

Bondcare (London) Limited

The Fountains Care Centre

Inspection report

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Essex
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Ratings

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

Summary of findings

Overall summary

The Fountains Care Centre is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Fountains Care Centre can accommodate 62 older people with dementia and/or nursing needs. There were 53 people using the service during the inspection.

This inspection took place on 15 November 2018. The inspection was unannounced and was the first one since the service has been registered with the Care Quality Commission (CQC). However, the service was previously registered with CQC under a different legal entity.

The service had a registered manager. 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.

The service had safeguarding procedures in place and staff had received training in these. Staff had a good understanding of what constituted abuse and how to report any concerns to keep people safe. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

There were sufficient numbers of staff available to meet people's individual needs. Effective recruitment practices were followed to ensure staff employed were suitable to support people.

People received their medicines safely and when they should. There was a comprehensive medicines policy in place.

Staff were supported to maintain and develop their skills through training and development opportunities. There was a training programme in place to address identified training needs.

Staff were aware of the Mental Capacity Act 2005 and had undertaken training to make sure they had knowledge and skills to support people who did not have capacity to make their own decisions. People and their relatives were involved in the assessment and planning of their care and support. People received care and support that was personalised and responsive to their individual needs.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. Staff had developed good relationships with people who used the service. They were caring in their approach and had a good understanding of people's likes, dislikes and preferences. People's privacy and dignity were respected.

People's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. Staff encouraged people to participate in activities that were meaningful to them.

There were effective management systems to monitor and improve the quality of service provided. The provider sought feedback about the service from people who used the service, their relatives and other health professionals.

The provider had a complaints policy and procedures which included the timescales in which a person would receive a response. The importance of confidentiality was understood and respected by staff.

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 safe. Procedures were in place to inform staff of how to protect people from abuse and avoidable harm.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

There were enough staff to provide care and support people needed.

Effective recruitment practices were followed to help ensure all staff were fit, able and qualified to do their jobs.

People who used the service received their medicines as prescribed by their doctors.

There were systems in place for the monitoring and prevention of infection.

Is the service effective?

Good 

The service was effective. Staff received appropriate training, support and development which enabled them to meet people's needs effectively.

Staff understood their responsibilities in relation to consent and supporting people to make decisions.

People were supported to maintain good health. They were referred to healthcare professionals when needed.

People were provided with food and drinks which met their nutritional needs.

Is the service caring?

Good 

The service was caring. There was a positive relationship between people and the staff who supported them. People had their individual needs met, including needs around social inclusion and wellbeing.

People were supported to be as independent as possible. They

had access to advocacy services to represent them when required and their privacy and dignity were maintained.

Is the service responsive?

The service was responsive. People received care and support in accordance with their preferences, interests and diverse needs.

Staff had a good understanding of people's needs, choices and preferences, and were aware of how to meet people's individual needs as they changed.

System was in place to tell people and their representatives on how to make a complaint and how it would be managed.

Good ●

Is the service well-led?

The service was well led. There was an open and inclusive culture in the service, with staff, people, relatives and other external professionals encouraged to help improve the service provided to people.

There were clear lines of responsibility and accountability within the management structure of the service.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

Good ●

The Fountains Care Centre

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 unannounced inspection took place on 15 November 2018. The inspection was completed by two inspectors.

Before our inspection we reviewed all the information we had about the service, including notifications sent to us informing us of events that occurred at the service. We also looked at the last inspection and spoke with the local authority commissioners. We also reviewed all the information we held on the service such as notifications. A notification is information about events that by law the registered persons should tell us about.

We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, due to the high needs of people who used the service, we managed to speak only with four of them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with five relatives, five members of care staff, the registered manager, the regional support manager and the maintenance person. We reviewed five people's personal care records, five staff records, staff duty rotas, medicine administration records and other records relating to the management of the service such as health and safety records, staff supervision, complaints, compliments and training records. We also looked at the latest report on the satisfaction surveys that people and their relatives had recently completed.

