

The Fountains Care Home Ltd

The Fountains Nursing Home

Inspection report

Victoria Park
Swinton Hall Road
Salford
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Date of inspection visit: 4 December 2014
Date of publication: 16/04/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The Fountains is a residential and nursing home, based in the Swinton area of Salford, Greater Manchester. The home is registered with the Care Quality Commission (CQC) to provide personal care accommodation for up to 98 people over two floors. Each unit of the home are known internally as Garden Rooms (residential), Park View (residential emi), Victoria (nursing) and Lowry (nursing elderly mental infirm).

We last visited the home on 28 November 2013 and found the home was meeting the requirements of the regulations, in all the areas we looked at.

There was a registered manager in place. 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.

On the day of our visit, the registered manager was off sick and the deputy manager assisted us with our inspection. In the absence of the registered manager, another manager from a home close by was overseeing the running of the home and was also the clinical lead.

We found that the registered person had not protected people against the risk of cleanliness infection control.

Summary of findings

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

We observed some areas of the home to be unclean, which posed a risk of infection to people who lived at the home, particularly in the Victoria unit where arm chairs were dirty and a medication treatment room not cleaned since 1st October 2014. There was dust and dirt on cupboards and skirting boards and a medication disposal bin was observed to be full and overflowing, with the seal on top broken. We raised these issues with the deputy manager who told us they would be addressed immediately. This was a breach of regulation 12 of the Fundamental Standards relating to safe care and treatment and specifically relating to infection control.

The home used a training matrix to monitor the training requirements of staff. However, we found there were gaps against several areas, where updates were required. The deputy manager told us they aimed to provide updates for staff 'usually every 18 months'. These included MCA/DoLS, food hygiene and challenging behaviour. Following our inspection, the registered manager sent us a training plan of when they aimed to have this training completed by.

Whilst speaking with people who lived at the home, they told us they did not feel involved in the care they received and there was no evidence they had been involved when their care plans were reviewed, which tended to state 'no changes'.

The Victoria unit was also in need of refurbishment. We saw carpets were badly stained, hand rails and doors frames were scratched and damaged as well as some arm chairs being ripped in the main lounge. We raised these issues with the deputy manager who told us a full refurbishment plan of the home was being put in place. Following our inspection the registered manager told us they aimed to have this work completed within the first quarter of 2015.

The people who lived at the home and their relatives told us they felt safe. We saw the home followed safe recruitment practices which meant people were kept safe as suitable staff were employed, with appropriate checks undertaken.

Some people who lived at the home were subject to a Deprivation of Liberty Safeguards (DoLS) and the deputy manager showed a good understanding of when an application needed to be made. Some staff displayed limited knowledge in this area and informed us that they were yet to undertake training relating to DoLS and the Mental Capacity Act 2005 (MCA). This was confirmed by looking at the homes training matrix.

Staff who worked at the home were caring and generally, we saw good care provided during the inspection. One person commented; "The staff are really, really nice. Nothing is too much for them. I'm quite settled here".

We looked at the surveys which were sent to residents and relatives. Although the responses were collated, they did not demonstrate how the service had been improved as a result. This meant it was unclear how people's views and opinions were used to improve the quality of services provided. We addressed this issue with the deputy manager who acknowledged this as an area for improvement.

There were systems in place to monitor and review accidents and incidents which occurred at the home, However, there had been no trends analysis completed which would identify any re-occurring themes and potentially prevent incidents from happening again in the future. We addressed this issue with the deputy manager who acknowledged this as an area for improvement.

Staff spoken with told us they felt supported and understood the ethos and values of the home. They felt they could raise any issues and they would be dealt with.

There were a range of audits completed at the home, which addressed any issues that were identified. Some of these included care plans and medication. The general manager told us other audits were currently in progress, such as infection control, which were being done by the clinical lead and we were not able to see these during the inspection. However, we saw monthly care plan audits had not been completed since June 2014 for the residential units of the home. We addressed this issue with the deputy manager.

People we spoke with and their relatives said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon. We looked at a record of complaints and saw a response had been provided to the complainant.

Summary of findings

The nursing units were overseen by the registered manager and the residential units by the deputy manager. In addition, each unit was led by either a senior carer or lead nurse with support from care assistants.

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?

