Bupa Care Homes (ANS) Limited

Fountains Lodge Nursing and Residential Home

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?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Overall summary

Fountains Lodge Residential and Nursing Care Home was purpose built and opened in February 2015. It is registered to provide accommodation for 74 persons who require nursing or personal care and treatment of disease, disorder or injury. There were 60 people living in the home at at the time of our inspection, 57 of whom lived with dementia. Not all of the people living in the service were able to express themselves verbally and some people preferred not to communicate with us. Some people required nursing care and may also have had sensory loss and mobility difficulties.

Summary of findings

This inspection was carried out on 19 August 2015 and 20 August 2015 by two inspectors and an expert by experience. It was an unannounced inspection. The home provides personal care and temporary or permanent accommodation for a maximum of 74 older people living with dementia.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. There were sufficient staff on duty to meet people's needs. Staffing levels were calculated and adjusted according to people's changing needs. There were thorough recruitment procedures in place which included the checking of references.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People's bedrooms were personalised to reflect their individual tastes and personalities.

Staff knew each person well and understood how to meet their support and communication needs. The home was well maintained and suited people's needs. All areas were accessible to everyone and equipment was in use to aid people's independence, stimulate their interest and help people find their way around.

Staff had received essential training and were scheduled for refresher courses. New recruits who had not yet received their training were scheduled to train and did not work on their own. Staff had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal. This ensured they were supported to work to the expected standards.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005 requirements.

Staff sought and obtained people's consent before they helped them.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People praised the food they received and they enjoyed their meal times. Staff knew about and provided for people's dietary preferences and restrictions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People told us they were very satisfied about how their care and treatment was delivered.

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to attend reviews that were scheduled.

Clear information about the home, the facilities, and how to complain was provided to people and visitors. Menus and the activities programme were provided for people in a suitable format which made them easy to read.

People were able to spend private time in quiet areas when they chose to. People's privacy was respected and people were assisted in a way that respected their dignity.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

Summary of findings

People's individual assessments and care plans were reviewed monthly with their participation and updated when their needs changed. People were at the heart of the service.

People were involved in the planning of activities that responded to their individual needs. A broad range of activities was available that included innovative and creative ways to keep people occupied and stimulated. The planning of activities took account of latest research on dementia care. Varied outings were available and attention was paid to individual social and psychological needs.

People's feedback was actively sought, encouraged and acted on. A relative told us, "My mother is getting outstanding care in this home; the staff took the time to really get to know her and meet her needs."

Staff told us they felt valued and inspired by the registered manager to provide a high quality service. The registered manager was open and transparent in their approach. Emphasis was placed on continuous improvement of the service. The registered manager told us, "We want to deliver outstanding care and are working every day towards that goal." From what people and the staff told us and from our observations, the staff took action to make sure these principles were followed in practice. Relatives described the staff as, "Exceptional people", and "Absolutely marvellous."

Relatives described the management of the service as "Truly excellent, very well-led by a management team who have great insight in dementia." They said, "This service is extremely well managed." Staff from local authority who oversaw people's care in the service told us, "This service is managed by a team who understand the needs of people with dementia and who select the right staff." The registered manager kept up to date with any changes in legislation that might affect the service and carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

The evidence provided by families, our observations and by speaking with staff show there are many very positive aspects to the care people receive at Fountains Lodge which have been developed in less than a year since the home opened. The registered manager and staff are clearly providing a service people have a right to expect and which enhances their lives and meets each of their particular needs. Although much of our evidence shows that some aspects of people's care is outstanding we will be able to see at our next inspection, and by what people tell us, if this is sustained consistently over a period of time.

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?

Good

The service was safe.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to meet people's needs safely.

Safe recruitment procedures were followed in practice. Medicines were administered safely.

The environment was secure and well maintained.

Is the service effective?

Good

The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

The registered manager understood when an application for DoLS should be made and how to submit one. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, compassion and respect.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

Is the service responsive?

Outstanding

The service was very responsive to people's individual needs.

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

A broad range of activities that included innovative and creative ways to keep people entertained and occupied was provided. . The planning of activities took account of latest research on dementia care.

Summary of findings

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted on.

Is the service well-led?

Good

The service was consistently well-led by a management team who placed people and staff at the heart of the service.

There was an open and positive culture which focussed on people. The registered manager welcomed people and staff's suggestions for improvement and acted on these. Emphasis was placed on continuous improvement of the service.

The staff told us they felt supported, valued and inspired under the registered manager's leadership.

There was a robust system of quality assurance in place. The registered manager carried out audits and analysed them to identify where improvements could be made. Action was taken promptly to implement improvements.

Fountains Lodge Nursing and Residential 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 carried out 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 inspection was carried out on 19 and 20 August 2015 and was unannounced. The inspection team consisted of 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. The expert-by-experience who took part in the inspection had specific knowledge of caring for older people who live with dementia.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed and returned the PIR which we took in consideration. We looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events.

We looked at 12 sets of records which included those related to people's care and medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered consistently with these records. We consulted documentation that related to staff management and six staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service and the activities programme. We attended a management and senior staff handover meeting. We sampled the services' policies and procedures.

