Liberty Healthcare Solutions Limited

The Fountains Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced inspection of The Fountains Nursing Home on 15 and 17 August 2017.

The Fountains Care Home is owned by Liberty Healthcare Solutions Ltd. The home is situated in large grounds overlooking Victoria Park and is close to Swinton town centre in Salford. The home provides both residential and nursing care for up to 98 people who require personal care for both physical and mental health related illnesses. The home is registered with CQC (Care Quality Commission) to provide care for up to 98 people.

There are four units at the home, known internally as Parkview (Residential Dementia), Garden Rooms (General Residential), Victoria Suite (General Nursing) and The Lowry (Dementia Nursing). At the time of the inspection there were 92 people living at the home, across the four units.

Our last comprehensive inspection of The Fountains Nursing Home was in May 2016 where the home was rated as Requires Improvement overall and for the key questions Safe and Well-led. The key questions for Effective, Caring and Responsive were rated as 'Good'. At that inspection we identified breaches of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, with regards to safe care and treatment and staffing. The home also didn't have a registered manager in post meaning that the Well-led key question could only be rated as Requires Improvement.

At this inspection, the home had a registered manager in post. 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.

At our previous inspection in May 2016, we identified a concern with the safe storage of the supplement thick and easy which is a prescribed medication given to people who may have difficulties swallowing. This was still an issue at this inspection, as was the storage of topical creams which were kept in people's bedrooms with no risk assessment in place. This presented the risk of people consuming these medicines unsafely, if they did not understand the risks it could present. One person in particular had a risk assessment in their care plan relating to the unsafe consumption of certain liquids.

We looked at how other prescribed medicines were handled. We noted some gaps in signatures from staff when medication had been give which was on the Lowry Unit.

We reviewed building safety and maintenance checks. The electrical installation check was due in April 2017, however the work had not been undertaken at the time of our inspection. The provider made arrangements for this to be completed by early September 2017.

We found there were enough staff to care for people safely. Staffing levels had been increased on both

Victoria and Lowry units which had been an area of concern brought up at our last inspection.

We found the home to be clean with appropriate infection control processes in place, with the home achieving a score of 97% during the most recent audit from Salford City Council in August 2017. All of the toilets and bathrooms contained appropriate hand hygiene equipment and guidance, with personal protective equipment (PPE) readily available and worn by all staff when necessary.

Both people living at the home, visiting friends and relatives told us they had no concerns about safety at the home. Staff demonstrated an understanding of safeguarding procedures and how to keep people safe.

The home was working within the requirements of the MCA (Mental Capacity Act). DoLS (Deprivation of Liberty Safeguards) applications were made where people were deemed to lack capacity to make their own choices and decisions about their care.

Staff were complimentary about the training provided by the home, regarding both induction and on-going refresher sessions. An online system was available which allowed staff to complete training in their own time. Practical training was also available in subjects such as moving and handling.

Staff confirmed they received supervision as part of their on-going development. We looked at a sample of these records during the inspection and found they were completed with good detail about the discussions that had taken place. Although annual appraisals had not yet taken place, the registered manager provided us with a schedule of when these would be undertaken.

We found appropriate action was taken when people were deemed to be at risk of losing weight, with referrals made to the dietician service as required. Specialised diets such as soft and pureed were provided where people had been assessed as being at risk of aspiration.

People received the support they needed to eat and drink from staff at meal times. People were also supported to eat their meals in their bedroom if they were unable to do this themselves, with staff allowing people to take their time to eat and drink.

The people we spoke with and their families told us a good standard of care was provided at The Fountains, across each of the four units of the home. People said they felt treated with dignity, respect and that staff promoted their independence as necessary.

We identified issues with record keeping and found contradicting information in people's care plans. This presented the risk of both regular and agency staff, not having access to up to date information about people's care needs.

The home employed several activity coordinators, who planned and oversaw the activities completed within the home. During the inspection we observed a number of one to one activities taking place such as reminiscence sessions and discussing past experiences with people from earlier in their life.