Is the service safe?

Our findings

Relatives told us that they felt the service was a safe place for their loved ones. One relative said, "It is a good home, we went to see a dozen homes before." The provider had policies and procedures in place to protect people from the risks of harm or abuse. Records showed and staff confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe.

Staff understood their responsibilities to protect people from harm and were able to recognise possible signs of abuse. They were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. They knew the local safeguarding protocols and how to contact the local safeguarding team. Records showed that safeguarding concerns had been reported to the local authority safeguarding team and appropriate investigation had been carried out.

Staff knew they could report concerns within the service or to outside agencies. They were confident in whistleblowing if they had any worries. Whistleblowing is the term used when a member of staff passes on information concerning wrongdoing. One member of staff told us, "If I see any colleague doing anything wrong, I will report this straightaway."

Risks to people were assessed and management plans were in place to inform staff of how to reduce and manage those risks to maintain people's safety. For example, we saw risks assessment in place for people who were at risk of falls. The risks assessments were regularly reviewed and updated as needed to consider changes in people's needs.

The provider ensured the environment was safe for people, staff and visitors. We saw documentation and certificates to show that relevant checks had been carried out on the electrical hard wiring, fire extinguishers and gas boilers. We also saw checks were carried out on all electrical items to ensure they were safe and in good working order. There was a fire risk assessment in place.

The provider had a system in place to record and monitor accidents and incidents. The registered manager reviewed these to look for any trends and identify actions to reduce the risk of similar events happening again. This showed the registered manager was proactive in promoting people's safety and welfare.

There were sufficient numbers of staff to meet people's assessed needs. The provider had a system to ensure there were enough staff on duty depending on each person's care needs. People and their relatives felt there were enough staff available in the service. However, the registered manager told us that due to some staff who had left, they were currently using some agency staff to cover sickness and annual leave.

The provider had already recruited some staff but were waiting for all their checks to be carried out before they start working for the service. This would help to ensure people received consistent care and support. One member of staff told us, "Yes, there are enough staff on duty." However, one person said, "Not as good as it used to be. Been here so long. [Staff] have troubles during the day as there's no staff - sometimes not enough staff at night. They have a staff nurse and they have two carers."

The provider understood their legal responsibilities regarding safe staff recruitment and had robust recruitment and selection processes in place. We reviewed the recruitment records for staff members and found effective recruitment practices were followed to ensure staff did not start work until satisfactory employment checks had been completed.

We saw staff files included evidence that pre-employment checks had been carried out, including written references and satisfactory disclosure and barring service clearance (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This helped to ensure only suitable staff were employed.

People told us they received their medicines when they should and felt staff handled their medicines safely. The provider had policies and procedures in place for staff to follow to ensure people received their medicines safely. We looked at how the service managed people's medicines and found the arrangements were safe. Each person who required medicines had an individual medicine administration record chart (MAR chart) profile which clearly stated the person's name, photograph, date of birth and allergy status. Details about what medicines people were prescribed were within the medicine administration records (MARs) folder which also included a list of staff's signatures who had been assessed as competent to administer people's medicines.

There was a daily record kept of medicines that were in stock and this helped to reduce the risk of any errors occurring or running low on medicines for people. Any medicines prescribed to be given as necessary were monitored and guidance explained when these medicines should be given. Medicines were stored safely in a locked metal cupboard. The registered manager informed us that they were reviewing the process on how covert medicines were administered to people.

The provider had policies and procedures regarding the prevention and control of infection. During our visit, we saw the service was cleaned and free of malodour. Staff were provided with personal protective equipment such as aprons and gloves, this helped to minimise the risk of infection. They had received training in infection control and were aware of their responsibilities in the prevention of infection. Information about how to prevent the spread of infection such as hand hygiene and environmental cleaning was made available to staff. One staff member commented that the best way to prevent infection from spreading was good hand hygiene.

Is the service effective?

