Lifestyle Care Management Ltd

The Fountains Care Centre

Inspection report

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 3 April 2017. 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 Fountains Care Centre is a care home with nursing for 62 older people with dementia and/or nursing needs. There were 58 people using the service during the inspection.

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.

We found that people were cared for by sufficient numbers of staff who had been appropriately checked to ensure they were safe to work with people. Staff also received regular training and supervision to enable them to deliver care that met people's needs. People were supported to consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People could choose how staff should care for them. Staff generally treated people with respect and dignity and each person had a care plan and risk assessment. Relatives told us some staff were not so good whilst some others were too loud when interacting with people. We made a recommendation about staff being too loud when communicating with people. We saw staff treated people with respect and dignity. Care files were not well organised to allow easy access for staff. We have made a recommendation for the registered manager to make improvement on this.

People had opportunities to participate in a range of activities. A key working system was in operation which meant that people's needs were monitored and reviewed regularly.

There was a complaints procedure in place which people and relatives were aware about. The management of the service was effective in working with people, relatives, other professionals and staff. The management also carried out regular audits of different areas of the service.

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. There were enough staff deployed to provide care and support people needed. The staff recruitment process was robust to ensure that new staff were properly checked before they started work.

Staff had knowledge of adult safeguarding and were able to demonstrate the procedures they needed to follow any incidence of abuse.

Medicines were appropriately stored, administered and checked.

Is the service effective?

Good

The service was effective. Staff were supported in their roles and received regular supervision and training.

The provider met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which helps to protect people's rights.

Staff worked well with professionals to ensure people had access to healthcare support. People were provided with a diet and drink that met their individual preferences.

Is the service caring?

Requires Improvement

The service was not always caring. Although most of the staff were caring and kind, some staff were not so caring and were too loud when interacting with people.

Relatives were happy with how staff cared for people and managed situations when people were anxious. People personalised their bedrooms and received care that reflected their individual needs.

Is the service responsive?

Good

The service was responsive. People had care plans which were based on their assessment of needs and reflected their interests, likes and dislikes.

There were a range of activities available for people to take part in.

People and relatives were aware of the complaints procedure and were confident that their concerns would be listened to and investigated by the registered manager.

Is the service well-led?

Good

The service was well led. People, visitors and staff were satisfied with the management of the service.

The registered manager sought feedback from people, relatives and staff so that they had an opportunity to influence the quality of the service.

There was a clear management structure in place for delivering and auditing various aspects of the service.

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.

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This unannounced inspection took place on 3 April 2017. The inspection was completed by two inspectors 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.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed information we received from people's relatives and the notifications the provider had sent us. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information sent to us by relatives. We contacted the local authority for feedback about the service.

We observed people's interactions with staff and spoke with nine people and six relatives. We reviewed seven people's care files, seven staff records and 20 people's medicine records, seven staff files, and other records including maintenance, menus, complaints, staff rotas and the provider's policies, procedures and various audits. We spoke with four care staff, a cook, the registered manager and the regional director.

We spoke with the registered manager, regional manager, four care staff, a cook, a maintenance man and an administrator. A few days after the inspection visit, we received feedback by telephone from a healthcare professional.

Good

Is the service safe?

Our findings

People and relatives felt that people were safe in the service. One person said, "Generally I do feel safe. Well the security is really good, it is hard to get in the building and certainly harder to get out if you know what I mean." Another person told us, "Yes, more or less, ... Well I have got some friends here and it makes it all right." A third person said, "Everything is OK, I do feel safe here, staff are also friendly [and] this helps a lot." A relative told us, "I think [my relative] is safe here and the staff do a lot of hard work, but [my relative] gets used to certain staff and all of the sudden they just go". Another relative said, [The person using the service] is safe here, [they] looks absolutely fine, [they are] being well looked after". A third relative, who told us they had been visiting almost daily for some years, said, "I think [my relative] is safe here, the staff are brilliant, they do what we cannot do [to keep the person safe at home]."

