

Fountain Nursing and Care Home Limited

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## 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The comprehensive inspection took place on 10 March 2017 and was unannounced. Fountain Nursing and Care Home Limited is a care home with nursing for up to 27 people, some of whom are living with dementia. At the time of our inspection 26 people were using the service.

There was a registered manager in place who was present during our inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service in August 2016 and found that the provider was breaching Regulation 9 of the Health and Social Care Act 2008. This was because care provided did not consistently put the needs and preferences of the people who used the service first. Following that inspection the registered provider sent us a plan detailing the action they would take to make improvements in these areas. Most of this action had been completed and the provider was no longer in breach of this regulation.

People told us that they felt safe in this home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

People were protected from possible errors in relation to their medication and there were robust systems for checking that medication had been administered in the correct way.

People who lived in this home and people's relatives, told us that they were very happy with the care provided. People had opportunities to participate in a range of activities in the home and community. Staff respected and supported people in line with their lifestyle choices.

People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect.

Staff working in this home understood the needs of the people who lived there. We saw that staff communicated well with each other. Staff had the skills and knowledge they required to meet people's specific needs.

Staff knew and respected people's wishes. People were supported to make decisions which were in their best interests.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and preferences. Meal times did not always promote people's independence.

The registered manager assessed and monitored the quality of care through observation and regular audits of events and practice.

The registered manager consulted people in the home, their relatives and visitors to find out their views on the care provided and used this information to make improvements, where possible.

## 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 ●

This service was safe.

People told us that they felt safe in this home and the registered manager had taken action to improve security around the home.

Staff demonstrated that they knew how to keep people safe and staff managed people's medicines safely.

There were enough members of suitably recruited staff to meet people's needs.

### Is the service effective?

Good ●

This service was effective.

People were involved in making decisions about their care and staff respected people's wishes.

People received care from members of staff who knew how to meet people's individual care needs.

People were supported to meet their nutritional needs however mealtimes did not promote people's independence.

### Is the service caring?

Good ●

This service was caring.

People and their relatives told us that staff were kind and treated people with dignity and respect.

Staff respected people's privacy.

### Is the service responsive?

Good ●

This service was responsive.

People were involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

Staff respected and supported people in line with their lifestyle choices

The manager responded appropriately to comments and complaints about the service.

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

This service was well-led.

The registered manager provided staff with appropriate leadership and support.

The registered manager had effective systems to monitor the performance of the home.

People expressed confidence in the registered manager and staff enjoyed working at the service.

**Good** ●

# Fountain Nursing and Care Home Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 March 2017 and was unannounced. The inspection team consisted of one inspector and a specialist advisor who had clinical knowledge of the needs of the people who used this type of service. We were also accompanied by 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 service.

As part of planning 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the registered manager, a nurse, five members of care staff, a person who worked in the laundry, a cleaner and cook. We spoke with ten people who lived in the home and three relatives. We also spoke with a local authority advocate and a pastor who were attending the home. We sampled records including six people's care records, staffing records, complaints, medication and quality monitoring. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

## Is the service safe?

### Our findings

All of the people we spoke with told us that they felt safe in the home. We saw that people looked relaxed in the company of staff. A person who used the service told us, "I feel safe here."

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Records sampled confirmed this. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. One member of staff said, "I would tell the manager, they would do something." There was information displayed around the home informing staff and visitors about how to report any concerns about people's safety to the appropriate authorities. Records showed that the registered manager had notified the appropriate authorities when a person had experienced or was felt to be at risk of harm.

The registered manager had taken action since our last inspection to improve security around the home. This included having clear policies and guidance for staff, ID badges for visitors and the planned installation of CCTV to external areas of the home. We found that doors were locked to prevent people from gaining access to areas containing potentially harmful equipment and supplies.

The registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. We reviewed the records for a person who was at risk of falling. These were up to date and contained information for staff about how to reduce the risks presented by the person's specific condition. Staff were knowledgeable about how to keep this person safe and a member of staff told us, "He's doing well now. He has more mobility." The registered manager had maintained and reviewed records of untoward incidences which had enabled them to take action to reduce the likelihood of them reoccurring.

