoke with the manager about the lack of hobbies and interests at the home and the non-involvement of some people who lived there. The manager acknowledged our concerns and told us that not everyone wished to participate. We noted that no one from the home attended a day centre and people rarely left the building, participated in any outside activities or had contact with community groups outside the home. Engaging in pleasurable activities and stimulating tasks are essential to people's physical and mental well being and quality of life. It was apparent from our inspection that not all people living at the home were given the opportunity to participate in hobbies and interests of their choice and therefore not able to enjoy full and satisfying lives.

Within a few days of completing our inspection, the provider notified us that they had just recruited an experienced 'activities coordinator' to work at the care home and deliver more varied and 'personalised' activities to people who lived there.

We found that people at the home had individualised care plans which were detailed and contained relevant information about that person. This included information about people's known beliefs, wishes, preferences and dislikes. We noted that prior to being admitted to the home that a detailed pre-assessment report had been compiled to identify the individual needs of the person and to ensure that the home was able to support the person's needs.

We saw that people's care plans were reviewed by the manager of the home. This ensured that information for staff about how to meet people's care needs was revised and updated promptly when there was a change in a person's health, welfare or personal circumstances.

We saw that the home's complaints policy was displayed in the reception area of the home and was included in their 'Service Users Guide' (a document which contained information about the home which was issued to people who use the service). Records showed that no complaints had been made since our last inspection of this home. The people we spoke with told us that they knew how to raise a concern and their views were listened to. One person told us that although she had never complained, she would not hesitate to speak to the manager if something was troubling her. Another person commented, "They listen to me, I go straight to the office and have a good talk to them. If you tell them where the trouble is, they sort it out."

The service listened to people who used the service and learnt from their experiences and concerns to improve the quality of care being delivered. We saw that regular group meetings, customer satisfaction surveys and one to one discussions were held with people to obtain feedback about the quality of care and support being provided. This provided useful information to the manager of the home in order to identify how people wanted to be supported.

Good

Is the service well-led?

Our findings

We spoke with people who used the service and their relatives about the management team. The people and relatives we spoke to were complimentary and told us that the manager was approachable and easy to talk to. Our observations and conversations with people showed that the manager was visible, approachable and known to the people who lived and visited the home. People and relatives told us that they could talk to the manager at any time and that an 'open door' policy was operated. Comments included, "We can speak to the manager at any time, there is no problem" and "I have a good relationship with the manager, I think this place is well run."

Staff told us that the manager was approachable, supportive and well organised. They told us that they could talk to the manager in private should they need to so and that they had confidence in them to deal with any issues that required attention.

Records showed that the manager had regular meetings with staff who worked at the home. These meetings were held on a regular basis and minutes were recorded and made available to staff who were unable to attend. We noted that important subjects were discussed and that any emerging issues or priorities were considered. Staff told us that they were supported to question practice, encouraged to give constructive feedback and to identify areas where improvements could be made. Comments included, "We can have our say and the manager listens to us" and "The manager is fair and open with us, and listens to us."

We saw that resources and support was available to the manager and staff at the home to develop and drive improvement. Support was available from the provider's newly appointed quality assurance manager who supervised and supported this home as well as the other homes owned by the provider. This enabled the provider to monitor and review performance at the home and ensure that good standards of care and support were being delivered.

A check of records showed that the provider had quality assurance and data management systems in place at the home. These were used to monitor the quality of service people received and to drive continuous improvement. We saw that the manager of the home collected relevant information on a monthly basis to analyse key issues, recognise trends (where the service needed to take action to prevent further adverse incidents from re-occurring) and to identify where improvements needed to be made. Record keeping was neat, legible and contained relevant information to support staff to meet people's care needs.

Records showed that the provider had complied with the law and notified the Care Quality Commission and other agencies of the appropriate incidents and events that occurred at the home when required. This information enabled the CQC and other statutory agencies to monitor the provision of care being delivered and to take action should it be necessary to do so.

We found that an annual satisfaction survey was sent out to people who lived at the home, their relatives, staff and visiting health professionals. We saw that the feedback was analysed and action plans created to address any issues raised. The questionnaires were detailed and asked many relevant questions about living at and visiting the home. We checked the written responses and subsequent analysis and saw that the feedback was complimentary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises Regulation 15(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The design, size and layout of some rooms (corridors and communal areas) made it unsuitable and sometimes unsafe for people with mobility disabilities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People's health and welfare needs were not always being met because there were not always sufficient numbers of staff on duty at all times. We saw that people were exposed to long periods of inactivity.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.