Each person had a completed risk assessment which was regularly reviewed. However, whilst some of the risk assessments were detailed with possible risks to people and the action staff should take to ensure people were safe, some did not give enough information both in the in identification of possible risks and the required actions. For example, one person's care plan stated that they were at high risk of developing pressure sore in care plan but there was no risk assessment in their file for pressure sores. Another person's file showed that various possible risks to the person had been identified, but written guidance for staff to follow was not provided although we noted staff knew what to do, for example, when transferring people using a hoist. We noted that the files were not structured and information was not easily readily available for staff to access and use so people were safe at all times. We recommend that the registered manager refers to the best practices of risk assessment and ensures that there are detailed risk assessments which cover both risks to people and guidance for staff how to manage the risks.

Staff had attended safeguarding adults training and were able to tell us how they would recognise and report any incidence of abuse. One member of staff told us that they would keep records of any incidents they saw and would report to the manager. Another member of staff confirmed that they had attended training on adult safeguarding and had read the provider's whistleblowing policy. The whistleblowing policy enabled staff to report concerns about practice within their organisation to regulatory authorities. The staff files we checked and the training matrix showed that care staff had attended training on adult safeguarding.

People and relatives told us the service was always clean. One person told us their room was clean. A relative said the always found that cleanliness was "OK" and they "can't complain" about it. We found all parties of the premises were clean and free from bad smells. The registered manager told us that the service had a named infection control lead who was responsible for monitoring the cleanliness and availability of the required materials. We saw the checklist used to monitor infection control within the service. We also noted electrical equipment, fire, wheelchairs and the lifts was checked. The service had a maintenance person who regularly checked and recorded various health and safety aspects of the service. This ensured that people lived in a well maintained environment.

There were good systems in place for receipt, administration, recording and storage of medicines. Records

showed that medicines were prescribed for each person and were kept safely in blister packs or in containers. Staff told us and records showed that staff who administer medicines had relevant training and experience and there were no gaps in medicines and the medicine administration record sheets (MARS). People told us staff administered their medicines. We noted that the provider had protocols in place for PRN medicines (medicines to be taken when needed), with instructions stated, for example, "for [a person] one or two PRN tablets to be given when required, and complain of pain". We saw that the reasons for giving PRN were recorded, dated and signed on the MARS. This showed that medicines were well managed. We also saw that the temperatures of the rooms where the medicines were stored were regularly checked and recorded.

Most people and all relatives we spoke with felt that there were enough staff deployed to care for people. One person said, "Yes I can say so, I see plenty [of staff] during the day but not so much during the night, but it does not concern me". Another person told us, "I haven't paid enough attention to [staffing level], but I think [there are enough staff]." A third person said, "I think they could do with more staff." A relative told us, "I think they have enough." Another relative told us that "staff respond to the buzzers quickly when I come, I do not know [how quickly they respond to buzzers and ensure people's safety] when I am not here." Care staff told us that they felt there were enough of them to meet people's needs. We reviewed the staff rota and found that in the morning shift there were four care staff in each of the three units where 20, 20, and 18 people lived and in the afternoon shift a minimum of three care staff each in the units. This was in addition to a nurse in each of the units. We also saw that some people had one-to-one support from care staff to look after them. The registered manager told us, and the staff rota confirmed, that the night shifts in each of the units were covered by a care worker and a nurse. We noted that there was an additional floating care worker to provide an extra support when or if a person needed two care staff to meet their needs.

There was a robust staff recruitment system in place. The staff files we reviewed showed that appropriate checks had been undertaken such as disclosure and barring services check, references, proof of identity and the right to work in the United Kingdom had been undertaken. A DBS is a criminal record check to ensure staff who were employed were safe to work with people. We noted that staff had completed application forms, attended interviews as part of their recruitment and undergone an induction training programme.

Good

Is the service effective?