There were systems in place to seek and act on feedback from people living at the home such as satisfaction surveys, staff/residents meetings and a complaints procedure. The home maintained a record of compliments in addition, where people had expressed their satisfaction with the service provided.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. However we found the homes internal quality assurance systems had not been fully effective. For

example, where there were discrepancies in care plans, where record keeping was poor and where creams and the supplement thick and easy was not stored safely. The electrical installation check of the home had also not yet been completed, despite being due in April 2017.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

The electrical installation check at the home was due to be completed in April 2017, however this had not been done by the time of our inspection. We were informed after the inspection that this work was scheduled to be completed in early September 2017.

We found creams and the supplement thick and easy were not always stored securely, for instance in people's bedrooms and on drinks trolleys. There were also some gaps in signatures on MAR charts we reviewed.

People living at the home and visiting relatives told us they felt the service was safe. Staff were aware of safeguarding procedures and how to keep people safe.

Is the service effective?

Good

The service was effective.

People received enough to eat and drink and staff made appropriate referrals to other agencies such as dieticians when people were at risk of losing weight.

Staff said they received sufficient training and supervision to support them in their roles.

The home were working within the principles of the mental capacity act and made DoLS referrals when required.

Is the service caring?

Good

The service was caring.

People living at the home and visiting relatives spoke positively about the care provided.

We observed lots of caring interactions between staff and people living at the home.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

We found several instances where records were not well maintained and where contradictory information was recorded in people's care plans.

We found appropriate systems in place to handle and respond to complaints.

Appropriate systems were in place to seek and act on feedback from people who used the service such as satisfaction surveys and resident/relative meetings.

Appropriate systems were in place to seek and act on feedback from people who used the service such as satisfaction surveys and resident/relative meetings.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led.

Although quality assurance systems were in use, they were not fully effective in identifying the concerns we had found/

We received positive feedback about management and leadership within the home.

Staff meetings were held on each of the units, which enabled staff to raise concerns and voice their opinion about matters within the home.

The Fountains Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 15 and 17 August 2017. The first day of our inspection was unannounced, however we informed the registered manager and provider we would be returning for a second day to complete the inspection and announced this in advance.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC) and two experts by experience. An expert by experience is a person who has experience of caring for someone similar to the people who used this type of service.

Before commencing the inspection we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. We also contacted other healthcare professionals involved with the service such as the local Safeguarding, Infection Control and Environmental Health teams based at Salford City Council. We also contacted the local Clinical Commissioning Group (CCG) and Salford Healthwatch. The feedback we received was used to inform our inspection judgements.

We had also 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. We took this into account when we inspected the service and when we made the judgements in this report.

During the course of the inspection we spoke to the registered manager, two of the providers, the clinical

lead, 13 care staff including nurses, eight people who lived at the home, two visiting healthcare professionals and 16 visiting friends/relatives.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home and visiting relatives we spoke with said they felt the service was safe. One person said; "My husband is perfectly safe. I have never had any worries about him. He has poor balance and has dementia but the staff treat him well". Another person said; "My mum is quite safe. She is safe in terms of nursing care. There was a problem a year ago with the male nurse who dragged mum out of the dining room. The management sorted it all out and he lost his job". Another relative said; "My wife is very safe. They have made the units more secure and there is a key now to get out not a touch pad. Sometime ago there was a resident who pestered and intimidated my wife. I raised a concern, but the staff were already aware of it and it got sorted out".

We checked to ensure that equipment and the building was being well maintained to ensure it was safe. We found required maintenance and servicing work had been completed for hoists, weighing scales, gas safety, emergency lighting and the lifts. One of the lifts was out of action during the inspection due to work needing to be completed, however this was cordoned off and not in use whilst this was being done. Fire safety checks had also been completed of door guards, fire blankets and fire alarms. Fire exits were also checked and drills undertaken. Certificates were provided of work completed and we reviewed these as part of the inspection.

The next electrical installation check had been due in April 2017, however this work had not yet been completed. We were told by one of the providers this was because they were still seeking quotes from different companies. We asked the provider to complete this work as a matter of urgency and were informed this work would be completed by early September 2017. The fact this work was now four months overdue meant we were unable to verify that the electrics at the home were of a safe standard at the time of the inspection.

