

Sandwell Metropolitan Borough Council

Fountain Court

Inspection report

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Date of inspection visit:
02 May 2018

Date of publication:
08 June 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Fountain Court is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC monitors the regulated activity which involves in this instance the premises and the care provided. Fountain Court accommodates and provides personal care to a maximum of 16 people. All living areas are on ground floor level and all bedrooms are single accommodation. People may also be living with moderate to severe dementia. There were 16 people living in the home when we visited.

There is a registered manager in post who was present at our inspection. 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.

At the last inspection in November 2015 the service was rated Good overall. At this unannounced inspection on the 02 May 2018 we found the service remained Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated any serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People received care that had improved so that it kept them safe and free from harm. Issues identified at our previous inspection in respect of medicine management had been addressed and people received medicines as required. Staff understood how they should protect people from abuse and harm. Risks to people were assessed and guidance as to how to manage these risks, while respecting people's individual rights, was available to staff.

People still received support from staff that was effective, as staff had appropriate skills and knowledge to ensure they could meet people's individual needs. People were supported to have choice and control of their lives despite any loss of capacity due to living with dementia, with care provided with in the least restrictive ways possible.

People were able to access the healthcare support they needed based on individual needs. People's dietary needs were assessed from a practical and cultural perspective and people received foods they chose. Staff promoted people's nutrition and were aware of the risks to this due to people living with dementia.

People continued to receive input from staff that was caring. Staff were kind and friendly and we saw that they promoted people's rights, privacy, dignity, choice and independence. People were supported to express and have involvement in day to day decisions commensurate with their individual abilities. Staff recognised people have varied and diverse needs and provided care that reflected the individual, this detailed in their care records.

Staff were knowledgeable as to people's needs and people were comfortable in the presence of and

speaking with staff. The provider had systems for gaining people's views and responding to these including meetings, surveys and a complaints, comments, compliments procedure.

The service continued to be well-led, with regular checks and monitoring of the quality of the service. People's relatives were happy with the care people received and felt they were able to trust staff to look after their loved ones.

While people had access to the provider's CQC rating for Fountain Court on the premises this information was not displayed on what may be constituted to be the provider's website. The provider responded to concerns we raised and has now displayed the ratings for all their services on their website following our inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was now safe.

People felt safe with the staff that provided them with support. Systems were in place to protect people from the risk of harm and staff knew how to report any allegations of abuse.

People were safeguarded from the risk of harm because staff understood risks present and how to minimise them.

People were supported by sufficient numbers of staff who were recruited safely, to ensure they were suitable to work with people.

People were supported by staff to take their medicines as prescribed.

People were protected from infection because staff members understood how to prevent cross infection.

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Fountain Court

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 comprehensive inspection took place on 02 May 2018 and was unannounced. The inspection team consisted of two inspectors.

The provider had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service such as notifications, which tell us about incidents which happened in the service that the provider is required to tell us about. We also spoke with other agencies such as Health Watch. We used this information to help us plan our inspection.

We spoke with four people who lived at the home, although they were not always able to share their views. We therefore spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out a Short Observational Framework for Inspection (SOFI) to observe the people's experience of life at Fountain Court. We spoke with three visiting relatives, the registered manager, one senior carer, 2 care assistants and the cook. We reviewed three people's care records; medicine administration records (MARs) and two staff files. We also looked at records relating to the management of the service including quality checks and audits.

Is the service safe?

Our findings

We last inspected Fountain Court on 19 November 2015 and after the inspection we rated the service as 'requires improvement in the key question of 'Is the service safe?'. At our 2015 inspection we found records of medicines disposal were not completed in enough detail to allow a robust audit of medicines still in stock. We also found guidance for staff on 'as required' medicines needed more clarity. At this latest inspection we found records of medicines disposal were improved and the guidance on 'as required' medicines had been revised. While people who lived at the home were not able to verbally tell us they felt safe, we saw from observation they presented as comfortable with the staff team, with personal care provided by staff seen to be safe. People's relatives told us they had confidence in staff and felt safe leaving their loved ones at the home. Comments we heard from relatives included: "Staff look after (person), these people are carers, [person] was in (another care home) I got (person) out of there, but staff here can't fault them", "On the whole I am happy. It will never be exactly as I want it but I am happy and ok leaving (relative) here" and, "I can put my head down at night knowing (person) safe, I am kept informed. I wish everyone in the country with dementia had a place like Fountain Court. At the moment I have peace of mind".