Our findings

People and relatives talked positively about the staff. A person said, "[Staff] are very good with their jobs, they must be trained." Another person told us, "Generally speaking, they know how to support me." A third person said, "[Staff] know what they have to do, I have no doubt about that." Another relative told us, "[Staff] are trained and well informed to also inform the family if something happens." However, two relatives told us that they thought some staff did not speak English well to effectively communicate with people and relatives. One relative commented, "The strange thing is [staff] still write [well]." Before the inspection we had received information which stated that some staff did not have good knowledge of language to communicate with people.

The registered manager told us that some of the staff did not speak English well but had enrolled on English classes to improve their language skills. This was confirmed by a member of staff who said that they were attending English classes. Staff also told us that they had attended a range of training programmes including moving and handling, medicine, infection control, fire safety, first aid, and dementia awareness. They told us that their training consisted of face-to-face and online and they were happy with the training opportunities available to them. Staff also confirmed that they had attended an induction programme when they started work at the service.

There was an effective supervision and appraisal system in place. Staff told us they had one-to-one supervision at least once in three months. They also told us that they had opportunities to talk with their line managers and colleagues to discuss things they were not sure about. We noted that staff attended team and handover meetings and shared their experience and information about the service. Records showed that staff annual appraisals. The staff told us their supervisions and appraisals were to discuss any practice and development issues.

We checked the service's training records and noted that most of the staff were up-to-date with their refresher training programmes and others had planned dates to complete refresher courses. The staff training matrix and the staff training plan spreadsheet was monitored and staff were encouraged to attend the required training. The registered manager told us that laptops were made available to staff to undertake training.

We observed that staff supported people to make decisions about their care. For example, we noted staff offered people choices whether or not they wanted their food to be, where to sit and what kind of food to eat. Records showed that people were asked for their consent, for example, if they were happy for their information to be shared with healthcare professionals. We noted people were assessed if they had mental capacity to make decisions about issues affecting their life. Where people had been assessed to have capacity, they signed their care plans and, where they were assessed as not having capacity, their representatives had signed on their behalf. This was in line with the Mental Capacity Act 2005 (MCA).

The 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 noted that staff and the registered manager knew about the requirements of MCA and DoLS. The registered manager told us and records showed that MCA assessments had been completed and DoLS authorisation had been obtained for some people and the service was waiting for authorisation for others. Records showed that the registered manager had sent notifications to CQC following receipt of DoLS authorisations.

People and relatives told us that the food provided at the service was good. One person said, "I like the food." Others told us they were offered choices and they were happy with the food. Relatives made positive comments including, "The food is pretty good. There is always a variety. [Person using the service] is no thinner." We observed lunch in two units and saw that the food provided reflected the menu. We observed that people were provided with drinks with their meals and were supported to eat as required.

Records showed that people's nutritional and hydration needs were assessed when they began using the service. Care plans provided information for staff such as people's likes and dislikes, how they made their food choices, and the level of assistance they required at meal times. People who needed specialist support with their eating and drinking were referred to the dietitian and/or the SALT (speech and language therapy) team via their GP. People were weighed monthly and appropriate advice or sought or referrals were made to specialists if significant changes were observed in their weights.

A few days after the inspection a GP rang to tell us they visited the service weekly to check people's health and review their medicines. They told us that they were very satisfied with their relationship with the staff and were confident that staff shared information and acted on advice provided to them to ensure people's medical needs were met. Care records showed people had access to a range of other healthcare professionals including mental health practitioners, district nurses, chiropodists, opticians, and dentists. We noted that people were referred to hospitals as appropriate and supported to have preventative measures such as flu jabs. A relative told us that they were very happy that staff supported one person to remain healthier without relying on a medicine.

Requires Improvement

Is the service caring?