This meant there had been a breach of regulation 15 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to premises and equipment. This was because the premises were not being properly maintained.

We looked at how the service managed medicines. There was an up to date medicines policy in place which included information on covert medicines, self-medication, consent, as required (PRN) medicines. All staff who administered medicines had undertaken appropriate training which was recorded on the training matrix. Each person who took 'when required' (PRN) medicines had these identified on their MAR sheet and we observed staff to offer these to one person in the morning, in line with the individual care plan instructions.

There was a medicines fridge used in which certain medicines were stored. Fridge temperatures were taken daily and were up to date. The fridge and medicines room were secure and clean, . Keys for the medicines room were kept by the senior member of staff on their person and handed over at the end of each shift to the next senior person responsible for administering medicines.

There were four medicines trollies, one for each unit, which were locked and securely stored in the medicines room when not in use. There was a metal controlled drugs (CD) cupboard which was secured to the wall in the medicines room and a CD book was kept which contained two staff signatures as required. The balance of CD's was checked before the end of every shift each day. We checked the balance stock of a sample of CD's on Park View and found these were correct. Controlled drugs are certain medicines that are subject to additional legal controls in relation to their storage, administration and disposal.

There were topical cream administration charts in place for people requiring these including a body map to identify to staff where these should be applied, which was easily accessible and helped to ensure they knew where to apply creams. There were appropriate disposal bins in place for sharps, general medicines and a separate disposal book for CD's was also used.

At our previous inspection, we raised concerns about the storage of the supplement thick and easy being stored insecurely and left accessible to people living at the home who may not have understood the risks this presented. Thick and easy is a prescribed supplement added to people's drinks when they have swallowing difficulties. We observed this to still be an issue on Victoria and Lowry unit, on the second day of this inspection, despite being raised as a concern on the first day. Although only one person living on Victoria unit was mobile, staff said they often walked into other people's bedrooms. On Lowry unit, lots of people were mobile and spend large parts of the day walking on the corridors of the unit.

We saw topical creams such as conatrane were left out in people's bedrooms and could have posed a risk to people potentially consuming them in an unsafe manner. We were told the cream was left in bedrooms so that staff had easier access to it when delivering personal care, however a risk assessment had not been completed to demonstrate how these risks were being managed. This was something which we sought advice on from CQC medication inspectors, who stated a risk assessment needed to be in place. The registered manager said this would be done following the inspection.

One person on Lowry unit had a risk assessment in their care plan relating to the consumption of inappropriate liquids such as shower gels. The risk assessment stated they would be at risk if they were to be left out in sight and they went into other bedrooms and that inappropriate liquids should be locked away, even in other bedrooms. When checking this person's bedroom, which was unlocked, creams and cleaning wash were stored next to the sink, which was contradictory to what the risk assessment said.

We also identified some gaps on the MAR sheets we reviewed, particular in Lowry Unit where staff had omitted signatures when giving people their medication on five sample MAR charts we reviewed.

This meant there had been a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to safe care and treatment.

We looked at the home's safeguarding systems and procedures. The home had a dedicated safeguarding file which contained details and information about any safeguarding incidents which had taken place, as well as corresponding meeting minutes from any case conferences. The training matrix showed us staff had received training in safeguarding adults, with a policy and procedure available if they ever needed to seek advice or guidance.

Staff we spoke with displayed a good understanding of safeguarding procedures and were clear about what action they would take if they witnessed or suspected any abusive practice. One staff member said; "I have done training and it is important that we protect people from abuse. The types of abuse can include physical, emotional and financial. If I observed anything, I would report it straight to the nurse".

We checked to see if there were sufficient staff available to meet the needs of people who lived at the home. The home used a dependency tool to determine staffing levels across each of the four units and we reviewed this during the inspection, as well as a four week sample of staffing rotas. This was to establish if the agreed staffing numbers were consistently provided at the home. At our previous inspection in May 2016 we identified a breach of the regulations with regards to staffing. This was because we observed lounge areas (particularly on Lowry Unit) to be left unattended for long periods. Staff told us this was because there were not enough staff to keep an eye on people to keep them safe. Since then, staffing levels on the unit had increased, with an additional member of care staff at night and also during the day.