We spoke with 13 people who lived in the service and nine of their relatives to gather their feedback. Although most people were able to converse with us, others were unable to, or did not wish to communicate. Therefore we also 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 spoke with the registered manager, the deputy manager, two unit managers, two activities co-ordinators, two nurses and eight members of care staff. We also spoke with a local case manager and two specialist nurses who oversaw people's care in the home. We obtained their feedback about their experience of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "I feel safe", "The staff look after me and make sure I am safe in every way." Relatives told us, "I definitely feel Mum is safe here when I leave after seeing her I never worry", "There are plenty of visible and approachable staff around" and, "It is such a relief to know our loved one is in such good hands, we feel she is totally safe here."

Staff knew how to identify abuse and how to respond and report internally and externally. Staff knew where the policy related to the safeguarding of adults was located. This policy was up to date and reflected the guidance provided by the local authority. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. Staff told us about their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. They told us, "I would have no hesitation in stopping something and reporting it if it wasn't right", "We have a duty to protect our residents."

There were sufficient staff on duty to care for people and respond to their needs at all times. Before people came into the home, the registered manager completed an assessment to ensure the home could provide staffing that was sufficient to meet their needs. People's levels of dependency were reviewed regularly, and this information was used to calculate how many staff were needed on shift at any time. Rotas indicated sufficient staff were in attendance on both day and night shifts. The service was split in two units and each unit had a manager in attendance as well as consistent numbers of nurses, senior care workers and care staff. The staff we spoke with told us there were enough staff to care in the way people needed and at times they preferred. We observed staff were available to help people at various times depending on their wishes. The registered manager told us, "We increase staffing levels when needed, for example we are deploying an additional member of staff to provide one to one for two people whose needs have increased at lunchtime."

We checked staff files to ensure safe recruitment procedures were followed. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the home until it had been established that they were suitable to work with people. Staff members had provided proof of their identity and right to work and reside in the United Kingdom prior to starting to work at the service. References had been taken up before staff were appointed and we saw that references were obtained from the most recent employer where possible. Nurses' registration with the appropriate authority was up to date. There were no recent photographs of the staff in their files and we discussed this with the registered manager who said this was in progress. Disciplinary procedures were followed and action was taken appropriately by the registered manager when any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. These were reviewed by nurses and senior care workers every month or as soon as an incident had been identified and/or when people's needs had changed. They were updated appropriately. Staff were aware of the risks that related to each person. There was a risk assessment carried out for one person who was at risk of falls due to their health condition. This assessment included guidance for staff about how to promote their safety and bed rails had been placed as part of the measures to ensure they remained safe while in bed. These measures had been discussed and agreed with the person. Another risk assessment had been carried out for a person who became anxious whenever staff and people entered their bedroom. The measures taken to reduce their anxiety included an alarm system to alert staff when people attempted to enter the person's bedroom so that staff could step in and defuse situations when necessary without delay. During handover between staff shifts, detailed discussions took place about risks and the effectiveness of any actions the staff had taken to reduce accidents. Each person who had been identified at risk of falls had been provided with a sensory mat to alert staff when they got out of bed so they could be helped if needed. We saw that staff helped people to move around safely and that people had the equipment they needed within easy reach.

Staff responded quickly when the alarm call system was used. During lunch, a person had rung their call bell from their bedroom. Two care workers responded promptly leaving two others to help people with eating their meal. The two carers returned after a few minutes as they had dealt with the person's problem and calmly resumed their duties. Staff held pagers in their pocket to complement the

Good

Is the service safe?

alarm call system. The registered manager showed us a monitoring system that checked how long staff took to respond to people's calls. This meant measures were in place to keep people as safe as possible.

The service had an appropriate business contingency plan that addressed possible emergencies such as fire, gas or water leaks. It included clear guidance for staff to follow. The staff knew where this plan was kept and understood how they should respond to a range of different emergencies including fire. Staff had been trained to use the fire policy in practice and to use the fire protection equipment around the home. Personal evacuation plans that reflected people's mobility levels and individual needs were continuously updated and kept securely by the exits in case of an emergency. People and staff took part in regular fire drills which helped them to remember the procedures and there was appropriate signage about exits and fire equipment throughout the home. Equipment was in place that would allow people to be evacuated more safely from the top floor if the lift was not in use in an emergency.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. Each person's environment had been assessed for possible hazards. People's bedrooms were free of clutter and spacious. There were assisted bathrooms on each floor. As the service had not had the equipment for a year, the servicing of some of the equipment had not yet been carried out, however there were servicing agreements in place. The garden was secure and an additional fence had been installed to separate the garden into two areas to assist the safe monitoring of people when they went outside. Coded entry systems ensured that people remained safe inside the home and were accompanied by staff when they needed or wished to leave the building.

There was a system in place to identify any repairs needed and action was taken to complete these in a reasonable timescale. An appropriate log of repairs was kept and appropriately monitored. The person responsible for the maintenance of the building participated in daily staff meetings and reported on the progress of each repair or replacement of fittings.

There was an effective recording system concerning accidents and incidents that ensured relevant information was considered and analysed without delay. Records included the registered manager's investigation summary and incident follow up.