We found the provider's safeguarding and whistleblowing policies reflected local procedures and contained relevant contact information, with information seen on display in the home. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. The registered manager and seniors were fully aware of their responsibility to liaise with the local authority if there were any safeguarding concerns. There had only been one safeguarding concern raised in the year before this inspection, and we saw evidence that this was managed well.

The registered manager told us people have on occasion been admitted as the home where they previously lived had difficulty meeting their needs due to their dementia and behaviour that challenged staff. One of the relatives we spoke with confirmed this to be an accurate statement. The registered manager told us about various strategies they had to alleviate people challenging staff, or if they became anxious to ensure an appropriate response. They understood when a person challenged staff this was the person expressing their views in a way they could. A relative told us, "All residents have moments; staff try to distract, talk to them, take a step back, and i.e. cake, cup of tea, sit and talk. Mom can get quite agitated at times, staff distract her then she is fine". We saw one person was quite anxious but calmer later. A staff member was heard to tell the registered manager they had given them painkillers as they thought they were in pain, and noticed them became calmer after taking them.

Systems were in place to identify and reduce the risks to people living in the home. People's relatives told us they knew their loved ones were safe. We saw care plans included detailed and informative risk assessments. These documents were individualised and provided staff with information on any risks and guidance on the support people needed to manage these; for example we saw if a person had an accident risk assessments had been updated to identify ways of minimising risk. We found some limited gaps in records although the manager and staff were able to explain how they kept people safe, this confirmed by relatives we spoke with. Staff were aware of how to support people in a way that promoted their independence and freedom, yet minimised risks.

People's relatives told us, and we saw there was enough staff available to meet people's needs and to keep them safe. This was confirmed by one person's relatives telling us, "I don't have to look for five minutes for staff, someone there in seconds, always someone". Some staff said they felt they would benefit from more staff at times, although this was as they wished to spend more time with people, not due to them being unsafe. One member of staff told us, "I don't get as much time as I would like to sit and spend time with people. We can give them quality of time but not quantity".

While no new staff had been fully recruited recently a robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. We saw the provider updated people's DBS checks 3 yearly as a minimum.

We found systems were in place to consistently and safely manage people's medicines. Medicines, including those that were controlled, were being obtained, stored, administered and disposed of appropriately. Observation of staff giving people their medicines and random sampling of people's medicines, against their MARS (Medicine Administration Records) confirmed they received their medicines as prescribed by their GP.

We found the provider had systems in place to ensure a good standard of cleanliness was maintained and people were protected from cross infection. Staff we spoke with understood the need to maintain good infection control. A relative told us staff used appropriate protective wear when carrying out personal care and staff hands were "Always in water" as they washed their hands so often. Another relative said, "Staff wear gloves all the time and spotless, everything spotless".

We found the provider learnt from incidents, events and feedback from others to improve the service, for example the registered manager told us how learning from accidents had led to changes in the way they managed the risk of falls for one person. In addition the provider has made changes to improve medication disposal following our last inspection.

Is the service effective?

Our findings

We saw the provider assessed people's needs to reflect the requirements of the law and the equalities act, for example assessments and reviews explored the impact of people's race and how this impacted on their care requirements. The registered manager also told us they promoted awareness of the human rights act within the staff team. We saw information on human rights on clear display in staff areas, and we saw staff promoted people's rights, to choice for example, during our inspection.

