Sandwell Metropolitan Borough Council

Fountain Court

Inspection report

Millpool Way, Bearwood
Smethwick, B66 4HW
Tel: 0121 565 2427
Website:

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Fountain Court is registered to provide accommodation for up to 16 older people who require accommodation and personal care. People who live there may have a range of needs which include dementia. At the time of our inspection 16 people were using the service. Our inspection was unannounced and took place on 12 August 2015. The last inspection took place on 17 May 2013 and all the regulations were met.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt confident that the service provided to them was safe and protected them from harm. Staff we spoke with were clear about how they could access and utilise the providers whistle blowing policy.

Summary of findings

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. People told us that were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to access a range of health and social care professionals to ensure their health needs were met.

Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

Staff were aware of how and when to access independent advice and support for people and assisted with this when required.

People were involved in the planning of care and staff delivered care in line with people's preferences and wishes.

Information and updates about the service were made available to people in meetings and to relatives verbally. The complaints procedure was displayed in a clear and understandable format to maximise people's knowledge and understanding of how to make a complaint.

People, relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits that were undertaken regularly by the provider. The registered manager had also ensured that checks on staff were undertaken periodically out of normal working hours.

People received their medicines as prescribed but improvements were needed for recording when medicines had been refused or omitted.

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?
The service was not always safe.

People received their medication as prescribed. Information was not always available to assist staff.

A suitable amount of staff were on duty with the skills, experience and training in order to meet people's needs.

Staff acted in a way that ensured people were kept safe.

Requires improvement

Is the service effective?
The service was effective.

Staff knew people's care needs.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

The mealtime experience for people was positive and relaxed.

Good

Is the service caring?
The service was caring.

We observed staff knew people well and interacted with them in a kind and compassionate manner.

Information about the service was available for people and their relatives in an easily understandable format.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good

Is the service responsive?
The service was responsive.

Although most people were unable to participate in planning their care, their relatives or those who knew them best were actively involved.

Staff were aware of people's likes, dislikes and abilities and supported them to stay as independent as possible.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager.

The registered manager and the providers carried out quality assurance checks regularly and acted upon any findings wherever needed.

We saw the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow.

Fountain Court

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 12 August 2015 and was unannounced. The inspection was carried out by two Inspectors.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We looked at and reviewed the Provider's Information Return (PIR). This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with four people who used the service, four relatives, three care staff members, the cook and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, seven medication records and a variety of quality assurance audits.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I am safe and looked after here and I can go to staff if I want anything". Another person told us, "They [staff] are ever so good to me, I am happy here and have been here for a while". A family member we spoke with said, "We are happy with [their relatives] care, it is perfect here and all their needs are met". Another relative told us that, "They [their relative] are safe here and they wouldn't be here if it wasn't for this place".

We saw staff had been provided with safeguarding training and were able to explain the different types of abuse people may be exposed to and what action they would take if they saw the abuse taking place. A staff member told us, "People are safeguarded and cared for; all measures are put in place to ensure that and we report things to our manager when needed and understand the process".

We found that risk assessments were carried out to identify potential risks in how people were supported. For example we observed staff safely supporting people to move and transfer using a hoist. Care records showed that individual detailed risk assessments had been carried out for people, which addressed their specific needs, for instance, where people were at risk of falling this had been discussed with health professionals who had worked with staff to find solutions to the risk, such as using walking frames. Fire risk assessments were in place and each person living in the home had a personal evacuation plan so that in the event of a fire they were moved from the building in a safe and appropriate way that took their ability into account.

We saw that there were enough staff working within the home to keep people safe and that rota's were arranged to ensure that the right amount of staff with good skills and knowledge were on each shift. One person told us that, "There are lots of staff, they are in and out and everywhere". A relative told us that, "There are enough staff; there is always one staff member at least in the lounge at all times". A member of staff told us, "We are a good team and we help each other out". Another member of staff told us they felt that currently there were enough staff members. Our observations were that staff knew people's needs very well and if someone needed more assistance, their key worker would discuss it with the registered manager and then make sure that help was put in place. The registered manager told us that staff levels were regularly reviewed using a dependency level tool. This allowed the registered manager to see how much support each person living in the home required and the amount of staff that were needed to adequately support people.

All the staff that we spoke with told us that they had been required to complete a Disclosure and Barring (DBS) check before they were employed. This check was carried out to ensure that staff were able to work with people and that they would not put them at risk of harm. We found that the provider had an effective recruitment process in place, pre-employment references were sought to ensure that staff recruited had the right skills, knowledge, character and experience to meet people's needs. The registered manager demonstrated how the disciplinary procedures in place had been effective when dealing with staff who did not meet the required standards of performance to care for people.