People had their medicines at the prescribed times. One person said, "They are never late with my tablets, like clockwork." Staff followed clear guidance and adhered to the service's medicines policy. There were systems in use to make sure enough medicines were kept in the home and that they were stored and disposed of safely. Senior staff were responsible for the ordering, signing in, returning and disposing of medicines. They told us, "We have a good communication going with the local pharmacy." Staff were regularly trained by the provider to manage medicines safely. We saw staff administering medicines and accurately recording when people had taken these. When an error in the administration of medicine had been made by a member of staff, they had been suspended from giving medicines, re-trained and had their competency checked before being allowed to administer medicines again by themselves. The risks associated with each person's medicines had been recorded and staff knew how to avoid these and what to look out for, such as possible side effects and allergies. There were individual protocols in place for people who needed medicines 'as required'. Guidance included the reason for administration, instructions for use and special precautions, such as not using a medicine in conjunction with another when this presented a risk to people's health.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. One person said, "They [staff] are ever so efficient." Relatives told us, "The staff are incredibly efficient, really organised and getting things done" and, "The staff know how to communicate with our family member and get the best out of her."

Staff knew how to communicate with each person. When people preferred not to communicate verbally, staff showed them pictures so they could make choices. Staff were bending down so people who were seated could see them at eye level. Specific communication methods were used by staff to converse with people when necessary. For example, a person imagined his hands were holding a quantity of imaginary items. Staff enquired if they wished for these items to be 'taken off their hands just for short time', so they could hold hands with staff while going from one room to another. When the person agreed, staff held the imaginary items and carefully deposited them on a table. A care plan for a person who had visual impairment included guidance for staff about how to communicate effectively with them. The staff followed this guidance and ensured the person had their mobility aids and equipment at hand. A special daylight lamp was used behind the person when they participated in activities.

We observed staff handing over information about people's care to the staff on the next shift. The management team and senior members of staff participated in a daily meeting where information was shared. Staff were knowledgeable in handovers when discussing how to give people the individual care they needed. Staff were informed of the needs of each new admission to the service. There was a system of 'Resident of the day' per floor where staff checked that all documentation was up to date and that each aspect of their care reflected the person's current needs. Information about new admissions, accidents and incidents, referrals to healthcare professionals, people's outings and appointments, medicines reviews, people's changes in mood, behaviour and appetite was shared by staff appropriately. This system ensured effective continuity of care.

New staff had a three weeks induction before they started working at the service. A member of staff told us, "We are given a comprehensive induction which sets us up for the job." There was a mentor system that ensured new staff were 'buddied' with a more experienced member of staff so that they could ask questions, observe practice and learn about people's individual care needs and preferences. There was a new starter checklist in place that covered which policies around the home needed to be read such as fire procedures, accidents and safeguarding adults. New recruits were subject to a six months' probation period before they became permanent members of staff. They worked towards acquiring the 'Care Certificate' that was introduced in April 2015. This care certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. Staff were provided with a booklet that contained comprehensive information about the code of conduct and standards the provider expected them to uphold.

Staff had appropriate training and experience to support people with their individual needs. Staff were provided with essential training, and were scheduled for refresher courses. The staff we spoke with were positive about the range of training courses available to them. One staff member told us, "They are big on training here, all mainly organised by BUPA qualified trainers, and it is really good." Staff had the opportunity to receive further training specific to the needs of the people they supported. For example in advanced dementia awareness, end of life care, diabetes care, Parkinson's and Huntington's disease. A training recording system was in place that alerted the registered manager when staff were due for training and/or refresher courses. Probationary reviews had taken place which covered areas of additional training required. This ensured staff had the knowledge and skills they needed to care for people effectively.

The registered manager and deputy manager monitored staff skills and competence regularly to make sure they were using this training in practice and were working to the expected standards. This included observations of how staff cared for people and how they safely used the equipment to help people move. Nurses took part in clinical supervision to make sure they remained competent and kept up to date with best practices. A system of 'champions' was in progress, which meant that staff could identify which aspect of care interested them the most and gain additional training in those fields. Staff would then take the lead in specific areas of care and be a point of reference to other staff. One member of staff was a 'dementia friendly champion'; a unit manager was the lead

Good

Is the service effective?

in palliative care and the registered manager was the lead in dementia. The registered manager told us they consulted the Director of dementia care and followed their guidance.

Staff were supported to gain qualifications and study for a diploma in health and social care. They told us they were encouraged to enrol and study to progress within the service. The deputy manager was complementing their qualifications by studying for a degree in dementia care. This meant that staff were able to develop their skills and knowledge.

One to one supervision sessions for staff were regularly carried out in accordance with the supervision policy. Staff's training and support needs were discussed at supervision. A member of staff said, "Supervision sessions are really useful, this is when we can discuss any problems we have regarding our work without interruptions." An annual appraisal of staff performance was scheduled for all staff to ensure expected standards of practice were maintained. This ensured that staff were appropriately supported and clear about how to care effectively for people.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and they demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest. The registered manager had considered the least restrictive options for each individual.

Staff were trained in the principles of the MCA and the DoLS and the five main principles of the MCA were applied in practice. For example the registered manager had assessed a person's mental capacity regarding their wishes about remaining in the service, in partnership with the local authority. An advocate had been used to represent the person's views. Another person's mental capacity had been assessed regarding receiving their medicines covertly to determine if they could consent to this. When people had been assessed as not having the mental capacity to make specific decisions, a recorded meeting had taken place with their legal representatives to decide the way forward in people's best interest. This ensured people's rights to make their own decisions were respected and promoted when applicable.