During this inspection, we observed staff responding to people's requests in a timely manner, on each of the units at the home. For instance if people needed taking to the toilet or when people used their call bell in the room. On one occasion, one person used their nurse-call bell to summon staff assistance whilst in their room. This was responded to within 30 seconds which meant that the person did not have to wait long for assistance. We also saw the lounge areas were well monitored by staff, both early in the morning once people had gotten up and during the day.

We asked staff for their views of current staffing levels. One member of staff said; "Staffing levels have increased to three at night now and that helps a lot". Another member of staff said; "Staffing has definitely improved. For now staffing definitely sufficient". A third member of staff said; "On the whole it is okay and it's manageable. I think it the occupancy on the unit went up we may need more, but I think that would be provided". A fourth added; "Generally speaking we manage okay. The staffing levels are consistent in terms of the numbers on".

We looked at how risk was managed at the home. We saw people had risk assessments in their care plans in relation to areas including falls, pressure sores, waterlow (for skin) and malnutrition. These were regularly reviewed and updated to ensure staff were aware of the latest information. Accidents/incidents were recorded in people's care files and identified the detail of any incident including the cause and the detail of any immediate and subsequent action that was required to minimise any further risk. We saw that appropriate referrals had been made following an incident such as contacting the GP, the ambulance service or the falls prevention team. An overall record of accidents was completed each month across each unit and detailed any actions that had been taken Peoples files also contained Personal Emergency Evacuation Plans (PEEPS). These plans identified to staff what assistance people needed in the event of the need to evacuate the building in an emergency.

The home had recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. We looked at five staff personnel files and found robust recruitment checks were completed before new staff commenced working at the home. The files included job offer letters, proof of identity, two references and a Disclosure and Barring Service (DBS) check. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people. We also checked nurses who worked at the home were maintaining their registration with the Nursing Midwifery Council (NMC) and saw person identification number (PIN) were in date. These checks would ensure staff were suitable to work with vulnerable adults.

We found the home to be clean with appropriate infection control processes in place, with the home achieving a score of 97% during the most recent audit from Salford City Council in August 2017. All of the toilets and bathrooms contained appropriate hand hygiene equipment and guidance, with personal protective equipment (PPE) readily available and worn by all staff when necessary.

We looked at how people's skin was kept safe and saw people had appropriate skin care plans and

waterlow risk assessments in place. Where people were at risk of developing pressure sores they had an assessment of their tissue viability and were provided with the required equipment such as a specialist mattress or chair cushion. Re-positional charts were also completed by staff to ensure people received adequate pressure relief and we looked at a sample of these and found they were completed accurately. We saw that where necessary the service had worked in partnership with the tissue viability nurses and had received instruction from these on how to safely manage pressure care issues.

A visiting NHS Healthcare professional told us, "I feel that wound care is managed very well and I have no current concerns. Staff are very helpful and report any issues straight away to my team. They follow our advice and interact well with people".

Good

Is the service effective?

Our findings

The people we spoke with and visiting relatives told us they felt staff had the correct skills and knowledge to provide effective care. One relative said; "The staff are very knowledgeable about the care my relative needs". Another relative said; "The staff are very knowledgeable about my wife's Parkinson's Disease, they know what she needs. They sit and talk to her and they never rush her".

We looked at the induction programme staff received to ensure they were fully supported and qualified to undertake their roles. We found new staff were given the opportunity to shadow more experienced colleagues before working unsupervised and were also required to complete a formal probationary period. The staff we spoke with told us an induction programme was provided when they first started working at the home. One member of staff said; "The induction was okay and I was shown around each of the unit in case I ever needed to work there". Another member of staff said; "I had a one day induction where I shadowed more senior staff over day and night shifts and was assessed as being competent at the end. I read policies and procedures and did training in moving and handling, safeguarding, whistleblowing and infection control and I have training on nutrition coming up soon".