We saw staff support people to take their medicines. One person we spoke with told us that they received their medicine regularly and in a timely manner. A relative also told us, "I am happy how they give medication to her". Another relative said, "She is given time, when she refuses her medication, they don't push her; they wait and come back when she is ready and it works". A staff member told us, "I am very confident giving medication out as my training has prepared me". Staff who were responsible for providing medicines to people were all trained appropriately and received regular updates.

Staff undertook a daily visual check of medicines. We reviewed how medicines for disposal were kept, for example those that had either been refused by the person or were no longer prescribed. We saw that records were not completed at the point of the medicine no longer being required. The registered manager confirmed to us that records were only completed on a monthly basis at the time that the medicines were collected by the pharmacy. This meant that no audit trail was available for a large amount of medicines we found being kept outside of the safe storage. This would not impact directly on people's care, as their medicine was kept securely locked away in blister packs, but it would cause some confusion for staff with regards to what medicine had been accounted for and what hadn't. We spoke with the registered manager and were told that this would be rectified straight away.

We found that guidance for staff to follow in relation to 'as required' medicines people were prescribed was lacking.

Requires improvement

Is the service safe?

We also noted some gaps in signatures on Medication Administration Record (MAR) sheets, which could lead to misunderstandings over whether a person had received their medicine or not.

Good

Is the service effective?

Our findings

Staff knew people's individual care needs and were able to describe these needs to us. We saw care plans that were signed by staff each time they were updated, so there was a record that they had been read. One person told us that, "I am well cared for here, they know what is best for me". A relative told us that, "[Name] was getting back and neck ache so they got a new mattress to see if that helped, they know what people need".

Staff told us that they were provided with regular supervision and that monthly team meetings took place. We saw minutes from these meetings, which showed how staff members were supported and that they were included in on-going discussions related to the service. Staff that we spoke with confirmed that they had received an annual appraisal. We saw that staff could access on-going training, for example in safeguarding and moving and handling to maintain their knowledge and skills. We saw records and staff confirmed that they had received an appropriate induction when they began working at the service. One staff member told us, "My induction was enough to prepare me for the job". Staff told us that they had received training on how to support people with Dementia, with one staff member saying that "We use reminiscence activities and dolls to help people feel comfortable and to keep a link with their past".

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. Staff we spoke with demonstrated a good knowledge of the MCA and DoLS by giving us examples on how this legislation was used in relation to the people they supported. One staff member spoke of attending a "best interests" meeting where DoLS had been discussed. There was a detailed MCA policies and procedures file for staff to refer to staff told us they had seen and understood this. We saw no evidence of restraint being used and staff told us that they did not use methods of restraint but used distraction techniques to support and guide people.

We saw people enjoying sitting together at lunchtime, with one person singing all through their meal. Staff sat down beside people asking them if their food was okay and helping them if they needed food cut up. One person told us, "The food is alright, I get what is given to me and there is plenty to eat". A relative told us, "The food is excellent and they [their relative] can have what they want". They went on to tell us their relative required a specific diet and the cook catered for them, so that they did not miss out. Staff told us that they try hard to cater for everyone's tastes and needs and if a person doesn't have an appetite they can have two puddings if that is what they prefer rather than a main meal. Records we reviewed showed that people's nutritional needs were outlined in their care records and that assessments were also carried out to identify where there might be particular risks with nutrition. We spoke with the chef who told us that they received regular updates on people's nutritional needs from the registered manager and that a fortified diet was provided for those people who were at risk of malnutrition. People were happy with the food offered to them. We saw that a choice of balanced and nutritious meals were on offer. One relative told us how their family member was put on a healthy diet with the person's knowledge and verbal agreement, to help keep their weight stable.

One person told us, "I can make choices on my food". We saw that menus were displayed around the home. When the meals were presented to people they were shown two options, which enabled them to make their own decision and staff explained to them individually what was on the plate. When people had made their choice they were assisted to eat their meal in a kind and helpful manner. Despite numerous staff on duty, not everyone was able to receive assistance immediately. We saw one person was left waiting until staff became free and by that time their food had become cold. The cold meal was not replaced with a fresh hot meal when staff were free to assist them. We informed the registered manager of our observations and they accepted this was an issue and they assured us that they would address this by adopting new systems at lunchtime.

Records detailed people's preferences such as likes and dislikes and cultural or religious needs. One person we observed said to staff that they would prefer a specific meal related to their culture, but it was unavailable on the day.

Good

Is the service effective?

We raised this with the chef who told us that certain food items had been purchased specifically for the person, but that it was only a limited choice and that they would look at adding to it.