Our findings

People and their relatives felt the staff knew what they were doing. One person told us, "They [staff] know my needs." One relative said, "Yes and they have the right skills." Another relative told us, "They [staff] are taking care of [family member] so well."

We saw staff received appropriate professional development. The provider had a training programme for all staff to complete to ensure they had the skills to meet people's needs. From the training records, we saw staff had access to a range of training and completed several training courses in areas such as moving and handling, care planning, Mental Capacity Act 2005, food and hygiene, infection control, first aid and safeguarding. Staff felt the training they received was good and helped them to meet people's needs. One member of staff said, "The training is good, I have learned a lot." Staff confirmed they had access to regular updates to their mandatory training. They felt they could request extra training as they felt necessary. All this helped to ensure staff were appropriately trained and supported to meet people's needs effectively. There was a training plan in place, which detailed the training staff had undertaken and what they required.

We saw staff had regular one to one meetings with their line managers. We looked at some of one to one meeting records which showed staff had an opportunity to discuss any issues they might have and any training requirements as well as discussion around people's needs. Staff told us it was a good place to work and felt supported by the management team. One member of staff told us, "We always discuss training during my supervision." Staff also received a yearly appraisal where their work performance was reviewed and any areas for development were identified. This helped to ensure staff had opportunities to raise any issues or concerns and carry out their roles effectively.

New staff received a comprehensive induction programme when they started working at the service. The induction was comprehensive and included attending training courses, reading policies and procedures for the service, and getting to know the people living there. This meant that staff received a detailed induction programme that promoted good practice.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were compliant.

The registered manager had made applications for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. They and the staff were familiar with the processes and principles of the MCA and DoLS. Staff knew people might have fluctuating capacity to make decisions. They always ensured they gained the consent from the person before carrying out any tasks for example

when assisting them with personal care. They had received training in this topic.

People's needs were assessed, and care was planned and delivered in line with their individual support plan. Before a person started to use the service, the registered manager would visit them to assess their needs and to discuss how the service could meet their wishes and expectations. During this process they ensured they had as much information as possible about the person before they agreed to provide a service. People and their relatives were involved with the assessment process. The registered manager explained how they had decided not to provide a service to one person in the past where they assessed they could not meet that person's needs.

People were supported to have sufficient amounts to eat and drink. One person told us, "The food is good considering the number of people they cater for." Staff knew people's likes and dislikes or if they had any special dietary requirements. We saw nutritional risk assessments were in place. People were supported to eat healthy food to support their wellbeing. Staff ensured people had access to sufficient fluids to stay hydrated. Fluids balance charts were in place to record how much people had to drink. The registered manager informed us that the recording system was being improved to make it more comprehensive.

People were supported to maintain good health. We saw the registered manager and staff worked well with other health and social care professionals to support people using the service. We saw care records included contact details of other professionals who were important to people. Staff understood their responsibility to ensure to pass on the information onto the management team when they noticed any concerns or changes in people's health. One relative told us, "If [family member] is not well, they [staff] ring us and tell us."

Is the service caring?

Our findings

Staff had developed positive caring relationships with people who used the service. We observed them interacting with people in a caring and compassionate manner. One person told us, "It's an ideal place and the [staff] look after the patients [people] well, I'm sure of that." A relative said, "Our impression is they [staff] are doing a good job under difficult circumstances. My impression is [family member] has been extremely well looked after."

Staff treated people with respect and in a kind and caring way. We saw that people were appropriately dressed and ready for the day by the morning. It was clear from our observations that staff had a good knowledge of people's individual needs. For example, one person liked to carry an item for comfort all the times, staff allowed them to do this freely. Staff were able to tell us what people did and didn't like and what support they needed. For example, one member of staff told us, "[Person] likes to eat cornflakes for breakfast." We saw people were comfortable in approaching staff during our visit. Staff were aware of people's needs and wishes and what was important to them.