We looked at training and development staff received to support them in their role and reviewed the training matrix. This showed staff had completed training in areas such as safeguarding, moving and handling, health and safety, first aid, fire safety, dementia, infection control and medication. The staff we spoke with said they felt sufficient training was available. One member of staff said; "I have done all my mandatory training. The training I have needed has been provided to me and they do their best". Another member of staff said; "So far so good with training. I have wound training this Thursday and there is enough available overall". A third member of staff added; "There is a lot on the go at the moment with training and quite a few different ones coming up. There is enough provided". Another commented; "We all get lots of training such as moving and handling and infection control. When you work with the residents you get to know their needs and how you need to handle each one of them".

Staff received supervision as part of their on- going development and support. We reviewed a sample of these during the inspection and saw topics of conversation included previous discussions, training, potential barriers, additional support required, safeguarding/whistleblowing and team working. Although no appraisals had taken place since our last inspection, the registered manager showed us a plan for the remainder of the year where these had been scheduled with staff. One staff member said; "We get supervision about every three months with the senior staff member. We get the notes of these meetings and sign to say we agree with them. I think it's a fair process because you get feedback on the good things you've done as well as things that need improving".

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the service kept a log of all DoLS applications, including the name of the person, the date when the request was sent, the date any existing DoLS ended, the date when applications needed re-authorising and the date the statutory notification regarding these was sent to the commission as required Where people had been assessed as lacking capacity to make their own choices and decisions about their care and treatment, DoLS applications were then made to the local authority. This would prevent the risk of people being unlawfully detained or deprived.

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. We found that the service was complying with the conditions applied to the authorisations granted and there was also additional instruction for staff on what to do if someone subject to a DoLS went into hospital. We saw people had mental capacity assessments in their care plans, which were up to date. People living at the home or their relatives had provided written consent to care and treatment and the taking of photographs, which was recorded in their care plans.

On each of the units we observed staff talking to people and asking their permission to provide care. All visitors said the staff always asked permission before doing things. One relative said; "They always tell me about his treatment and will even phone me at home. They really don't mind chatting to me as much as I need'. Another relatives said; "They always ask permission, they say is it ok to give people a wash and things like that". A third relative added; "The staff always ask permission before they treat people. If people refuse they are clever at finding ways to get around the situation".

People's care plans contained records of visits by other health professionals. We saw that a range of professionals including GPs, speech and language therapists (SALTs) and CPNs (community psychiatric nurses) had been involved in people's care. We saw people's weights were being monitored on a regular basis where a need for this had been identified. Staff at the home were proactive in referring people other health professionals (such as dieticians and SALT) if there were concerns about people's nutritional status or their safety. When recommendations were made, they were followed by staff. People's care files contained a malnutrition universal screening tool (MUST) and an associate monitoring sheet which was reviewed every month to ensure staff could take any necessary action as required.

People using the service had at least two daily food choices, but could choose an alternative option on any day if they wished. For example we saw that one person had chosen an alternative lunch to what was on the menu on the day of the inspection. There was a four week seasonal menu cycle, which was displayed both inside and outside of the dining room. Staff told us people identified what they wished to eat each day and this information was given to the kitchen.

Special diets were catered for, food allergies were recorded and people had nutrition and hydration care plans in place in addition to a nutritional screening assessment which included information on dietary requirements, appetite, dietary regime, weight, factors affecting appetite or ability to eat and the risk level associated with this. We observed throughout the day of the inspection that staff frequently offered hot and cold drinks to people and we saw that adequate supplies of hot and cold drinks were given to people who were staying in their bedroom.

We observed lunch being served on each of the units on the first day of our inspection. We saw people received the support they required from staff in a timely manner both in the dining room, or if they ate in bed. We saw people were allowed to eat at their own pace and that staff wore appropriate PPE (Personal

Protective Equipment) when assisting people to reduce the spread of any germs or infections.

We saw there were some adaptions to the environment, which included pictorial signs on the doors and contrasting coloured grab rails in some of the bathrooms which would assist people living with a dementia to orientate around the building and find their own room. On Lowry Unit, which cared for people with dementia, there were themed corridors had been introduced along with pictures of famous actors, the queen, sporting memorabilia, famous singers and sensory objects people could touch. This would help people to become more familiar with the environment they lived in.