Not all aspects of the service were safe. We found certain areas of the home to be unclean and this posed the risk of infection to people who lived at the home.

People told us they felt safe living at the home and with the staff who supported them. Staff were clear about what may constitute a safeguarding concern and knew how to report concerns. The staff we spoke with were confident that any concerns raised would be fully investigated to make sure people were protected.

People were protected against the risks of abuse because the home had a robust recruitment procedure. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. We also found staffing levels to be sufficient on the day of our inspection.

Requires Improvement



Is the service effective?

Not all aspects of the service were effective. We found not all staff had completed relevant training to help support them carry out their job role effectively. This included training for MCA/DoLS, food hygiene and challenging behaviour.

We saw people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Each person's care plan contained a record of the professionals involved such as GP's, dentists, district nurses and opticians.

Several people who lived at The Fountains were subject to a DoLS authorisation and the deputy manager displayed a good understanding of when an application needed to be made.

Requires Improvement



Is the service caring?

The service was caring. The people who lived at the home and their relatives spoke positively about the care provided at the home.

Staff responded to people's needs in a kind and caring way. People we spoke with felt valued and cared for. We saw staff spoke with people in an appropriate manner and demonstrated respect for them.

We found people looked clean and attention was given to people's personal care needs. People told us they were able to make choices about their daily life such as where they spent their day or what they would like to eat.

Good



Summary of findings

Is the service responsive?

Not all aspects of the service were responsive. This was because the home was unable to demonstrate how they had improved the quality of service provided as a result of feedback from the surveys which had been sent to people who lived at the home.

People told us they did not feel involved in the care they received and there was no evidence they had been involved in the creation or reviews of their care plans.

People told us they knew how to make a complaint and were confident that any issues raised would be dealt with. There was a complaints procedure in place however none had been made since our last inspection.

Requires Improvement



Is the service well-led?

Not all aspects of the service were well-led. Monthly care plan audits had not been completed on the residential unit since June 2014 and there was no evidence of any trends analysis being completed when accidents and incidents had occurred, which could potentially prevent them from happening again in the future.

People who lived at the home and the majority of staff spoke positively about the leadership at the home.

The nursing units were overseen by the registered manager and the residential units by the deputy manager. In addition, each unit was led by either a senior carer or lead nurse with support from care assistants.

Requires Improvement



The Fountains Nursing Home

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We visited the home on 4 December 2014. Our inspection team was made up of an adult social care inspector, a nursing 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.

At the time of the inspection there were 87 people who lived at the home. During the day we spoke with the clinical lead, deputy manager, 13 people who lived at the home,

five relatives and nine members of care staff. We were able to look around the building and viewed records relating to the running of the home and the care of people who lived there.

We were able to speak with people in communal areas and their personal rooms. We observed the main meal of the day in three of the four dining rooms of the home.

We carried out a observation using the Short Observational Framework Tool for Inspection over the lunch time period in the nursing unit of the home. SOFI is a specific way of observing care to help us understand the experience of people using the service who could not express their views to us.

Before the inspection we reviewed all the information we held about the home which included the provider information return (PIR). We also liaised with external providers including the safeguarding, infection control and commissioning teams at Salford local authority.

Is the service safe?

Our findings

The people who lived at the home and their relatives told us they felt safe. Comments included; “They look after us and keep us safe.” and “I feel as safe as houses here. The staff are kind.” and “It’s alright. I feel safe.”

Relatives who we spoke with told us; “I’m happy with the care here. I feel that she is safe.” and “I feel that my mum is in safe hands.” and “I like it here. The staff are superb. I feel that she is safe. I have no problems whatsoever with her being here. I am coming for Christmas Dinner”.

We found that the registered person had not protected people against the risk of cleanliness infection control. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

We observed some areas of the home to be unclean, which posed a risk of infection to people who lived at the home, particularly in the Victoria unit where arm chairs and carpets were dirty. We found a medication treatment room had not been cleaned since 01 October 2014. There was dust and dirt on cupboards and skirting boards and a medication disposal bin was observed to be full and overflowing, with the seal on top broken. We raised these issues with the deputy manager who told us they would be addressed immediately. This was a breach of regulation 12 of the Fundamental Standards relating to safe care and treatment and specifically relating to infection control.