People were treated with dignity and respect and had their privacy respected. We saw staff knocked on people's doors before entering their rooms and addressed them by their preferred names. This was recorded in people's care plans. Staff always explained to people what they would be doing, and any support was provided in an unhurried manner.

The provider had a confidentiality policy in place. Staff were aware to ensure any discussion relating to information of people, took place in an appropriate venue, for example not in a place where others, who were not entitled to know, could hear about it. One member of staff told us, "I should only disclose information about the service users to people who have the right to know." We saw records were kept in lockable cabinets when not in use.

People were helped by the staff to maintain their independence wherever possible. For example, people were encouraged to comb their hair where they were able to do so. One person told us, "Yes - I can be independent. I do a bit myself. Some days I don't want to." People were able to get up and go to bed at times that suited them. Staff were aware of their wishes and respected them. This showed that people's routines were taken into consideration.

The service had an equal opportunities policy which staff were aware of. People's diversity, values and human rights were respected. The provider was committed to challenge any form of discrimination it encountered. People's religious and cultural needs were understood and catered for.

People were involved in the initial assessments of their care and support needs and the planning of their care. Where people were not able to, their representatives were involved. If people needed to access advocacy services, this was made available to them. An advocate is a person who ensures that people, particularly those who are most vulnerable in society are able to have their voice heard on issues that are important to them.

People and their relatives were given sufficient information by the service. This helped them make decision about the care and support choices that were available to them. Relatives felt the staff were good at keeping them informed about the health needs of their loved ones and always informed them of any changes. They mentioned that they were able to discuss any issues with the management of the service. They were complimentary about the staff. People had the opportunity to contribute and have their say about the care and support they received.

Is the service responsive?

Our findings

Feedback we received from people and their relatives about the care and support at the service was positive. One person said, "The staff are good." One relative told us, "They [staff] are taking care of [family] so well."

We looked at people's care records and saw they contained detailed information about people's personal, health and social care needs. People received personalised care. The care plans had sufficient information for staff to meet people's needs. This included information about people's mobility, communication, nutrition and hydration, skin integrity, elimination, cognition, behaviour, socialisation, personal preferences, religious and cultural needs, medical history, current medicines, allergies, anxieties, and any equipment they required.

Some people had care plans that were specific to them such as if they had a certain medical condition. Staff told us that the care plans were comprehensive, and this helped them to meet people's specific needs. For example, in one care plan, we saw the person was at risk of bruising due to the medicine they were taking. This was noted so that staff were aware of their condition and how to manage it. People's preferences and choices were also documented and taken into account when their care plan was devised. We saw that care plans were regularly reviewed and updated.

People were supported by staff to remain active and do things they enjoyed. The service had an activity coordinator and most of the activities were done on a one to one basis. The registered manager told us that a second activity coordinator had been recruited and they were due to start in a couple of weeks. One person told us, "I like to have an hour on my own watching my soaps or any of my programs. I go out into garden now and again - sometimes there's a fete and shows."

There was a rolling screen advert in reception for activities as well as activities on the wall. The registered manager told us that they wanted to host more activities at the service and invite in local people to attend. The activity coordinator kept a record of activities people had taken part in. One example was, "Halloween party, [person] enjoyed the music, and was tapping their feet to the beat."

The provider had a complaints policy in place which provided a clear process to record and investigate any complaints received. The complaints process was available in the reception area of the service. There was a record kept of all complaints that the service had received. They were all logged monthly separately for easy tracking.

We saw the registered manager had responded to all complaints and even wrote letters to anonymous complaints should complainant ever come forward. There were adequate response letters seen and investigations of complaints made. For example, one staff member had complained that there was not sufficient staff and they were unable to not complete incident forms. We saw the registered manager responded in letter to state that they had initiated investigations and that night nurses would assist in certain tasks requested to help other staff. The registered manager stated that they discussed complaints

and their investigation with their line manager so that lessons were learned and shared. There was always a thorough investigation carried out to ensure the complainants were satisfied with the response.