Relatives told us the home worked well with other healthcare professionals and sought their advice when required. People's care plans also contained details of the professionals that had been involved in people's care. One relative said; "Mum receives support not just from the care home staff, but also from a dietician and a podiatrist for her feet". Another relative said; "Every now and again the staff come and give my wife a review for her Parkinson's. When she has been ill they have called the doctor straight away and informed me".

Good

Is the service caring?

Our findings

The people we spoke with who lived at the home said they were happy with the care provided at The Fountains Nursing Home. One person said; "The staff are all very good, very nice and I can't find fault with any of them really". Another person said; "Lovely staff. I am happy here, there are good staff and everything". I have a bath about twice a week which I like". A third person told us; "The staff are all champion. They can't do more than they're doing". A fourth person added; "The girls are lovely, really good".

Relatives told us they were happy with the care provided to their loved ones who lived at the home. One relative said; "The staff are very good and have got people's best interests and welfare at heart". Another relative added; "The staff are caring for people well. They do a good job and are caring". A third relative added; "They are managing her a lot better than where she was previously".

Throughout the course of the inspection we heard laughter and discussion between staff and people who lived at the home. Staff interacted with people throughout the day and it was clear that they had a good understanding of the individual people who used the service. We observed many occasions where staff spoke privately on a one-to-one basis with people. For example, we observed one member of staff softly stroking a person's chin as they asked them if they would like to go and get changed. We observed the person smiling and telling the member of staff this was something they would like to do. On another occasion, we observed a member of staff sitting with a person holding their hand. They gently ran their hand through the person's hair whilst smiling at them and checking if they were okay.

Conversations were of a friendly nature and there was a caring atmosphere between staff and people who lived at the home. Staff attitude to people was polite and respectful using their names and the right approach and people responded well to staff. For example at the lunch time meal we saw a staff member gently assisting one person to eat their meal, encouraging the involvement of the person and providing reassuring assistance whilst maximising the person's independence and recognising what they could do for them self.

We observed staff were respectful of people's choices, decisions and treated people with dignity and respect. For instance, we observed a member of staff sitting with a person and tell them they looked as though they needed a shave before taking them to their bedroom to assist them with this. Another person was sat in their chair with their mid-section on display, however a member of staff noticed this and asked if they would like to cover themselves up. Staff were also discreet with any care interventions such as quietly asking people if they would like to be taken to the toilet and not drawing any attention to the situation to respect people's dignity.

Additionally, staff took the time to explain to people what was happening when assisting people with their mobility such as when transferring from a wheelchair or hoist into an arm chair. This appeared to keep people calm and during one hoist transfer we observed a person joke about how they hoped the hoist 'had enough petrol in it' to get them into their chair safely which everybody laughed at. Following the transfer, we heard staff asking people how the transfer was for them and if they felt comfortable.

The people we spoke with and visiting relatives said they felt staff at the home always treated people with dignity and respect. One relative said; "They treat him with dignity and respect. There are always two carers around when they move him in the hoist and when he is being showered he never complains about being washed. They calm him down when washing and moving him by talking to him quietly. They put towels around him as soon as they can to cover him up". Another relative said; "Whenever staff do personal care it is always done with doors shut. Staff make sure all essential parts of the body are covered up".

Staff were aware of how to ensure people's privacy and dignity was respected. We observed people were treated with kindness and dignity during the inspection. Care staff spoke with people in a respectful manner. We saw that the care staff knocked on people's bedroom doors and waited for a response before entering. For example, we saw a member of staff entering a person's room after knocking and being invited in. The care staff said, "Morning [person name], I've got a special cup of tea for you this morning," after which a short discussion followed.

People's end of life care was dealt with in a sensitive way. When appropriate, and where people had chosen to, documentation was in place to ensure their end of life wishes were considered. This included decisions around resuscitation, which was clearly documented and reviewed by a GP where appropriate. Certain staff were end of life care champions, and had completed the 'Six steps to success North West end of life care programme for care homes'. These certificates were displayed on a notice board in the corridors. People's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. Staff told us they involved families when developing care plans or carrying out assessments.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights though good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs.

Requires Improvement

Is the service responsive?