We saw health care records which showed people were supported to access regular health screening and appointments with health care professionals. We saw that one person had waited longer than usual for a dental appointment. We discussed this with staff and they told us that they were awaiting an appointment to arrive and that they would follow this up. A relative told us that, “He sees the dentist and optician regularly and might have to have some teeth out, they sort it all out here”.

Good

Is the service caring?

Our findings

People and relatives that we spoke with told us the staff were caring. One relative told us, "Staff are kind, caring and compassionate". Whilst another relative said that, "They [staff] know her really well and she has a good rapport with her keyworker, which I really like". We observed activities taking place staff sat down with each person and communicated with them at their own pace. We also saw one staff member taking extra time to ensure that one person consumed enough fluids and were very patient and encouraging.

We observed that the home was very relaxed with people able to move around the environment freely. There was a garden and quiet areas for people's use and we observed them enjoying these facilities. One person told us, "The gardens are nice, I sometimes go out there". One person liked to sit in the reception area by the door in a comfy chair; we saw that staff checked on them regularly to ensure their wellbeing. We saw staff interacting well with people and sitting spending time with them. When one person was offered a chocolate by a staff member everyone in the room had an opportunity to choose a sweet of their choice, where people's dietary needs differed they were offered an alternative.

We observed people laughing and communicating with staff during lunchtime. One person requested some attention from a staff member before they would eat their meal, they responded to them quickly by giving them a hug and then encouraged them to sit down and eat their meal.

People were asked what activity they wanted to do, what they would like to eat and where they would like to be seated. We saw people giving both verbal consent and staff using their knowledge and understanding of people's body language and gestures to assess their approval.

People told us that they were supported to make their own decisions on things such as clothing, diet and activities. One person told us, "I can wear what clothes I want and make choices". We found that staff communicated clearly with people living in the home and supported them when they were distressed. For example, we observed one person became upset after their relative left the building for a short time during their visit; staff sat down with the person and explained that they had popped out and would only be away for a short time.

Where people required personal care this was done with dignity. For example, we saw one person required a change of clothing during lunchtime and this was done sensitively and without any fuss. Relatives told us that they were confident that people's dignity was respected. One relative told us that, "Staff always keep people's dignity". A staff member told us that when carrying out personal care, "I go at people's own pace and explain every detail, cover people with a towel when doing personal care and always ask, even if people are unable to respond, its courtesy really".

We saw that the care plans recorded the person's chosen method of communication and we saw staff follow these plans. This demonstrated to us that staff had the skills to ensure that people were supported to make their own choices. One person told us, "I can choose when I get up and when I go to bed". We saw staff talking with people and explaining reasons for actions they carried out. One relative told us, "They [staff] talk through everything with them and explain everything to them". Where people couldn't communicate other approaches were used, for example one relative told us that staff always asked her about her family member's preferences.

Staff told us that they liaise with independent advocacy agencies when they feel that people living in the home may benefit from the services provided. Staff gave us examples of when they had contacted advocates to come into the home and support people. One member of staff told us that, "If there is a situation where someone requires an advocate we would give the family the details of who to contact or we would do it for them" People that we spoke with had not had any experience of being supported by an advocate.

Good

Is the service responsive?

Our findings

People we spoke with were unable to tell us whether they were involved in their assessment of needs or care planning, however relatives told us that they had been very involved. One relative said, "I have been involved in developing [my relatives] plans of care and if there are any updates I am asked to look at them again". Another told us, "We have been involved in the care plan and could ask for changes if we wanted, we are part of it".

The staff that we spoke with told us that they maintained effective relationships with the families of people living in the home and that they were aware that it was important for people to keep links with their loved ones. A relative told us, "They consult with me and ask how [person's name] would like to do things to get the best approach". The relative told us of how staff enabled people to continue to do things they previously enjoyed before moving to the home, such as visiting a local park.

We saw that people had a number of photos displayed of themselves with their loved ones on a board outside of their bedroom and people were happy to show us these pictures. We saw that bedrooms were homely and well decorated with people's belongings in place and as they wanted them. One person told us that it was nice to have "a bit of home" with them and this allowed them to retain a sense of their own individuality. One person liked to wear items that showed their own unique style and this was encouraged by staff.

Records we viewed showed that assessments were carried out to determine people's individual support needs. A relative told us, "Staff go above and beyond and where they know people are at risk of falls they make sure they wear appropriate foot wear". Care plans outlined how people's needs should be met, such as the monitoring of people's weight to view any changes, which may require support from healthcare professionals. Care plans also included who likes their food to be cut up for them and hobbies that people enjoyed doing. We observed specific support being given and saw two carers assisting a person to be hoisted, food being cut up and help with personal care and medication. Staff told us that working to the care plan helped them to give appropriate care and one relative told us, "He has improved so much because of the care they give him here, they have it so right".