We saw staff provided care to people in a way that showed us they were well trained. Relatives told us they had confidence in the staff when looking after their loved ones. Staff spoke to us knowledgeably about people's needs and how to meet them and a relative told us, "I have worked with dementia and (staff) far surpass what I have seen". Staff said they received training to help them maintain their skills and the provider supported them to develop their knowledge further. Staff told us, "You name the training and it's there", and, "The training gives us most of the skills we need and a general idea of what to do. We can always ask for extra training". We saw training records, and this showed the majority of staff had up to date training in required area or had been booked to attend updates. Our observations of staff interactions showed they knew how to support people and had the skills and knowledge required to meet people's needs. No staff had been recently employed but the registered manager told us that there was an induction process in place for new staff that would include the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. Staff told us they received supervision and felt well supported by seniors and the registered manager.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us, this confirming information in their 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 saw evidence to show that all people living at the home had applications approved by the appropriate authorities to deprive them of their liberty in their best interests. We saw staff always asked people for their consent before; for example providing personal care. Where people wished to walk with purpose there was no restriction and we saw people could go where they wished throughout the communal areas, or involve themselves in activity meaningful to them. A person's relative told us, "Always a choice with everything" another that staff, "Would ask, (person) consents by compliance" with comments that the staff observed the person's facial expression for indication of consent. Staff demonstrated they understood the principals of the MCA and they supported people in line with this.

We saw people have their lunch and saw most enjoyed the food on offer. We saw people were offered choices through what staff told us was, "Show and tell" with people seeing what was available before making a choice. We saw staff went back to people if not eating and offered alternatives to their first choice when needed. We spoke with the cook who told us that options for people with different cultural palates were available; for example Ackee fish. Where people needed a pureed diet, as assessed at risk of choking

we saw these were presented in a way that was appetising and in accordance with speech therapist's advice. We saw people had assistance with eating from staff as required. People we spoke with indicated they had enjoyed their meals. One relative told us their loved one, "Is eating and drinking more than I do!" Another relative told us when their loved one was not eating well in the main dining area staff gave them lunch, "In the quiet room with music low and (the person) started to eat better". The cook told us they were aware of people's likes and dislikes and showed us documented information about peoples specific dietary needs; for example soft and diabetic diets.

People were supported to access the health care they needed. A person said, "I see the doctor if I need to". Staff told us they monitored changes in people's health and would contact appropriate healthcare professionals where needed. One relative told us their loved one, "Was not well, had a cold, they had GP out and then gave plenty of fluids and paracetamol, and asked for the GP again". They also confirmed the person had all their routine health checks with for example the dentist, optician and chiropodist. We also saw records that confirmed this.

We found the home was decorated so that it was interesting and there were numerous wall decorations that provided people living with dementia with possible stimulation including different tactile surfaces and interactive devices. The home also had an enclosed garden that people could walk around freely if wished. The building had hardwired sensors that would alert staff to people's whereabouts, for example staff would be alerted if a person went outside, or left or entered a bedroom. The lounges and corridors all had colourful displays and people had displays outside their bedroom doors with items and photos of significance to help them recognise their bedroom. People lived on ground floor level which meant there was no stairs to climb, which some relatives told us was reassuring for them.

Is the service caring?

Our findings

We saw people were comfortable with staff and interactions between staff and people were friendly. We saw staff would talk to people in a way that sought to recognise what was important for them at the time of the conversation. We saw one person was busy at lunchtime cleaning the worktop, which for them was clearly important at the time. Staff told them their dinner was ready but let them continue with their task and complimented them on how well they were doing. We saw they kept the person's dinner until later after finishing the task to their satisfaction. We saw people were given choices, and these were respected by staff, for example; we saw a member of staff offer a person their medicine which they refused. The staff member respected this and then sat and had a discussion with the person after which they offered them the medicine again. This time they happily agreed. A relative told us, "All staff, you can tell they care about people, nothing too much trouble". Another relative told us how staff went the, "Extra mile". They said when their loved one was in hospital staff visited and, "Used to encourage to take medicines, staff came up and said what are you sitting there for and she was beaming. (Staff member's name) really good with (person) and all the other staff are". They went on to say staff, "Treat people as individuals, respect people as individuals".

Staff we spoke with had a good awareness of people's likes, dislikes, individual preferences and understood the importance of respecting their human rights. We observed many friendly interactions and saw staff showed compassion towards people. One staff member said, "I treat (people) with dignity by being discreet when offering personal care, closing doors when helping people, I provide reassurance to people and keep dignity at the forefront of what I do".