People were supported to move around the home safely. We observed staff act appropriately when hoisting and moving people to ensure they minimised any risk of harm. We noted that staff took action to ensure fire exits were not blocked when they supported people to sit in the lounges.

Staff told us that they had undergone checks through the Disclosure and Barring Service (DBS) prior to starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process. People were supported by staff who were suitable.

We saw that there were enough staff to support people safely on each shift. One person told us, "People are always around me and the girls [care staff] are good, they are always there when I need them." Another person told us, "The one thing I like here is that the staff are always around and they do their hourly checks." Staff appeared unhurried and were prompt to respond to people's needs or offer reassurance. A member of staff told us, "I feel there are enough staff to look after people." We saw staff in communal areas have time to engage in activities with people. An additional member of staff had recently been employed to promote people's social skills and interaction with others around the home. The registered manager told us that

when rostered staff were absent their shifts would be covered by regular staff working additional hours. Rotas sampled confirmed this. People were supported by staff they were familiar with and who knew them and their needs.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location. The medicines were administered by staff who were trained to do so. We observed a nurse support a person to take their medication. The nurse administered the medication at a pace which met the person's needs and explained what the medication was for. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would mean that they should be administered. We sampled the Medication Administration Records (MARs) of three people and found that they had been correctly completed. There were regular audits of the medication, including checks by a pharmacist. People received their medication as prescribed.



## Is the service effective?

### Our findings

The people and relatives who we spoke with told us that the staff were good at meeting their needs. One person told us, "Staff are very willing, they are kind and attentive. They always come when I need them; sometimes I have to wait but not often." Another person told us, "They seem to know what they are doing. I think they do get training at some point."

Since our last inspection the registered manager had taken action to improve staff knowledge about providing person centred care and supporting people with dementia. We saw staff demonstrating good practice in these areas such as not correcting people and supporting people to express their individual preferences. One member of staff told us, "I've had person centred training. It's always at the core of staff meetings." Another member of staff told us, "I called one of the service user's family and spoke with them in their community language. I noticed the person's reaction, she seemed very happy while I was talking to her family."

Staff told us, and records confirmed that all staff had received induction training when they first started to work in the home. This covered the necessary areas of basic skills. Staff then received annual updates in relation to basic areas such as safeguarding, medication, health and safety and first aid. Each member of staff had a clear training programme and one member of staff told us, "I am supported to go to college. I come back and share what I've learnt with the other staff." Some staff had been appointed leads for specific aspects of the service. This meant that they could provide advice and guidance for other members of staff when required. A member of staff who had a lead role told us, "I am confident, I know what to tell people [staff]." Nursing staff told us they received regular training opportunities to maintain their competencies and registration with their professional body.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis to develop their knowledge and understanding of people's needs. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. Staff had the skills and knowledge to meet people's care needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw people were being supported by staff in a way that reflected the principles of the MCA. One person who was in their bedroom told us, "I prefer to stay in my bedroom to do the things that I like, and that's my choice."

Staff sought permission from people before providing support. We saw staff respect one person's wishes when they changed their mind and refused assistance. One member of staff asked a person, "What do you want me to do for you before I go," and offered the person several choices. During our visit a local authority

advocate attended a best interest meeting with the registered manager and relatives of a person who lacked the mental capacity to make their own decision about a certain aspect of their care. The advocate told us that they had previously attended best interest meetings at the service and felt the registered manager had a good understanding of their responsibilities under the MCA.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Eight people who used the service had authorisations to deprive them of their liberties. We saw that the manager had sought and taken appropriate advice in relation to people in the home and supported people in line with their authorisations. The registered manager had a system to monitor applications and authorisations which had enabled them to make a timely request to extend a person's authorisation before it expired. People's rights in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS) were respected.

We saw that staff had carried out assessments in relation to people's nutritional needs. They had sought and taken the advice of relevant health professionals, including speech and language practitioners in relation to people's diets. There was information for staff in relation to the consistency of the food people required. We observed staff prepare people's meals in line with this guidance.