The Victoria Unit was in need of refurbishment. We saw carpets were badly stained, hand rails and doors frames were scratched and damaged as well as some arm chairs being ripped in the main lounge. We raised these issues with the deputy manager who told us a full refurbishment plan of the home was being put in place within the coming months. Following our inspection the registered manager told us they aimed to have this work completed within the first quarter of 2015.

During the inspection we spoke with staff and asked them about safeguarding and what they would do if they identified a safeguarding concern. One member of staff said to us; “Initially, I would speak with my senior first who

would then raise it with home manager. There is also a poster on the wall with various contact details for us to use”. Another member of staff commented; “It’s our duty to protect the people here from any type of abuse”.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files, which were a mixture of care staff, nurses and domestic staff. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken.

On the day of our inspection we observed there were sufficient staff to meet the needs of people who used the service safely. The Victoria unit consisted of five care assistants and a nurse; the Lowry consisted of four carers and a nurse; Garden Rooms consisted of a senior and two carers; and Park View also consisted of a senior and two members of care staff. In addition to this, there were various kitchen and domestic staff to support the running of each unit.

Some staff and people who lived at the home commented that at times, an extra member of staff would be useful. One member of staff commented; “I think there are occasions when we do need more staff. I voiced this and we got the help. We are listened to”. Another member of staff commented; “An extra pair of hands would be useful in the mornings when we are getting people up. Some people can get frustrated if they have to wait even for a short period”. Another member of staff commented; “It was a fight to get four of us but we just about manage”.

Whilst speaking with staff, we asked them how they responded to behaviour that challenged. One member of staff said; “I think observing the individual themselves helps because different people require different approaches”. Another member of staff added; “I’m aware the various things that can trigger people. I would make sure I have a sensitive approach to help keep them calm”.

We looked at how staff managed people’s medication to ensure this was done safely. We found medication was stored in a locked trolley, which was kept in a locked treatment room on each floor of the home. We were told

Is the service safe?

only senior members of staff had access to the key. We looked at medication administration records (MAR) and found these had been accurately completed by staff when medication was given or refused. There were also controlled drugs in use, which were kept in a controlled drugs cupboard. We saw a controlled drugs register was signed and countersigned confirming the medication had

been administered and accounted for. Some people who lived at the home required the use of PRN medication (this is medication given as and when required such as Paracetamol) and there was clear guidance for staff to follow as to when this should be given. In addition, we found all senior carers and nurses had received training in the safe administration of medication.

Is the service effective?

Our findings

Whilst speaking with people who lived at the home and their relatives, we asked them if they felt the care they received was effective and for their opinions of the food. Comments included; “I have all my meals in the dining room. We have a balanced diet. The food is really good. If I wanted anything I’d get it.” and “We get a full English breakfast on Saturdays and for the rest of the week it’s cereals and toast.” and “The staff weigh me every week and the doctor visits me every Wednesday” and “I’m aware I need to be on a soft diet. I never get anything that could harm me”.

The home used a training matrix to monitor the training requirements of staff. We saw staff had undertaken recent mandatory training in topics such as safeguarding and manual handling. However, we found there were gaps against several other areas, where training was now out of date. The deputy manager told us they aimed to provide updates for staff ‘usually every 18 months’ although this had not been done. These included MCA/DoLS, food hygiene and challenging behaviour. Following our inspection, the registered manager sent us a training plan of when they aimed to have this training completed by.

There was a staff induction programme in place, which focused on the Skills for Care Induction standards. This covered the principles of care, the role of a care assistant, safety at work, communicating effectively, recognising and responding to abuse and personal development. Each member of staff we spoke with confirmed they completed the induction when they first started working at the home. One member of staff said; “I did the induction when I first started. It gave me a good opportunity to meet the residents and get to know what their care needs were”.

We found certain areas of the home had been adapted to meet the needs of people who lived with dementia. In Park View for example, we saw door frames, hand rails and toilet seats were painted with bright colours which made it easier for people to find their way around the home. In the Lowry unit, this work was ongoing and needed improvement, as this unit provided nursing care for people who had a diagnosis of dementia. However, there were pictures and various memorabilia on the wall of people and events from several years ago, which people could touch and relate to on the corridors.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people’s rights under the Mental Capacity Act 2005. Several people who lived at The Fountains were subject to a DoLS and the deputy manager displayed a good understanding of when an application needed to be made. Some care staff displayed limited knowledge in this area and confirmed they had yet to receive any training.