Staff understood the importance of supporting people to maintain their independence and we observed people being encouraged to do things for themselves. One staff member told us, "I don't presume that people cannot do things; I give them the chance and remember that each day people's abilities are different". People and their relatives told us that support was always there at times that people required it.

We saw that relatives visiting were made very welcome and were known by name to staff. Relatives told us that they were, "Always welcomed" and, "We can visit whenever we like at whatever time". A staff member told us, "Relatives are made welcome".

We saw that the complaints policy was displayed in the home for people and their relatives to refer to. It was in a clear and easily understandable format. We viewed files where previous complaints had been documented and they showed that the manager had responded in writing to the complainant with how the issue would be resolved. People and relatives we spoke with said that they had never had any cause to make a formal complaint but told us they knew how to if they felt the need. Relatives told us, "If I have a worry I speak to the manager in the office and it is dealt with" and, "I have no complaints, but if I did I would speak to the manager; she always has time for me.

We saw lots of "Dementia friendly" activities on the walls of the corridors of the home, these included instruments that chimed, brightly coloured silk scarves and a variety of hats that could be tried on and lots of music and lights. Each door was painted in an individual bright colour and handles and flooring were easily recognisable to assist people who found it difficult to identify certain features in the home.

We saw that there was an abundance of reminiscence activities to be used and saw staff sitting with people who had stuffed toys they were showing care to. There was also a replica pub, decorated in a traditional style, where people could sit and talk with each other.

Good

Is the service well-led?

Our findings

People who were able and their relatives told us that they liked the home and they thought that it was well led. One person told us, "I know who the manager is", and they were able to point them out to us. A relative told us, "We have a good relationship with [the manager] and the home is managed very well". A staff member told us, "We will go in and see the manager and she is out on the floor a lot too; she always listens". All of the staff that we spoke with told us that the registered manager was a good leader and that she always had time for them and for the people living in the home. The atmosphere between people living in the home, staff, management and visitors was very relaxed and their interactions were comfortable.

People knew and understood the leadership structure in the service. A registered manager was in place and staff knew who was in charge in their absence. Staff told us that they were aware of who to contact in an emergency and they also knew who to call out of hours. The registered manager told us that spot checks were carried out at night time and weekends to ensure that a high standard of care was provided.

Staff were aware of the whistleblowing policy and they knew how to escalate any concerns with the relevant external bodies if they felt that people were at risk. The registered manager told us that the provider visited regularly and spent time talking to people living in the home. The provider was described as taking a keen interest in the service and provided on-going supervision to the registered manager and support to all the staff. Staff that we spoke with told us that managers kept them informed of the development of the service through team meetings.

Quality assurance systems included feedback gathered by the use of surveys of residents, with the last one carried out in March 2015, which we saw were all positive, relatives were not included in these surveys, but we saw that some had assisted to complete them. We saw that these surveys could be accessed in a picture format, which helped some people to communicate their feelings more effectively. The registered manager told us that the information provided had helped to implement things in the home, such as reminiscence activities. We saw action being taken on the improvements planned that we had been told about in the Provider Information Record, we received this from the registered manager prior to the inspection and it included on-going training for staff and audits to be carried out.

We saw minutes from meetings, where discussions had taken place about the environment, the food and care provided. Relatives told us that they had not been invited to or involved in these meetings, however before the inspection, we had been told by the manager, as part of the Provider Information Record that relatives meetings would start in October 2015 and we spoke with the manager about the plan for this during our visit.

Audits were undertaken to monitor the quality and safety of service provision within the home and a handyman was employed to ensure that maintenance of the building was carried out. Records we saw showed that building and environmental checks were regularly carried out, to ensure that the building did not pose any risk to people who live in it. We saw that care plans were checked regularly and written updates were made. Audits were robust in all areas except for those for medicines.

Incidents and accidents were recorded appropriately following the providers own procedures, we saw records that showed that these were also monitored for any trends and the appropriate action was taken where required. For example, we saw that where damage had occurred to the main exit door for the building, this had been made quickly been made safe and risk assessments had been developed to minimise the risks should a future incident occur.

The registered manager had provided all the necessary information to the Care Quality Commission prior to our inspection and any notifiable incidents had been reported to us in a timely manner. The manager spoke with us about how disciplinary procedures had been used previously when members of staff had been dismissed to ensure that the correct course of action had been followed. We viewed records that showed us how the procedure had been followed in the correct stages.