We saw people were encouraged to remain as independent as possible. People were able to move freely within the home and we saw staff encouraged people to be independent, for example encouraging them to feed themselves where able. A relative told us the staff let, "People go their own way" when walking with purpose. A staff member told us, "I like to think we give independence by giving people time to do things by themselves. I let them wash themselves if they are able. One person will help me put their clothes away".

The registered manager submitted a Provider Information Return [PIR], this 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. Within this they told us that due to the capacity of people living at the home there was difficulty involving people in planning their care on a formal basis. They told us of ways they worked around this to involve people, this including observing people's behaviour and responses; talking to relatives and developing life histories to gain an insight into what is important for the person. We saw some people had books with photographs and information from their lives to stimulate discussion, and we saw one person during the day was looking through theirs with some interest. We saw people's life histories were recorded in their care plans along with their preferences, for example how they liked their hair styled. We saw initial assessments included a focus on people's cultural, religious needs and preferences as to gender of carer. Two relatives confirmed their views were sought about how their loved one liked to live their lives and the care they received was reviewed at least annually or as needed. One relative told us there was, "An assessment every 12 months and I come in when due".

The registered manager told us that they involved advocates where there was a need for a person to have additional support, and told us one was to visit on the day of inspection, this the first consultation with the person. An advocate is a person who seeks to ensure that people are able to have their voices heard on issues important to them. Visitors told us there was no restriction on visiting the home, one relative telling us it's, "Home to me as well". They also told us how they were able to care for their loved one, for example helping them to eat. They said it was reassuring to know they could ask staff for support if needed though.

Is the service responsive?

Our findings

We reviewed people's assessments and care plans. They detailed people's individual needs and contained information on people's requirements, likes, dislikes and preferences. We saw people's cultural needs were recorded and what this meant in terms of how the service was provided; for example in respect of preferred foods. We saw staff updated care plans on a monthly basis and any changes were recorded. The registered manager told us due to people's capacity it may be difficult for people to make complex choices but this did not mean people should not be involved. Staff used observation of people's reactions day to day; for example showing them different clothing so they still were able to make choices. We saw staff offered people choices on numerous occasions during our inspection. People's relatives told us they were involved, their views considered and changes were explained to them and the reasons why. One relative told us they were, "Informed all the time" and told us how they had been fully involved in a decision about a do not resuscitate order (DNAR) and the registered manager, "Explained it all to me". Another relative said in relation to a change in their loved ones care, "I was informed about it, they explained situation and could see it was in (The person's) best interests". We discussed people's care with staff and they demonstrated they had a good understanding of people's needs, preferences and requirements, as detailed in their plans.

The registered manager told us that they did not have a formal activities programme in place as this was too rigid for the needs of the people living at the home. They told us while some events had to be planned, such as the visiting exercise man, the usual approach was for activities to be spontaneous and person led, given on what they wanted to do at any particular time. To facilitate this we saw that numerous interactive items were left on display in rooms (such as shakers, books, dolls, games) so people could pick them up and if wished occupy themselves with these. This was in addition to the interactive wall mounted displays and items such as handbags and hats that were available. One relative told us they did not see their loved one participate in activities, although did not think they would wish to. Another relative told us there were lots of activities; for example, "Exercises, pretty little dog, St George's day there were flags out etc." They also told us they supported another service user who was their friend to sit with them and chat. They told us as their loved one was unwell staff would put the TV or music on for background stimulation. Another relative said staff, "Put music on (person) likes, reminiscence, talk to her, I feel all her needs met here". We saw staff encouraged people to participate in some occupation; for example singing and dancing and dominoes. We saw other people were content walking with purpose in the house or garden, reading books, or participating in some housework.

We saw there was a pictorial/easy read complaints procedure on clear display in people's bedrooms and relatives told us staff would observe people's behaviour and expressions to monitor their views. While one relative was unsure about raising any complaint, two we spoke with had no reservations telling us they, "I would complain but no concerns, if there was issue would go to staff or (registered manager)" and "I have never come across anything to complain about". We saw there was a documented record of any complaints, comments or compliments. The service had not received any formal complaints in the last 12 months, although we did see positive comments that were received.