Our findings

People and relatives told us that most staff were kind and caring. One person said, "The majority of them show they are caring but agency and night staff are not so good." Another person told us, "Yes, they are caring and I like them very much but some staff let them all down." A relative told us, "I like very much what I see. Staff are very, very caring." Another relative told us, "I think staff are caring. Yes, they come and see [my relative] often and ask if [they are] alright." A health professional told us that the staff were caring. We spoke with the registered manager about people's comments that some agency and night staff were not so good. We were informed by the registered manager that the service used few agency staff to cover one-to-one support and that she would monitor and liaise with the agency to take appropriate action. The registered manager told us that she hadn't received any concerns about the night staff from people, relatives or staff. She told us that she would ensure staff discuss caring support in their supervision and one-to one meetings.

We observed that the atmosphere at the service was generally friendly and warm. However, relatives told us and we noted that some staff were "too loud" when addressing and talking with people. Two relatives thought they had observed this during their visits and they thought it was not caring or respectful. When we raised this with staff we were told that they spoke louder because of some people's hearing needs. Records showed that hearing aids were regularly checked and people who needed were supported to wear them. However, we recommend that the registered manager ensures staff use best practices of communication with people by taking into account their cultural, language and hearing needs.

Relatives told us that some people's personal belongings (for example, clothing) were missing from the home. At the time of the inspection one such incident was being investigated by the registered manager. We were told that inventories of personal items were being kept but occasionally people brought in to the service items which were not recorded. The registered manager said she would advise people and relatives the need to have their valuable items recorded. She told us and we saw that the laundry assistants had a system of keeping clothes separated when washing and returning them to people's rooms.

A relative told us that they "can't speak highly enough of staff" and the way they used their "calming techniques" to care for a person. They said they were "very happy" with the care provided and communication. We were informed by the relative that staff kept them informed of what had happened and "have dealt with [the person's] needs amazingly". Another relative said staff were caring, they even "allow me to bring my dog which makes a big difference to us".

We observed that relationships between people and staff were good. We saw staff called people by their preferred names, reassured them when they became distressed. Relatives told us they "liked seeing staff talk with people [in a friendly and caring way]". Staff told us they had worked with the same people for many years and, therefore, knew their needs. We noted that the service operated a key working system which allowed some staff to have a special interest regarding their day to day needs. The key workers reviewed people's needs and made sure that they had essential items such as toiletries. They also liaised with relatives and ensured that people's care plans were reviewed.

Each person had a bedroom which they personalised according to their preference. We saw that people kept personal items and family pictures in their rooms. Staff knew how to ensure people's privacy by "shutting the doors or curtains" when, for example, supporting them with personal care. We noted that people's files were kept in filing cabinets in locked rooms. This ensured information about people was kept safely.

Good

Is the service responsive?

Our findings

We asked staff if they knew people's histories such as their social, medical and occupation histories. A member of staff told us they knew about their medical needs but were not sure about their social and professional histories. Another member of staff had some knowledge of one person's background. The registered manager told us that the nurses in each units discussed people's background histories and needs with staff so that they knew how to provide appropriate support. Care plans were detailed with information about people's life histories, contact details, their activities, interests, likes and dislikes. For example, one person's care plan described how they would like to have their personal needs met at night. It also contained guidance for staff how and what to do to meet the person's personal care needs. Staff told us they discussed any changes to people's care at their handover sessions before starting and finishing their shifts.

We found that the care plans were personalised in that they reflected individual needs. However, it was difficult to access information about people's care and support needs from their files. While their needs were assessed and care plans written up, it was necessary to go through a person's entire file when looking to find out about their individual needs. For example, some needs, such as mobility and transfer needs, were recorded across different assessment forms and care plans. Multiple assessment and care plan documents made it difficult to access information about the persons' needs and service. In a few cases we noted that there were assessments of particular needs but not care plans. We discussed these issues with the registered manager and were informed that these had already been recognised and she was working on introducing a new filing format. The registered manager told us that the new filing system would be easier for staff to access.

People and relatives were satisfied with the activities available at the service. One person said, "I like to draw and paint, I always have a book to read in fact I have just started a new one." Another person told us that they had been offered activities by staff but they "would like to do different activities, but I am quite good being with myself so I don't get too bored." Relatives told us that "[staff] do try but I don't know how much [my relative] participates." We observed activities in the lounges and noted that people did participate in them. Relatives and staff told us entertainers came to the service, which people seemed to like.