During our inspection, we saw people were asked for their consent before staff provided care. For example, we observed one person did not want to take their painkillers and this decision was respected by the member of staff. In addition, there were consent forms in people’s files where people had given their consent to receiving care at the home and consent to having had their photograph taken to help with identification.

We saw people had access to healthcare professionals to make sure they received effective treatment to meet their specific needs. Each person’s care plan contained a record of the professionals involved such as GP’s, dentists, district nurses and opticians.

We saw evidence of where people had been referred to other agencies when staff needed to seek further advice. This included referrals to tissue viability nurses, district nurses, the falls clinic and the speech and language therapy team (SALT). This showed us the home took appropriate action in order to keep people who lived at the home safe.

On the day of our inspection we observed the lunch period in three of the four units at the home (Victoria, Lowry and Park View). This enabled us to see how people’s nutrition and hydration requirements were met. We saw there were different choices on offer such as soup, macaroni cheese and strawberry mousse. If people did not want this choice, we saw they were provided with an alternative. We observed adequate portions of food were served and people were offered second helpings if they wanted them. We saw a choice of drinks were offered at regular intervals throughout the day such as juice and tea or coffee. Where people needed prompting or assistance to eat their food, we saw they received it from staff.

On the day of our inspection in the Victoria Unit, there were a large number of people being cared for in their bedroom

Is the service effective?

who needed assistance to eat. We saw staff worked hard during this period and there was a coordinated approach

to ensuring people received their lunch in a timely manner. We also observed there were always a staff in the dining room to assist or prompt people where required who were not left unsupervised.

Is the service caring?

Our findings

Whilst speaking with people who lived at the home we asked them for their opinions of the care they received. Comments included; “I like it here. I am quite content.” and “I’m quite settled. I’ve no complaints.” and “The staff are really, really nice. Nothing is too much for them. I’m quite settled here.” and “They are very good here. I like it. They keep my room clean and tidy.” and “I like it here. I like the atmosphere.” and “It’s very good here. The people who look after you are nice”.

We also spoke with relatives and asked them for their views of the care provided. Comments included; “She’s been ill in here but they looked after her very well.” and “We are new here. The girls seem lovely. They’ve changed the bed. We were very impressed with the staffing at the weekend.” and “She’s quite content actually. It’s quite cosy. They look after us”.

We observed staff provided care to people when required and it was apparent staff had developed kind and caring relationships with people who lived at the home. We saw people were supported to eat their lunch by being prompted or assisted by staff, given their medication, assisted to walk around the building and taken to the toilet when required.

Staff spoken with understood how to maintain people’s privacy and dignity at all times. One member of staff said to us; “I treat people the same way I would like to be treated. I always offer choice and close doors and curtains when I am delivering personal care”. Another member of staff added; “In order to maintain people’s dignity I would always ask peoples permission first and even wait outside the room if they wanted me to”. A further member of staff said; “Sometimes ladies may not want a male to take them to the toilet and we have to respect that”.

People who lived at the home felt they were treated with dignity and respect by staff. One person told us; “The staff are really good in that area. They always knock on my door and never come in if I am getting changed”.

Staff were clear about how to offer people choice and promote independence. One member of staff said; “Sometimes when I take people to the toilet I will assist them with their clothing and then let them have a go themselves. People seem to respect that”. Another member of staff added; “I think it’s important to tell them they can do it and encourage them as much as possible”.

There were hourly observation sheets used for each person. These were regularly completed and covered any positional changes, communication made, how people were presented and if they were safe.

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. There were 'assessment of need' forms completed for people which focused on areas including mobility, falls, personal hygiene, weight and communication. Once people's needs were assessed, this then enabled people's written care plans to be prepared. During the inspection we looked at six care plans of people who lived at the home, which provided guidance for staff to follow on how to care for people. In addition, there was a description of any associated risks to be aware of.

Some information recorded in the care plans was brief. For instance, in the daily notes, some care plans stated 'all care provided' rather than the individual tasks which were undertaken. This made it difficult to establish what care people had received. We raised this issue with the deputy manager who said they would address the issue with staff.