People told us that they enjoyed their meals. One person told us, "They feed me properly here, I enjoy the food." The relative of one person said, "They ask him what he prefers to eat from the menu for the day. They also encourage him to eat by himself, which is very good to be independent." Two people however said the quality of the meals had declined recently. People had been consulted about their meal preferences and we saw staff respect these choices. A member of staff told us, "We ask them again what they want for lunch in case they've changed their mind." We observed that a person who liked to get up late morning was offered a breakfast at lunch time and staff asked the person, "Would you also like me to save you some lunch for later." We saw staff offer people alternative choices when they were not enjoying the meal they had requested.

Although the registered manager had taken action to improve people's dining experience such as introducing the use of tablecloths at meal times we noted that people were not offered condiments or the opportunity to pour their own drinks when they were able. There were no menus or communication aids available to assist people to choose what they would like to eat and people were dependent on staff explaining their options. This did not promote people's independence. We observed that lunch time was a sociable occasion and people were supported to sit with people who they liked. Those people who required assistance received the appropriate support from staff.

People were supported to make use of the services of a variety of mental and physical health professionals including opticians and chiropodists. Staff maintained daily notes of people's current health care needs which was shared with a GP who visited the service weekly. Staff monitored people's conditions and when necessary involved health care professionals in people's care. One person told us how a member of staff was concerned when they were experiencing repeated infections. They told us that the member of staff, "Asked the doctor to do some tests and I was found to have [a specific condition]."

## Is the service caring?

### Our findings

People who used the service and relatives told us that the registered manager and staff were caring. A person who had recently joined the service told us they had been made very welcome. They said, "Staff are very nice. They shook my hand." One relative told us, "It's a very good service. They always ask her if she is alright." Other comments included; "I appreciate their kindness & I am grateful that they are polite;" "Lovely girls [Care staff], some are better than others;" "I think the standard of care here is very good, otherwise I wouldn't be here if it wasn't," and "The staff very supportive, never shout at us."

The registered manager and a core of staff had worked at the service for several years. This had enabled them to build close relationships with the people they supported. We saw that there were clear records of how people wanted to be addressed by staff and heard staff addressing people by their preferred names. Staff knew what people liked to do and supported them to engage in activities they enjoyed. We observed that when one person called out "Nurse," a member of staff replied, "You want your coffee don't you." The person replied, "Yes," and the member of staff fetched them a coffee. We saw another member of staff who brought a person into a lounge asked them where they wanted to sit and made sure they were seated comfortably with a drink chatting to them whilst doing so.

The registered manager told us they had established an initiative whereby all staff were to engage socially every day with each person who used the service. We observed staff sitting with one person and watching a programme they both enjoyed and another member of staff reading a newspaper with a person and talking about world events. The registered manager told us how this had improved the quality of people's lives. They told us, "I was so moved when the resident responded [to social prompting]."

People were supported to express their views about the service. People told us and records confirmed that the registered manager and staff asked them about how they wanted to be cared for and supported when they first started to use the service. There were regular meetings planned to discuss activities and how the home was operated. When necessary people were supported by others to express their views. There were communication aids around the property to help people express themselves.

People were generally treated with dignity and respect. People told us that the members of staff respected their privacy and we observed staff knock and seek permission before entering people's bedrooms. We observed staff cover a person's legs in order to maintain their dignity when they were being hoisted. Staff respected people's lifestyle choices and supported them to express their preferred gender identity. The registered manager had taken action since our last inspection to ensure care records were stored securely and respected people's right to confidentiality. We noted during lunch that staff did not respect a person's choice to sit on their own and staff used the person's table to prepare other people's meals without acknowledging the person or seeking their permission. This did not respect the person as an individual or their preferences. We brought this to the attention of the registered manager who intervened and stopped the practice.

## Is the service responsive?

### Our findings

At our last inspection we found that the service had a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The support people received was not designed with a view to achieving their individual preferences and care needs. At this inspection we found that improvements had been made and the provider was no longer breaching this regulation.

People told us that staff knew and responded to their individual preferences. One person told us, "I like to wear Indian outfits and the staff support me to dress up according to my wish." Another person said, "I am also allowed to keep my door open which has access to the garden and I like pets and I feed them." Staff had received guidance in providing a person centred approach when supporting people and received regular refresher training. Staff told us about how they supported people to engage in things they knew they enjoyed and their personal preferences. We saw people being provided with food and drinks they liked and taking part in activities their records said they enjoyed. During our visit one person was preparing to go for lunch with a relative and staff supported the person to dress up for the occasion.