Staff sought and obtained people's consent before they helped them. One person told us, "They always ask permission for everything." When people declined, for example when they did not wish to get up or go to bed, their wishes were respected. Staff told us, "We are aware that people may change their mind so we may ask in different ways, or get another member of staff to ask; in any case we always respect their wishes." A person's verbal consent had been sought by staff to apply a dressing on a person's leg. This had been declined and their refusal had been recorded. Staff had monitored the person's wellbeing and had revisited two hours later to check whether the person had changed their mind.

Cooked breakfasts were offered as an alternative to continental breakfast. We saw several people had their breakfast late in the morning as they preferred. One person had requested scrambled eggs and this had been provided. We observed lunch being served in the dining areas and in people's bedrooms. The meal was freshly cooked, well presented and looked appetising. It was hot, well balanced and in sufficient amounts. The chef told us, "I like to be downstairs when they are serving as I like to make sure the presentation is good." Condiments were available. People told us the food was plentiful and that they were able to have second helpings if they wished. One person told us, "Too much." A variety of drinks were available for people to choose from. Lunch was served quickly in order to keep the food hot but staff did not appear rushed and the mealtime was relaxed with visitors sitting with people. People were asked where they preferred to sit. Relatives told us, "We can share a meal with our family member, and I tell you the food here is absolutely marvellous" and, "Our family member has put on weight with the lovely meals she has here, she now drinks plenty of fluids and her health has improved." Equipment such as plate guards was provided to help people eat independently when necessary. People were supported by staff with eating and drinking when they needed encouragement.

People were consulted when menus were planned and specific requests were taken into account. A member of staff went around with a pictorial menu showing alternative dishes, asking everyone what they preferred to

Good

Is the service effective?

have. There were plates of ham or cheese salads covered at the serving area. The staff told us these were for people who may decide they no longer wanted to have what they had ordered. People were able to have jacket potatoes with fillings or freshly made sandwiches in addition to the menus. The chef and kitchen assistant referred to clear documentation about people's allergies, dietary restrictions and preferences. This information was updated daily and located in the kitchen. People were weighed monthly and fluctuations of weight were noted and acted on. For example, if people lost a specified amount of weight within a timeframe, they were given a fortified diet, were weighed weekly, and were referred to the G.P. or dietician when necessary. We saw that a person was provided with a fortified diet due to weight loss.

Home-made cakes, biscuits and fresh fruit were served in the afternoon and people were encouraged to have hot or cold drinks throughout the day. Each lounge contained a plate of appetising snacks to encourage people to eat. One person told us, "We made cakes this morning; I ate one then another and nearly spoilt my lunch." This meant that people's nutritional needs were effectively met.

People's wellbeing was promoted by regular visits from healthcare professionals. One G.P. visited the home every two weeks or when people's health changed to review people's medicines. A chiropodist visited every six weeks to provide treatment. An optician visited people upon request. Vaccination against influenza was carried out when people had provided their consent. There was an effective monitoring system to ensure a person's wound was healing and responded to treatment. People had been referred to healthcare professionals when necessary. For example, to an occupational therapist, to specialist nurses and a physiotherapist. Records about people's health needs were kept and information was promptly communicated to staff so effective follow up was carried out. This ensured that staff responded effectively when people's health needs changed.

Good

Is the service caring?

Our findings

People told us they were very satisfied with the way staff cared for them. All their comments were extremely positive. They said, "The staff look after me as if I was part of their family", "The care is very good", "The staff are absolutely wonderful", "They talk to me as a friend" and, "We have a lovely, lovely time." A relative told us, "The staff have a good rapport with the residents; they reassure them when they are anxious and always seem happy; they are friendly and professional."

We spent time in the communal areas and observed how people and staff interacted. There was a homely feel to the service. There was a social atmosphere where people were encouraged to chat and staff stopped to listen to people and respond in a compassionate manner. Staff spent one to one time with people to offer companionship and included people who remained in their bedrooms. One care worker spent time with a person who felt anxious about entering the dining room. The care worker stayed with the person and offered gentle encouragement until they were ready to enter and sat next to the person until their meal arrived. Another care worker helped a person in a wheelchair who was clearly uncomfortable by providing a stool to put their feet on and checked that they were relaxed. We heard staff encouraging people and saying to them, "Come on now you are doing so well", "Are you all right here, would you like a nice cup of tea?" and, "Lets' get back to your room together and get you sorted." The staff approach was kind, patient, respectful and attentive to people's needs. There were frequent friendly and appropriately humorous interactions between staff and people who staff addressed respectfully by their preferred names.

All staff cared for people's wellbeing and paid attention to what mattered to them. For example, when asked what people preferred to eat, a care worker replied, "It can vary from day to day depending on their mood but each person has their likes and dislikes and most of us know which ones won't eat their dinner because they prefer the pudding, so we try to encourage them with the dinner." Staff spent time interacting with people on a one to one basis and took interest in what they were doing. A person was accompanied into the garden by a member of staff who maintained good eye contact with them while they were conversing. A person was saying to herself that she was cold. This was overheard by a member of staff who said, "I will go and get your cardigan if you would like me to."