Whilst speaking with people who lived at the home, they told us they did not feel involved in the care they received and there was no evidence they had been involved in the determination of their care needs. Additionally, people also said they were not consulted when their care plan was reviewed which tended to state 'no changes'. We addressed this issue with the deputy manager who acknowledged this was an area for improvement.

We looked at the surveys which were sent to residents and relatives. Although the responses were collated, they did not demonstrate how the home had been improved as a result and was therefore of no value to people. We felt this area could have been improved on. We addressed this issue with the deputy manager who acknowledged this as an area for improvement.

The home employed an activities co-ordinator and we observed several activities taking place on the day of our inspection. People were given the opportunity to participate but were respected by staff if they did not wish to. Some of the comments from people who lived at the home included; "Activities are there if you want them." and "The lady that does the activities is fantastic." and "We have 'follow the trails' activities".

There was a clear complaints system in place and we saw any matters were recorded and responded to with any action taken being recorded. There was also a copy of the response given to the complainant. People we spoke with told us they knew how to make a complaint if they wished to. One person said; "They are efficient when it comes to complaints. They deal with it straight away." Additionally, we saw the complaints policy was displayed in the entrance of the home as well as a comments and suggestions mail box for people to use.

Is the service well-led?

Our findings

There was a registered manager in place. 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.

On the day of our visit, the registered manager was off sick and the deputy manager assisted us with our inspection. In the absence of the registered manager, another manager from a home close by was overseeing the running of the home and was also the clinical lead.

There were a range of audits completed at the home, which addressed any issues that were identified. Some of these included care plans and medication. The general manager told us other audits were currently in progress, such as infection control, which were being done by the clinical lead and were not available to us during the inspection. However, we saw monthly care plan audits had not been completed since June 2014 for the residential units of the home. We addressed this issue with the deputy manager as we felt this area could have been improved upon.

Accidents and incidents were monitored monthly at the home. They provided an overview of what the incident involved, any action taken and what the outcome had been. We spoke with the deputy manager about developing a trends analysis system which would identify any repeat occurrences and potentially stop accidents from happening in the future. We felt this area could be improved upon.

Whilst speaking with people who lived at the home, their relatives and staff we asked them if they felt the home was well run. Comments included; “The manager is the best thing to happen to the home. Very fair and very approachable” and “The managers are fantastic. They are happy and chirpy and keep us informed. I nominated one of the managers for ‘employee of the month’ and ‘I’m new to the home so haven’t yet met the manager because she is off. The clinical lead is very supportive and I can go to her with anything’. Another member of staff commented “Leadership is very good”.

Two members of staff we spoke with were unhappy with how things were run on the unit they worked on. They told us; “Some staff go off on the sick and are given a written warning over it but nothing changes. The managers are

nice but it’s very rare that they come onto the unit and ask us if there are any problems”. Another member of staff said; “We get by but staffing levels are at the bare minimum. For example it will be hard work on Christmas day because there will be lots of relatives here and we will only have the same staff”.

The nursing units were overseen by the registered manager and the residential units by the deputy manager. In addition, each unit was led by either a senior carer or nurse with support from care assistants. At the time of our inspection and in the absence of the registered manager, the nursing units were overseen by the clinical lead.

During our inspection we found the atmosphere in the home was friendly and we saw staff on each unit worked well together. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided.

The staff we spoke with told us they took part in daily handovers which took place at the beginning of each shift. The home was divided into four units and staff worked on an allocated unit each day. The senior member of staff ‘handed over’ to staff, giving them information about how each person was, if there was any changes to their care and for example if they had any appointments they needed to attend. Staff told us this was very useful and of benefit to them.

There were individual unit meetings, which took place each month. These were chaired by either the home or deputy manager. The staff we spoke with told us they always took place and provided them with a good opportunity to discuss their work or voice any concerns. The minutes of these meetings were available during the inspection.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home’s policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their induction and training programme.

At the end of our inspection we shared an overview of our findings with the deputy manager who acknowledged

Is the service well-led?

some systems within the home could be improved. This indicated to us that the deputy manager was open to feedback to improve the service provided to people who lived at the home.

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 | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the arrangements in place at the home did not protect people against the risks associated with cleanliness and infection control.</p> |