

Fountain Lodge Care Home Limited

# Fountain Lodge Care Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Fountain Lodge Care Home Limited is a residential care home providing personal and nursing care to up to 30 older people and younger adults with a range of care needs including physical disability, sensory impairment, mental health needs and dementia. At the time of the inspection there were 24 people living at the home.

### People's experience of using this service and what we found

This is the fifth consecutive inspection where the provider has failed to achieve the minimum expected rating of good.

The provider had failed to take action to meet regulatory requirements and to improve the service people received. We found there continued to be a lack of effective governance, provider and management oversight at the home to ensure a safe and quality service.

People were supported by staff who had received training about how to recognise and report signs of abuse or neglect however not all incidents of potential abuse had been referred to local safeguarding teams for further investigation. The registered manager had not taken fulfilled their regulatory responsibilities to notify us of these incidents.

Quality assurance checks in place were not robust and did not consistently drive improvement within the service. Improvements had been made to improve the home's environment and areas had been redecorated.

Risk assessments for people included information about how to mitigate the risks they identified however we found some care records contained conflicting information.

There were enough staff to support people safely and staff knew about people well. There was a robust recruitment procedure which prevented unsuitable staff from working with vulnerable adults.

People received their medicines as prescribed. Medicines were ordered, stored, administered and disposed of safely. Good infection control processes were followed.

People had been supported to maintain communication and see their family members during the COVID-19 restrictions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was Requires Improvement (published 29 May 2019) and there were multiple breaches of regulation. This service has been rated Requires Improvement for the last six consecutive inspections.

Following our last inspection, we imposed a condition on the providers registration which required them to provide us with an action plan stating how they were going to make the necessary improvements. At this inspection we found some improvement had been made but this was insufficient, and the provider remained in breach of regulations.

The last rating for this service was requires improvement (published 18 May 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last six consecutive inspections.

#### Why we inspected

We received concerns in relation to the safety of people living at the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fountain Lodge Care Home Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to protecting people from abuse, good governance and failing to notifying us of certain incidents.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Fountain Lodge Care Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by two inspectors and a Specialist Nursing Advisor who visited the service on 06 May 2021.

#### Service and service type

Fountain Lodge Care Home Limited 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Clinical Commissioning Group (CCG) and local safeguarding teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, a nurse, members of care staff and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- We identified that one person had sustained four unexplained injuries since August 2020. These incidents had not been identified as potential abuse and had not been referred to the local safeguarding team for investigation as legally required.
- Another person had received injuries whilst being moved in a hoist by staff. Action had been taken by the registered manager to review staff's training and knowledge of how to safely support people whilst using a hoist, however the incident had not been reported to the local safeguarding team.
- Staff told us they had received training about how to identify and report abuse however they had not identified the unexplained injuries as potential abuse. This meant the training provided was not always effective.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People felt safe. One person told us they felt safe at the home because they knew all the staff and had a good relationship with the registered manager. A relative told us they had no concerns about the safety of their family member.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we identified environmental risks within the home, for example damaged flooring posed a trip hazard to people. These risks had been addressed and environmental audits were completed to identify any further actions that were required.
- Risks to people's health and wellbeing had been identified, assessed and monitored. Records provided staff with information about people's individual risk's and what staff needed to do to minimise these risks.
- Some people's records contained conflicting information about their care, support and health needs. Whilst staff knew people well, the information posed potential risks to people as staff could not refer to accurate in date information when needed.



- Some people were at risk of malnutrition and dehydration. Records showed staff monitored and mitigated this risk in line with people's individual care plan.
- The provider balanced the management of risks with people's right to have maximum control over their care. For example, one person was advised to sleep on a pressure relieving mattress to reduce the risk of developing sore skin. This person had stated their preference was not to sleep in a bed. The risks and consequences of this had been explained to the person who had capacity to understand this. The person chose to take these risks and staff supported them to maintain their comfort.

#### Learning lessons when things go wrong

- The registered manager received feedback in April 2020 from the local authority which identified an incident which required referring to the local safeguarding team had not been done. Although the registered manager had since referred this incident to the local safeguarding team, we found other incidents which had not been referred appropriately. This demonstrated lessons were not always learned when things went wrong.
- Since our last inspection the provider had implemented a set of quality assurance checks however, we found actions taken following these checks were not recorded therefore we could not be assured if they drove improvement and learning within the service.
- An Infection Prevention Control assessment completed by the local Clinical Commissioning Group in September 2020 highlighted numerous areas needing improvement. A second assessment in April 2021 showed that improvement had been made in these areas.