All staff knocked on people's bedroom doors, announced themselves and waited before entering. Bedroom doors were left open at people's request and staff checked regularly on people's wellbeing. Care plans included instructions for staff to follow when helping people with their personal needs. People were assisted discreetly with their personal care needs in a way that respected their dignity. A person told us, "They are very respectful". Curtains had been installed in bathrooms and shower rooms to shield people from view should the door be opened to preserve people's dignity. A person chose to remove their clothing and started to walk out of their bedroom. A member of staff grabbed a 'dignity blanket' which was available in the corridors to cover the person and gently walked back with them to their bedroom to attend to their needs. People were able to spend private time in quiet areas when they chose to and had several lounges to choose from. The importance of preserving people's dignity was discussed during the daily management and senior staff meeting.

The staff promoted independence and encouraged people to do as much as possible for themselves. A person was accompanied by a care worker whenever they wished to visit their spouse in their previous home. Another person was accompanied to go out and watch cricket matches. People washed, dressed and undressed themselves when they were able to do so. People followed their preferred routine, for example some people chose to have a late breakfast, or stay up late. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote people's independence. People who wanted to make themselves a cup of tea in the kitchenettes were encouraged to do so safely with discreet supervision. Staff told us, "The residents do as much as they can within a safe environment." Two people told us, "We baked cakes this morning I have a bad arm but they helped me to do the stirring with my other hand" and, "They wash me but encourage me to do what I can." .

Good

Is the service caring?

During handovers staff were careful to speak about people respectfully and maintained people's confidentiality by not speaking about people in front of others. People's records were kept securely to maintain confidentiality.

Clear information about the service and its facilities was provided to people and their relatives. There was a booklet 'Your guide to Fountains Lodge', that included comprehensive information about the staff, meals, activities, health care, and finances. Appropriate signage for people who lived with dementia was in place throughout the premises and there were clear signs and pictures to help people understand their surroundings. For example, there were framed memory boxes by people's bedroom doors so they could find their bedrooms easily. Menus and various activities included pictures to help people understand what was planned. The complaint procedure was displayed in a pictorial form. Attention had been paid to details that helped people living with dementia differentiate appliances and items, such as coloured toilet seats, blue table clothes and brown place mats so white crockery would stand out.

Each person had a named keyworker. In the unit on the upper floor, each person had an additional named nurse. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. The registered manager told us that they planned to help people and their relatives identify named key workers by displaying their photographs in people's bedrooms.

People were involved in their day to day care. People's care plans and risk assessments were reviewed monthly to ensure they remained appropriate to meet people's needs and requirements. People were involved if they chose and their relatives were invited to participate in the reviews with people's consent. A relative told us, "I have been kept informed every steps of the way and will take part in my family members' annual review of care."

People or their legal representatives were consulted about how they wished the service to manage their care and treatment when they approached the end of their lives. When people had expressed their wishes regarding resuscitation, these were appropriately recorded. The staff knew how to care for people at the end of their lives and ten members of staff had been trained and studied the principles of end of life care course provided by The Skills Network. People had a pain management plan when appropriate and the staff followed guidance from the nurses and local hospice palliative team. A relative told us, "I cannot fault the hospice team who come and provide additional support and pain control, they are wonderful."

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives told us the staff responded exceptionally well to their needs. They described the staff as, "Exceptional people", "Absolutely marvellous", and "They really understand me and what I am about". A relative told us, "My mother is getting outstanding care in this home; the staff took the time to really get to know her and meet her needs." Another relative said, "When my Mum became anxious they kept me informed, they explored the reasons why and together we looked into how they could help her settle in better." One activities coordinator told us, "We get to know the person and find out what makes them tick so we can tap into it." A relative said, "They have a lot of original activities, something is always going on." A specialist nurse who oversaw people's care in the service told us, "The staff are alert and receptive to people's needs, for example they pre-empt behaviours and adapt to people's moods."

People's needs had been assessed before they moved into the home in respect to their day-time and night-time care and to check whether the service could accommodate these needs. A comprehensive assessment of people's individual needs titled 'My day, my Life' was written within three days after people had come into the service. This addressed people's senses and communication, safety, mobility, skin integrity, nutrition, health, choices and decisions over their care and lifestyle. Individualised care plans about each aspect of people's care had been developed within five days of them coming into the home, in partnership with them or their legal representative. These included a personal profile, their likes and dislikes, needs and relevant risk assessments. There were additional plans of care about specific domains in more detail, for example about what people used to like and do before they lived with dementia and what activities they preferred.

Attention was paid to people's possible sense of loss when entering residential care, their goals and achievements and specific end of life care wishes. For example, staff were instructed to monitor peole's moods and ensure they settled well when people may be anxious upon entering the service. The deputy manager told us, "We consider the psychological impact of such a life change and we provide as much reassurance and companionship as people need during their settling in period." We saw that people's progress was monitored by staff and recorded in their care plans. With such system in place, people could be confident that their psychological needs were taken into account.

Staff were aware of people's care plans and were mindful of people's likes, dislikes and preferences. For example, they knew when a person enjoyed walking, that they preferred a shower in the morning, that they liked their bed made in a certain way or that they preferred to sleep on top of their bedding with two pillows. One staff member told us, "We pay attention to what matters to them and we make sure they are as happy as possible." People were offered the options to have a bath or a shower every day and were able to request these at any times including at night time. A person was bathed at night because this is what they preferred. People could be confident that staff understood what was important to them and accommodated their wishes whenever possible.