Our findings

During the inspection we saw several examples where staff at the home had been responsive to people's needs and provided care in line with people's preferences and choices. For example, we observed one person was cared for in bed. Their care plan stated they enjoyed listening to music and that it was important for the radio to be on in their bedroom which we saw was on each time we went in to check. Another person carried plastic dolls around the home, believing them to be their own children. Their care plan stated it was important to let this person keep the dolls with them at all times as if they were removed it would cause them distress. We saw staff respected this decision and allowed this person to hold them throughout the day which appeared to keep them calm and happy.

We saw that when people first moved into the Fountains Nursing Home, initial assessments were undertaken so that staff could determine the care people required and respond accordingly. The assessment took into account maintaining a safe environment, breathing, communication, eating/drinking, mobility, elimination, sleep, skin, medication and use of equipment. Following the assessment, this would then allow for care plans to be created.

During the inspection we looked at the care plans of 11 people who lived at the home across each of the four units. We noted people had care plans in place with regards to personal hygiene, elimination, communication, nutrition/swallowing, mobility, skin, capacity, sleeping and use of bed rails. The care plans provided an overview of people's care requirements and the care interventions staff needed to undertake, as well as details about people's life history regarding previous employment, hobbies/interests and family information. We found although care plans were reviewed each month, they were not always reflective of people's current care needs. This posed the risk of staff and in particular agency staff, not having accurate and up to date information about people's care requirements.

On the Lowry Unit for example, we read one person's care plan that said they needed to be supervised when walking to prevent falls, however we observed this person walking around the unit freely with no mobility problems. Their falls risk assessment said they were medium risk of falls, yet their sleep care plan described them as being at high risk.

In a second care plan we looked at, their elimination records said they were able to take themselves to the toilet when they needed to go, however during the inspection we observed this person being taken by two members of staff. This person's waterlow risk assessment also said they were at high risk of skin damage, however their skin care plan said they were at low risk. A note had also been written within the professionals log that they had recently commenced on a pre-mashed diet, however the nutrition care plan had not been updated to reflect this information. There was also conflicting information in one person's PEEP which said they needed assistance from one member of staff with walking, yet we observed them being hoisted into a wheel chair with assistance from two members of staff. Their mobility care plan also stated they were mobile with a walking stick for short distances.

We also found gaps in recording with regards to people's person care requirements. For instance we

checked a sample of oral hygiene charts which were located in bedrooms on Victoria unit. We found five of these charts had missing entries which made it difficult to determine if people were receiving appropriate care. We viewed the fluid intake records of one person on the Lowry Unit whose care plan we had viewed. On six of the days, this person had low amounts of fluid recorded, with two of the days stating nothing had been consumed. These records had also not been signed off by a member of staff to confirm if this amount was sufficient.

This meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because there had been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user.

We looked at how complaints were managed. There was a complaints policy and procedure in place which had contact numbers for CQC and the local authority and we saw this displayed in the main reception area. People told us they had never had reason to make a complaint but would feel confident in doing so. We reviewed any complaints made against the home and saw the registered manager had provided a detailed response with any actions taken.

The home maintained a record of compliments where people had expressed their gratitude with the service they received. We looked at a sample of these, some of which read; 'To all of the staff at Fountains, I am writing to thank you for the last five and a half years that you have looked after my husband. Words alone cannot express my gratitude the love, care and dedication' and 'To everyone at Fountains, thank you for everything you have done. I truly appreciate it and will never forget it' and 'To all the staff, a note of thanks for the care and compassion my relative received. You have been brilliant'.

The home had systems in place to seek feedback from people living at the home. This would enable to home to improve based on the feedback received. This included sending out satisfaction surveys and holding resident and relative meetings in order to seek people's views and opinions. The last survey had been sent to people who lived at the home, relatives and advocates in January 2017. This asked people about the care provided, food/catering, premises/environment and management arrangements. Resident and relative meetings were also held across each of the units, although we were told attendance at these meetings was often limited. We looked at the minutes from the meetings which had taken place where topics such as care delivery, activities and the meal time experience were discussed. There was a space for any other business to that other issues could be discussed, with actions also set to followed up based on feedback received.