People supported at the ends of their life to have a comfortable, dignified and pain-free death. We saw care plans contained information on how to support people at end of life. Staff had an understanding how to support people at their end of their life and had received training on it. The registered manager ensured that people's individual wishes at the end of their lives were known and respected. Some people had Do Not Attempt CPR (DNACPR) in place. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly.

The registered manager told us they wanted to get re-accredited with The National Gold Standards Framework (GSF) as they were previously. The GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It promotes better coordination and collaboration between healthcare professionals.

Is the service well-led?

Our findings

People and relatives told us that the service was good and being managed well. They said they could speak to staff or the registered manager and found them to be approachable.

The registered manager had a clear plan and was being supported by the provider to deliver improvements. They highlighted a lot of changes at the service and desire to change the image people had of the service and care provided previously. There had been a lot of changes that the management team had undertaken in the last year to improve things. This had led to some staff leaving their employment and others had their performance monitored closely. The registered manager told us that they wanted to have a permanent staff team, and this would help in the running of the service as well as improvement in the service being provided as no agency staff would be used.

There were plans to improve the aesthetics (design of the service) which had already begun with painting occurring externally and internally. During our visit there were no signs on some of the doors which was confusing, however the registered manager informed us this was due to the doors being repainted recently and the maintenance person was putting the numbers back. There was an action plan in place which the registered manager and provider was working towards. The registered manager commented, "We want to achieve outstanding and know we are a far way off it." The registered manager told us they received good support from the provider to ensure the quality of care was maintained and improved. They were supervised regularly and felt supported in their role. This helped to ensure the service ran smoothly and provided good quality care for people who used the service.

The registered manager and provider operated an open-door policy where staff, relatives and other professionals could speak to them if they had any concerns. Staff felt supported by the registered manager in their role and felt they could speak to them at any time. One member of staff said, "The manager is fine, [they are] hard-working, [they do] help staff and [they do] personal care." The registered manager took an active role in the running of the service. They encouraged an open and transparent culture within the service. Staff were clear about their responsibilities, expectations and culture and values of the service.

There were regular meetings held for staff to share their views and experiences and for the registered manager to cascade information about things happening in the service. From the minutes from the last meeting we saw that a number of areas were discussed such as people's needs, staff rotas, health and safety issues and staff recruitment just to mention a few. Staff were able to share ideas during these meetings. Any incidents or accidents were also discussed to ensure people remained safe. There was also a daily flash meeting with the nursing staff during which they were kept up to date with any changes in people's needs.

The registered manager was aware of when Care Quality Commission (CQC) should be made aware of events and the responsibilities of being a registered manager. They had submitted all notifications to us in a timely manner. They always kept us up to date with any changes that happened at the service. For example, we were recently informed the service had difficulty to find a GP to come and visit people in the home when they were not well. The registered manager was looking for an alternative solution. They sent information

when we requested them and had always been forthcoming with information during any investigations including safeguarding.

The provider had an effective quality assurance and quality monitoring systems in place. They welcomed suggestions on how they could develop the service and ensured improvements were made when identified.

The registered manager undertook regular audits to monitor the quality of the service they provided. We saw this included care plans, infection control, medicines management and health and safety checks audits. Where any issues had been found during these audits, an action plan was put in place. This meant people could be confident the quality of the service was being assessed and monitored.

The registered manager had good links with the wider community and worked in partnership with other agencies to help ensure a joined-up approach to people's support. A local school visited six months ago and the registered manager informed us that they were coming for Christmas carols this year. We saw the registered manager worked well with the local authority quality assurance team which had visited recently. They had an action plan in place where improvement was identified during the visit. There was also evidence that the registered had regular relatives' meetings to discuss the service or any concerns they might have.

During our inspection we had to wait to see some of the records such as DBS and supervision minutes when we requested them. The registered manager explained that they were in the process of filing records as per the new provider's policy and procedures. They were hoping this would be completed soon. The provider had recruited another administrator to help with this process to ensure all records were easily accessible.