People were able to retain their own G.P. if they wished and the registered manager had made a room available for doctors to hold surgeries inside the service if they wished. Care plans were reviewed monthly or as soon as people's needs changed and were updated to reflect these changes to provide continuity of their care and support. A person who had a swelling toe was promptly referred to the G.P. The doctor's recommendation was followed up by staff without delay. Another person's rash had been monitored by staff during treatment to ensure healing was taking place. Two people had come into the service for respite care with pressure wounds. They had been provided with specialist equipment to promote healing, and had been referred to a specialist nurse who gave clear guidance in people's wound care plans. The nurses followed the guidance and monitored the healing process. Care plans included these updates and records of people's progress. The pressure wounds were healing satisafctorily because staff had followed a monitoring system that ensured treatment responded to people's individual needs.

The registered manager told us how several people's health had improved since they had come into the service. One person had come into the home approaching the end of their life. They were now walking, communicating with ease, and self-caring. Another person who had visual impairment used a walking frame and a wheelchair when they came into the service. They were referred to the Royal National Institute for the Blind and provided with specialist

Is the service responsive?

equipment. They were now walking with a walking-stick and their independence was promoted. The person told us, "I am getting better every day." A relative told us, "The staff encourage and praise our mother and her mobility has improved since she moved here." This indicated that the staff focussed on and responded to people's individual needs in relation to their physical and mental health.

A broad range of daily activities was available. People were consulted about what they enjoyed doing and were involved in the planning of the activities programme. There were two activities coordinators deployed and the registered manager was recruiting an additional person. One activity coordinator told us, "We choose the activities but people are able to make choices within them and there is always flexibility as we tailor the activities to people's mood. This morning we were baking however people chose what they wanted to bake" and, "We plan activities based on what people do at home but in a simpler format and we adapt to their specific needs". The registered manager took account of latest research on dementia care and discussed with the activities coordinators how activities could be developed further. People's care plans included details of their special interests and hobbies. Families were welcome to join in any of the activities and provide additional information on people's likes, dislikes and social activities they enjoyed. One activities coordinator said, "This morning we had a resident's sister come and join in with the baking" and another care coordinator showed us 'pom-poms' that people had made during an art and craft session. People had chosen materials, colours and sizes to suit their preference.

There was an activities planner on the wall by the nurses' station on each floor. Activities included exercise, indoor ball games and three daily walks. One relative told us, "They encourage residents to go out and get some fresh air several times a day, this helps them come out of their shell and socialise." People participated in bingo games, cooking, knitting, and watched movies they had selected in a large purpose built cinema room that accommodated 25 people. They sat in wide comfortable seats and were served popcorn and drinks while they watched. There were several rooms in the home which were dedicated for activities and socialising. As well as two activities rooms, there were four lounges, two dining rooms, a therapy room, and a hair dressing salon. People were able to entertain their families for celebrations in a spacious private dining room.

There was a gardening club put in place where residents were able to help with potting and planting. The activity had been adapted for a person who had a particular condition that meant they were unable to plant the seeds in small pots. Bigger pots had been provided which were easier for the person to handle. The activities co-ordinator carried out this activity for groups and for individuals when they needed one to one activity sessions. The activities on the top floor where people had higher levels of cognitive impairment were held on a one to one basis. However, all people were invited and welcome to join group activities. A care worker stayed with a person who liked to watch people walk by on the street from the comfort of one of the lounges. They told us, "It is what this person enjoys doing, when schoolchildren walk past the French windows this stimulates their memories and we talk about their past."

Some of the activities provided indicated that the registered manager and the activities coordinators had researched innovative and creative ways to respond to people's social and psychological needs. There were numerous brightly coloured hats, coats, scarves and necklaces purchased by the provider, displayed and hanging in corridors to attract people's attention and stimulate their interest. People were able to pick them up, put them on or carry them around. We observed a person wore a feathered scarf that they had picked up for the day, they told us, "I am a film star today." A relative told us, "What a splendid idea, sometimes little touches like these make all the difference; our family member is always picking something up to wear, this is such a lovely and creative way to stimulate imagination or just trigger some of her memories." During activities, people had been encouraged to fill shelves in large memory boxes with artefacts that were meaningful to them and reminded them of their interests. These were mounted in the wall by their bedroom doors and provided instant information about the person's tastes or personality. The registered manager told us, "This provides a point of reference for visitors so they get a glimpse of what is important to people."

The two activities co-ordinators told us that the managers were supportive of new ideas that they came up with and were willing to provide additional equipment if necessary. Some examples included the use of magnetic paint which meant that people's art work could be displayed without damaging the walls and also brightened up the activity room; a trolley had been purchased and books had been obtained to start up a library which ran weekly and an

Is the service responsive?

edible garden which was planned to bear fruits, vegetables and flowers grown from seed which people could eat. A space in a lounge had been selected to build a herb garden where people could interact with the plants and stimulate their senses of touch and smell. An additional raised bed was planned to be built into the garden in which people could plant vegetables such as runner beans. Entertainers visited the service regularly to perform for people. They included a pet service, musicians, singers and ballet dancers.