The home employed several activities coordinators and we saw a schedule of activities was in place. People's choices regarding preferred activities were recorded in their care files and information on activities was posted on notice boards around the home. Activities included board games, rummage boxes, nail care, movies, arts and crafts, sing-along, baking, hairdressing, jigsaws, chair aerobics, skittles and reminiscence. On the day of the inspection we observed the activities coordinator undertaking and arts and crafts activity during the afternoon. We also observed several one to one activities taking place on both Victoria and Lowry. This consisted of reminiscing about past life time experiences and what people remembered about the war. The activity co-coordinator also had a box with several different objects in them such as old pegs, gloves and stockings and was asking people if they brought back any memories. A pet therapy dog called Mutley visited the home during our inspection and visited each of the units. We observed people taking pleasure in patting the dog on the head and feeding it biscuits which people seemed to enjoy.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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. The registered manager had been newly appointed since our last inspection in May 2016.

The home had a clear management structure in place. The Fountains Nursing Home is owned by Liberty Healthcare Solutions whose directors oversee the running of the home. The registered manager was supported by a clinical service lead and a general manager who oversaw the day to day running of both residential units. In addition to these management arrangements, the staffing structure consisted of nurses, senior carers, care assistants and staff worked in the kitchen, laundry and undertook domestic tasks.

Staff told us they enjoyed their work and felt there was a positive culture amongst staff at the home. One member of staff said; "So far so good. There have been a lot of improvements since I have been here. The manager listens to what I say and takes things on board. I enjoy my job and take pleasure from what I do". Another member of staff added; "I like my job and we work well together. I enjoy helping the residents".

All relatives and people living at the home spoke highly of the management. People said management listened and were often seen around the home. One relative said; "I have met the manager. She is nice and easy to speak to. She always asks me how my husband is when I meet her". Another relative said; "The management has improved over recent months. The manager is approachable. I feel they have improved things like safety such as getting in and out of the unit and I feel the home is cleaner. It used to smell badly but it doesn't now. They take an interest in everyone and always ask me about my wife. I have seen the two gentlemen at resident's meetings".

The staff we spoke with told us the home was well-led and managed and they felt supported. One member of staff told us; "So far I think the manager has been good. I have noticed that things get done when issues are raised". Another member of staff said; "The manager is okay. I feel I can speak to her and I do find her to be approachable". Another member of staff added; "I feel the home is well led and managed. Since I started here there have been a lot of improvements. Staffing levels has improved. Management listen to the views of staff relatives and residents. There is a lot of positivity around the building, a feeling of working in a good team".

The home had systems in place to monitor the quality of service being delivered. These included audits of the nurse call system, pressure care, bedrails, continence, mattresses/cushions, medication and care plans. These checks were done on each of the units at the home and had completed regularly. A 90 day plan had also been devised, with improvements and changes the home intended to make. The plan included making changes the environment, staff recruitment and resident experience. A 'Mini CQC audit' was also planned, which would be centred around the regulations and key questions in advance of a full inspection.

We found the homes internal quality assurance systems had not been fully effective. For example, where creams and drink thickeners which were prescribed medicines were not stored securely. This had also be raised as a concern at our previous inspection in May 2016. We also identified concerns with record keeping, contradicting information in care plans and the fact that the electrical installation checks were four months overdue and not yet completed.

This was a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Good Governance.

Staff told us regular team meetings were held both day and night staff. Topics of discussion included continence care, sickness absence, policies and procedures, supervision, use of the upcoming electronic care plan system and end of life care. The minutes of these meetings were available which we reviewed during the inspection. One member of staff said;

The home a range of policies and procedures in place. These included medicines, safeguarding, MCA, DoLS, moving and handling and dementia care. This meant staff could seek advice and guidance as required.

We found that confidential information was stored securely. For example, care plans were stored in metal filing cabinets at the nurse's station. Details of staff recruitment and supervisions sessions were also held within the manager's office. This meant that people's personal information was being held safely.

Providers of health and social care services are required by law to inform the Care Quality Commission of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.

We saw the ratings were displayed in the home reception and on the provider's website which is now a legal requirement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure people received safe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Appropriate systems were not in place to ensure the premises were well maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure contemporaneous records were maintained and that the quality of service provided was being monitored effectively.