#### Staffing and recruitment

- There were enough staff to support people safely. The registered manager told us that the provider supported them to adjust staffing levels if people's needs changed.
- A 24 hour on-call system was available for staff to seek emergency advice where necessary.
- There was a robust recruitment process which checked employees were suitable for working with people living at the service. Staff told us they were unable to start working at the service until the provider had received all required pre-employment checks. This included an enhanced Disclosure and Barring Service [DBS] check.

#### Using medicines safely

- Medicines were managed ordered, stored and administered safely and medication administration records (MARS) showed people received their medicines as per their individual prescriptions.
- When people were prescribed 'as required' medicines protocols were in place which told staff what the medicine was for and how to identify if a person required it. This meant staff administered these medicines consistently.
- Information was available to staff to use to assess whether people, who could not verbally express they were in pain, needed pain relief medication. Pain relief 'chart' records enabled healthcare intervention if pain was consistently experienced by a person.
- Staff who administered medicines had received training in safe medicines management and their competency to administer medicines had been assessed

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# Is the service well-led?

## Our findings

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

At our last inspection this key question was rated as requires improvement. At this inspection the rating has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

Since 2015 the provider has either failed to make improvements to the service people received or had failed to comply with regulations. At our last inspection the provider had not implemented effective governance systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, insufficient improvement had been made and the provider remains in breach of regulation 17 .

For the last five inspections the provider has continually failed to meet the required standards and achieve a rating of good in the well-led domain .

- Fountain Lodge Care Home Limited has been inspected on five occasions since March 2015. The overall rating has been Requires Improvement at each inspection.
- The provider's continued lack of oversight meant they had failed to take action to demonstrate compliance with regulations and make the necessary improvements to benefit people. This placed people at risk of harm and demonstrated lessons had not been learnt.
- The provider's systems to monitor the quality and safety of the service remained ineffective. For example, we found conflicting information in people's care records and incidents of potential abuse had been referred to the local safeguarding team. The provider's systems and processes had failed to identify these shortfalls.
- The registered manager did not keep consistent records of areas they had identified required improvement or actions taken to address these. For example, care records had been checked for accuracy and completeness in February 2021 and actions were identified to improve the information available, but it had not been recorded that these actions were completed.
- The registered manager did not always keep records of the checks he completed. We saw that daily infection prevention control checks were completed by staff, however these were "tick box" sheets. We asked the registered manager how he was assured that these checks were completed thoroughly. The registered manager told us that he completed twice daily walks around the home to make sure the home was clean, correct PPE was being used by staff and that national guidance was adhered to and if any additional actions were required he brought these to the attention of staff. However, the registered manager did not keep any records of these checks or the actions taken.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not fully understand their regulatory responsibility to inform us about significant events that happened at the service such as allegations of abuse. We identified six incidents which we had not been informed of.

This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The latest CQC inspection rating was on display in the home. The display of the rating is a legal requirement, to inform people seeking information about the service of our judgments.
- Overall staff understood their roles and were aware of what the provider expected of them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were happy with the care and support provided. A relative told us the home had supported him to maintain contact with his family member throughout the COVID-19 restrictions and they were looking forward to having more regular visits now that restrictions were easing.
- The registered manager had applied for charity funding which allowed them to build a "visitor pod" in the conservatory of the home. This allowed people to see and speak with their relatives during the pandemic whilst protecting other in the home from infection .
- Staff told us they had regular handover, supervision and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service.
- The registered manager regularly walked around the service so they were visible to people using the service and could engage with people on an informal basis and observe staff conduct.
- The registered manager had built links within the local community and prior to COVID-19 restrictions people had regularly attended community events which the registered manager hoped would recommence as COVID-19 restrictions were lifted. Staff told us at Christmas carols had been sung outside the home so people could hear them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager understood the need to be open and honest when things went wrong. Though when issues had been identified to them, this had not always resulted in sufficient action being taken to make the required improvements.
- The registered manager worked with health and social care professionals involved in people's care so they could support people's physical health and well-being.

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 will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 18 Registration Regulations 2009<br>Notifications of other incidents<br><br><b>The provider had failed to notify CQC of incidents which they have a regulatory responsibility to report.</b>                         |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 13 HSCA RA Regulations 2014<br>Safeguarding service users from abuse and improper treatment<br><br><b>The provider did not take appropriate action to safeguard service users from abuse and improper treatment.</b> |