Sensory equipment was used that specifically aimed to stimulate people who lived with dementia, such as 'rummage boxes'. These contained varied items that related to previous decades and that formed a conversation point with people. Additionally, the registered manager had commissioned the local library to provide 'reminiscence boxes' every three months, that contained CDs, song sheets, books, postcards, photographs and varied garments to stimulate people's engagement in conversation and their memory.

The staff provided a children's book and an activity book to children who visited their family members in the service. They were called 'When I visit Granny Jean' and 'When I visit my special person' and aimed to raise children's awareness and understanding of dementia and how this may affect the person they were visiting. The books contained suggested activities that people may enjoy doing with their young visitors and presented the visiting experience in a positive way. The registered manager told us, "These books were recommended to us by our Head of Dementia Care when they visited our service and we find them not only touching but very useful because they portray realistic situations and prepare children for behaviours they may not understand."

A catholic mass was held every two weeks, and a church of England service was held monthly, however this was to take place fortnightly in October as a response to people's request. Volunteers came into the service to chat to people. Families were able to stay for lunch or dinner with their relatives if they wanted to. With these systems in place, people could be confident that they remained socially included and retained links with the community.

The service had held a recent weekend family day. The event was beach themed and included an external entertainer, fund raising activities and a themed menu which included fish, chips and mushy peas and candy floss.

The activities coordinator told us, "We had about 30 relatives come and join us and play games". A 'Tennis Wimbledon party' was held where people were served strawberries and cream. There had been a trip to Bodiam castle where people had enjoyed a trip on a steam train. There was a trip planned for the following week to a local cricket ground. The service did not have their own transport however this was sourced externally. We discussed this with the registered manager who told us that this was part of their improvement plan.

Resident and relatives meetings were held quarterly and recorded. People's feedback was sought about every aspect of the home and their suggestions were welcome. At the last resident meeting, topics such as laundry, recruitment and activities had been discussed. People's comments were positive about their experience of living in the service, and the registered manager had followed up concerns from relatives about laundry articles that were missing. An activity coordinator carried out an additional monthly resident meeting to gather their feedback without their relatives present. There were numerous comments and suggestions boxes and books in the reception area. This included an activities comments book. The registered manager checked these several times per week. An annual satisfaction survey was scheduled to take place in September 2015.

People were aware of how to make a complaint. The complaint procedure was displayed in evidence in communal areas and was in a pictorial format to help people understand the procedures to follow. A complaint had been lodged about the provision of equipment and this had been promptly responded to with a referral to an occupational therapist and the provision of equipment specific to the person's need and requirement. One person had complained when they were unable to return from the garden for several minutes when staff had inadvertently closed the door behind them. As a result of the complaint, the registered manager had ensured an external bell was installed.

One person said, "If I have any complaint, I just speak to the staff or the manager, I know they will sort anything." Another person told us they felt confident that any complaint they may have will be addressed to, they told us, "They [the staff] listen to me." A relative told us, "Our family member has moved here from another service where her needs were not met. Here, the response we get from the

Outstanding ☆

Is the service responsive?

manager, the deputy manager and all the staff is exceptional, they truly care, they listen and pay attention as if the residents were part of their own families." This meant that people could be confident that their complaints were responded to.

Good

Is the service well-led?

Our findings

There was an open and positive culture which focussed on people. The registered manager was visible in the service, they walked around the premises each day and asked each person they encountered how they were. People told us, "I know her; she is nice she always talks with everyone" and, "She is the boss but a nice boss." The relatives we spoke with were very complimentary about the registered manager and her leadership. They told us, "Truly excellent, very well-led by a management team who have great insight in dementia", "We have an excellent contact with the manager and the deputy manager, their door is always open and nothing is too much trouble" and, "This service is extremely well managed." Staff from local authority who oversaw people's care in the service told us, "This service is managed by a team who understand the needs of people with dementia and who select the right staff; there is a very good atmosphere in the home."

Staff praised the registered manager for her approach and support. They said they could come to her or her deputy at any time for advice or help. All of the staff we spoke with told us that they felt valued working in the home. Staff had opportunities to progress within the organisation. Three members of staff told us, "I love my job and working here" and, "Management support is brilliant", "There is brilliant team support including from area managers. It doesn't matter what time you have to call, even at 'silly o'clock' in the morning and they're always willing to help out." The registered manager and the deputy manager were both on call during out of hours.

In March 2015 Fountains Lodge had participated in a project as part of the Compassion in Practice programme of work. Compassion in Practice is a new three year vision and strategy for nursing and care staff. The project aimed to develop and validate a tool, 'Care Barometer', with which to measure the different attributes of environments in which care is delivered and so help understand the culture of care in healthcare organisations. A person who had contributed to the project was visiting the service at the time of our inspection. They told us the staff had been "Eager and enthusiastic" when they had participated in the pilot. This meant people were living in a service where management and staff embraced new ideas about how to improve quality of care.

A bonus had been introduced for staff when they were willing to remain available during busy periods such as summer months. The provider kept staff informed of any developments in the organisation by means of bi-monthly employee magazine, an annual 'Bupa World' magazine, a monthly business briefing document and an information website open to all Bupa employees. There was a system to identify 'everyday heroes' every week, where any person who went 'above and beyond' could be nominated and rewarded with a token gift. This system included staff, people who lived in the service, relatives and volunteers. This promoted good morale and good will as people were encouraged to consider how to help each other and expand their capabilities.