We found the registered manager and staff had looked at the need for end of life care for one person in

some detail, with their end of life plan updated on the day of the inspection. The person's relative told us how the person's and their needs were considered: For example staff were diligent in ensuring their skin was cared for (as on bed rest), and ensuring the person ate and drank. The relative told us staff, " will try and try again to feed him food, they are on top of this all the time and with drinks". The relative told us they were also offered meals. We heard from the relative the person had been offered specialist palliative care but was clear that they wanted the person to stay at Fountain Court, and had no reservations in saying the person's needs were met. We saw anticipatory medicines were available should the person's health deteriorate and there was support from district nurses. We were told however the person's health had improved since re admission to Fountain court, and the relative said this was due in part to the care they received from staff.

Is the service well-led?

Our findings

The registered manager had overseen the running of the home for a number of years, and was able to demonstrate a good understanding of the service provided and the needs of people that lived there. People and relatives knew the registered manager and we saw people she stopped and spoke with responded positively to her. Comments from relatives we spoke with included, "(Registered manager) can approach anytime", "If I feel something is wrong I could go to staff or (Registered manager) to get answers, not that anything is". The registered manager told us of improvements they were looking to make and said the provider had recently purchased a quality monitoring system to make findings from audits more accessible.

The manager understood their responsibilities as a 'registered manager'. They told us they would be open and honest as required under their duty of candour. We also saw they understood the need to notify us of incidents that may occur, these having been sent to us promptly as required. The law requires the provider to display the rating for the service as detailed in CQC reports. We saw the rating of 'good' from the previous report was clearly displayed in the home and in the provider's statement of purpose in the appropriate format. Relatives we spoke with were also aware of the rating and where to find copies of CQC reports. We looked at the provider's website which linked to the directory of care services for Sandwell which the provider maintains. Within this directory it stated that Fountain Court did not have a website, although we queried with the registered manager as maintained by the provider whether this should have the location's rating on clear display as well. The registered manager communicated this to the provider who has responded to our concerns and now put the rating on display on their website.

The staff we spoke with told us they felt well supported by the registered manager and senior team. They told us, "I do feel supported. I can raise concerns and these do get acted on. We have staff meetings too and can raise issues there" and, "There is a lot of teamwork and a good group of people here. We get so much help on the floor from senior staff. We have a meeting once a month and can air anything we want to from them". Staff knew the provider's 'whistle blowing' policy and told us they would report concerns if not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation.

We saw there were systems for monitoring the quality and safety of the service in place and these demonstrated the provider had systems in place to learn and develop the service. For example we saw accidents were analysed for any trends and this informed how they planned some people's care so as to minimise risks. We also saw monthly checks of the premises that ensured the premises and equipment were safe, and any issues identified were addressed promptly. A relative told us, "Other day (equipment) not working properly and they were straight on to it". We saw these systems included ways in which people's voice could be gained; for example resident's/relatives meetings and surveys. Two relatives told us about these meetings/surveys and said they had attended/completed them. We saw the last survey was in October 2017. The registered manager told us this was facilitated by an outside advocacy organisation to maintain objectivity. We saw comments from relatives were positive and included, 'They are kind to you here', 'They look after him, they look after everyone as far as I can see, its 24hour care' and 'I am more than happy with all round care of my mother, the staff treat her with dignity and respect. Personal care and dietary needs are

met to her individual needs. Mum has an excellent rapport with her co-worker who ensures mum has everything that she needs to keep her happy and comfortable. Staff always ensure mum is well dressed'.

The registered manager said they worked in partnership with other agencies, with plans to develop this further with use of nurse practitioner visits once a week to review people's non-urgent medical needs. We saw evidence of current partnership working with district nurses attending to people's medical needs as needed. We saw comments captured by the staff from visiting healthcare professionals including; 'I noticed how friendly and co-operative the staff were, the patients appeared to be well cared for and needs meet' and 'Each time I visit Fountain Court, I am greeted with a smile, I find the staff very friendly professional'.