We saw that the programmes of activities were displayed in the corridors. The activities co-coordinator told us that they had worked at the service for many years and knew people's needs. We noted that the activities provided on the day of the inspection reflected the programme for the day. The activities co-ordinator said people were asked what activities they wanted. They listed the listed the activities offered at the service and said people enjoyed bingo games, music and dancing, painting and storytelling. We noted also a hairdresser came to the service and many people liked watching television or reading books. We saw that people had individual plans such as checking on them or re-positioning them at specified times. Records showed that these were taking place at the specified times.

People and relatives told us that if they had any concerns about the service they would tell staff. One person said, "[If I have a concern], I can speak with staff, they are good people to approach." Another person said,

"Well, [I will speak] to staff and also the manager, I know who [the manager] is." A relative told us that they would speak with "the nurse in charge then the manager". Another relative said, "I would speak with manager and I know I would be listened to."

We noted that the provider's complaints procedure was displayed in the corridor at the main entrance to the service. Records showed that complaints were recorded, investigated and responded to following the provider's procedures. During the inspection one complaint was being investigated by the registered manager.

Relatives and staff told us that the registered manager listened to them. Records showed staff and relatives' meetings were arranged and the registered manager responded to their feedback.

Good

Is the service well-led?

Our findings

People and relatives and a healthcare professional told us they were happy at the service and how it was managed. One person said, "[The registered manager] is good and if I had a problem I would speak with her no doubt." Another person said, "The manager is all right." A relative told us, "I have had the time to speak with her and she seems very approachable and keen to deal with problems". Another relative told us that they were satisfied with the registered manager because she dealt with their enquiries within five minutes of them speaking with her. A healthcare professional said the service was being well managed especially since the registered manager's arrival.

We noted that the atmosphere of the service was welcoming with many visitors coming and leaving during our visit. We observed staff were friendly when they interacted and spoke with people and their relatives. We noted staff knew relatives by name and readily provided them with updates about people's care. Some of the staff had worked at the service for a number of years whilst others were new. They told us they liked working at the service and looking after people.

The registered manager encouraged people, relatives and staff to share their views about the service on a one-to-one basis and at meetings. People's views of the service were obtained through their regular review and key working meetings with staff. Relatives' meetings were held once every three months. The minutes of the last relative's meeting, which took place on 23 February 2017, showed that relatives discussed issues such as clothes missing and communication with families. We noted that six families were able to attend this meeting. Staff meetings took place once every two months and gave staff opportunity to discuss a variety of subjects including health and safety, video installation, whistleblowing, training and 'resident' engagement. We saw the minutes of the last staff meeting that took place on 9 February 2017.

The service also used survey questionnaires to obtain people, relatives' and staff views about the service. The registered manager told us that this was conducted and collated by the head office. She told us that she was sent the outcome of the review and discussed at staff and relatives' meetings. Although the outcome of the last review undertaken in for year ending 2016 was generally positive (except for the laundry service, which was rated the minimum satisfaction of one, the highest being one), we recommend that the registered manager develops and implements a quality assurance system that allows the stakeholders to share their views and influence the service.

Our records showed that the provider had notified us of significant events at the service in line with their statutory duties. Following accidents and incidents the registered manager took action to reduce the risk of reoccurrence. The registered manager also handled the provider changes that had recently taken place. At the time of the inspection, the service was going through another provider change but, we were informed by the registered manager, that this would be the last one at least for ten years.

The provider and the registered manager carried out regular audits of all aspects of the service to help ensure it was running well. When these identified any shortfalls, actions were taken to improve the service. The last quality audit of the provider was undertaken in November 2016 and we found that it was

comprehensive covering the five questions CQC always asked when undertaking inspections. We noted that the registered manager received support from the regional director who visited regularly and was present at the service throughout the inspection.