The registered manager and deputy manager stepped in to deliver care to people when there were unexpected shortages of staff. They told us that they preferred not to use agency staff unless this was the only option available, to ensure that people were cared for by staff who were familiar to them and promote continuity of support. They told us, "It is good for us to work 'on the floor', we are carers [care workers] at heart and it gives us an opportunity to roll our sleeves up and get involved with practical aspects of care." They carried out unannounced spot checks of staff practice at day and night time to ensure good practice was maintained at all times. A spot check had highlighted a lack of flannels and these were purchased within the hour.

The registered manager involved the staff with the running of the service. They had implemented a pin board for staff where the service's performance in several areas was displayed. This ensured the staff were up to date with what the service accomplished or needed to achieve. The registered manager chaired a short meeting every morning and a more in-depth meeting every fortnight with senior staff from each department of the service to exchange information that concerned people's care wellbeing and the service. They coordinated and monitored plans of action, checking that they had been completed satisfactorily. Quarterly staff meeting involved every member of staff. Staff were invited to discuss existing systems and their suggestions were listened to and considered. For example, they had suggested a change in the number of staff deployed at a particular time. This had been acted on and changes in the staff allocation had been implemented. Staff said this change had helped them to provide better care for people. The registered manager told us, "We will try anything that is worth trying to improve how

Good

Is the service well-led?

the service runs as long as it benefits the residents." At a daily meeting, staff had highlighted that the dining room floor was not consistently mopped. The following day, additional cleaning schedules were introduced to monitor this particular area's cleanliness.

The registered manager was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They participated in safeguarding meetings concerning people's safety when necessary. They learned from mistakes to improve how the service was run. For example, a complaint had been lodged about the lack of information provided to a person when they had been transferred from the service to another. As a result, the registered manager had implemented a new system and checklist to improve the documentation that accompanied people when they left the service.

Engagement with local community was promoted. The registered manager had contacted local schools to research how they could be involved in the service. As a result, local schoolchildren had visited the home, buried a time capsule in the garden and had planted raised flower beds. Volunteers from the National Citizenship Service visited the service to offer companionship to people. Applications from local sixth form students to join as volunteers were being considered at the time of our inspection. A local community choir had visited the service and had performed to entertain people.

The registered manager and deputy manager had worked in partnership with local authority when they had investigated a particular complaint from a relative. Effective professional links were formed between the service and the local 'Community Mental Health Team for Older People'; for example, a training session by their community psychiatric nurse, on 'A dementia Journey' was scheduled for people's friends and family, to help them understand people's perspectives. The registered manager told us, "We work closely together and aim at making these sessions a regular occurrence."

The registered manager knew each person who lived in the service and was sensitive to their needs. They were able to identify each person and tell us about their care, their preferences and how their care was delivered. We came across a pair of odd slippers left in one of the lounges and they instantly knew who they belonged to and alerted staff to ensure they were returned to the person. This showed the registered manager was connected in a sensitive manner to people who lived in the service.

People were placed at the heart of the service and the registered manager placed emphasis on continuous improvement in all aspect of their care. The registered manager told us, "We want to deliver outstanding care for each person who live here and improve on everything that we do; we are working every day towards that goal." The registered manager spoke to us about their philosophy of care for the service. They said, "There is no greater honour than to look after those who once looked after us; residents deserve to be treated by staff as if they were part of their family" and, "It is vital to keep up to date with latest research and focus on activities that are suitable for people living with dementia, so they can lead active lives." A member of staff told us, "The manager is inspiring us to do well and go even further." The provider's values were displayed throughout the service to encourage staff to put these in practice. They included "Be extraordinary; go above and beyond; be the best we can dream to be; deliver outstanding results, big and small; be; dare to try; be passionate and full of inspiration; seek new ideas." From what people and the staff told us and from our observations, the staff took action to make sure these principles were used in practice.

Robust systems were in place to monitor the quality of the service. The quality manager and the regional manager carried out a monthly inspection of the service that evaluated the quality of care, life, environment, leadership and management. Additionally, the provider carried out an annual quality review to assess whether the service complied with Regulations. Follow up reviews were carried out three months after shortfalls were identified. The last internal review that was carried out in April 2015 showed that the service met the provider's standards and requirements.

Audits were planned and carried out weekly, monthly, quarterly and annually. They included health and safety, nutrition, infection control, documentation, medicines, incidents and accidents and feedback. The registered manager used these audits to identify how the service could improve and shortfalls were discussed at team meetings. For example, an audit of relatives' feedback had identified issues with the laundry system. As a result, a new

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Is the service well-led?

system had been implemented and laundry was processed one floor at a time to avoid clothing being misplaced, and net bags had been purchased to keep socks together. An audit of monthly catering satisfaction surveys had highlighted the need for a different documentation format, simpler and easier to use. This had been implemented.

The service's policies were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff for guidance. All records were well organised, completed, reviewed regularly, updated appropriately and fit for purpose.

The evidence provided by families, our observations and by speaking with staff show there are many very positive aspects to the care people receive at Fountains Lodge which have been developed in less than a year since the home opened. The registered manager and staff are clearly providing a service people have a right to expect and which enhances their lives and meets each of their particular needs. Although much of our evidence shows that some aspects of people's care is outstanding we will be able to see at our next inspection, and by what people tell us, if this is sustained consistently over a period of time.