Staff were aware of people's chosen gender identity and supported them to follow their lifestyle choices. Staff were quick to respond when a person chose to change how they wanted to present themselves and how they wanted to be addressed. We observed staff asking people what they wanted to do and where they wanted to be in the home. When people refused support, staff respected their decision and offered suitable alternatives.

People were encouraged and helped to maintain contact with friends and family members who were important to them. There were regular visitors to the home and relatives told us they were made to feel welcome. The registered manager had installed a computer so people could speak with relatives and friends using the internet.

People had their cultural values and beliefs respected. People were supported to follow their chosen faiths and during our visit we observed representatives from a local church conduct a service with people in a lounge. Prior to the service staff asked people if they would like to attend and if they would like to read some scriptures. When people declined to take part, staff asked if there were alternative activities they would like to take part in and if they would like to go to a different area of the home. The registered manager told us people were also supported by staff and relatives to attend other places of worship in the community. The registered manager had ensured that people living at the home could take part in local and national elections. This enabled people to express their views and influence things which could impact on their overall welfare and lifestyle.

We noted that when the registered manager spoke to a resident he introduced himself using the traditional greeting of the person's culture. The registered manager told us that he would sometimes wear his own national robes and encourage staff to do the same in order to promote a respect and awareness of the different cultures represented in the home.

Staff knew how to respond to people's care needs. We saw that plans had been updated in response to changes in people's needs and behaviour and on a regular basis. One person told us they had been involved in developing their care plan and said, "We talked things through and we seemed to come up with a plan." Plans contained instructions for staff about how people needed and preferred to be supported. People's latest care needs were discussed at daily handovers so that staff were aware of any changes to their conditions and specific wishes.

People who used the service and relatives we spoke with said they felt comfortable to complain if something was not right. Staff understood the provider's complaints process and said the registered manager would listen and take action when they received information of concern. One member of staff told us, "We can always go and see them [The registered manager]. They do address things." We saw that the provider's complaints policy was available in handbooks people received when they first joined the service. The registered manager monitored complaints to identify they had been responded to in line with the provider's policy.

There was a process to review concerns and complaints to identify how similar events may be prevented from happening to other people. People could be confident that their concerns would be handled in line with good practice.

## Is the service well-led?

### Our findings

People living in the home and relatives told us that they felt that the home was well run. One person told us how the registered manager would come and speak with them and other people each morning. One member of staff said, "I enjoy working here and it's very rewarding." Throughout our visit we observed the registered manager and staff regularly approach people to offer support and check on their wellbeing. People appeared relaxed and comfortable with these discussions.

Staff we spoke with expressed their confidence in the leadership. Members of staff told us that the registered manager was supportive and led the staff team well. They described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager. One member of staff said, "We all help each other." Another member of staff said that the registered manager was, "Very supportive, we can go to him anytime with any concerns and he acts on them straight away."

Staff told us and records confirmed they had regular meetings with the registered manager and were able to discuss aspects of the service which could be improved. Staff had annual appraisals to improve their knowledge and vision of the service. All the staff we spoke with understood and shared the registered manager's drive to provide a person centred care service.

The registered manager understood their responsibilities to the Commission. A review of incidences showed they had notified us of events that they were required to do so and had submitted additional information when requested. They had displayed their latest inspection ratings and had provided open and transparent responses to enquiries by other parties in line with their duty of candour. They had taken affective action to address concerns raised at our last inspection.

The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents they had made changes to minimise the chance of the incident happening again.

There were processes in place to monitor the quality of people's care records and the registered manager took action when they had identified it was necessary to improve the quality of record keeping. They had established links with the local NHS clinical commissioning group to monitor the service and ensure set standards were adhered to an improved upon. The registered manager conducted regular checks to ensure the environment and equipment were regularly maintained and safe. During our inspection an electrician attended the service promptly to repair a fault which had only recently occurred.