

Fountain Based Limited

Fountain Based Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fountain Based Ltd is a domiciliary care agency registered to provide personal care. At the time of the inspection, two people were receiving support with personal care.

People's experience of using this service and what we found

Risks to people were not always recorded or mitigated against. Wording in documentation around risk was imprecise and would not provide staff with suitable instruction to ensure risks were understood and met. Recruitment processes were not robust. The provider had not completed checks on new staff correctly to ensure they were safe to work with vulnerable people. The provider was unaware of up to date guidance on infection prevention and control and did not record staff testing satisfactorily. At the time of inspection no one was being supported to have their medicines administered; however, we have made a recommendation about assessing medicine risks because staff had recorded the medicines people take.

Staff were trained to safeguard adults from abuse and there had been no incidents or accidents at the service.

The provider did not have good oversight of staff training and induction of staff appeared incomplete.

Assessments of people's needs had been completed with people in line with the law. The service recorded people's care in communication logs. People's nutrition and hydration needs were met. People consented to their own care and staff understood the law in this regard.

Some of the language used in care plans was not respectful of equality or diversity.

People and relatives told us staff treated people well. People were able to make their views known to the service. People's privacy and dignity were respected and their independence promoted.

Care plans were not always person-centred; language used in care plans did not always treat people as individuals or reflect their needs.

People's end of life wishes were not recorded. We have made a recommendation about this.

The service met and recorded people's communication needs. People and relatives told us they would feel comfortable to complain if required.

Quality assurance systems and processes at the service were not effective. Language used in documentation was not always up to date or correct.

Staff were clear about their roles. Management were able to tell us how they would respond if things went wrong. The service sought to work with other agencies to the benefit of others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 19 October 2018 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recording risk, recruitment, staffing and also governance at this inspection.

We have made two recommendation to the provider. We have recommended they follow best practice guidance around managing medicines safely and recording end of life wishes.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fountain Based Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 14 June 2022 and ended on 15 July 2022. We visited the location's office/service on 14 June 2022.

What we did before the inspection

We reviewed information we held received about the service. We sought feedback from the local authority and professionals who might work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person and one relative of people who used the service about their experience of the care provided. We also spoke with two professionals who worked alongside the service. We spoke with the registered manager, who was also one of the directors for the provider, and one care worker for the service. We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

We continued to seek clarification from the provider to validate evidence found. We looked at further evidence sent to us by the registered manager regarding training, quality assurance and working with other agencies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always recorded and information provided to staff did not always mitigate risks. We looked at two people's needs and risk assessments and noted a variety of risks recorded. However, risk assessments did not always record risks with regards to their health conditions and/or diagnoses nor provide instruction to staff which would mitigate risk.
- For example, one person's risk assessment stated a risk of 'challenging behaviour.' There was no information about what this behaviour was, whether it was a risk to the person or those around them. Instructions for staff around this risk were vague.
- We asked the registered manager about this and they told us the person "appears to be hostile" to people. They explained behaviour the person may present with, which was not recorded in the care plan. There were also no specific instructions in the care plan for staff to mitigate the risk if the person presented with this behaviour.

The provider had not ensured risks to people were assessed and or mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

- Whilst risk assessments did not cover all risks, some risks were recorded and mitigated. These included risks around mobility, personal care and skin status as well as some others.

Staffing and recruitment

- Recruitment measures at the service were not robust. Some checks had not been completed on staff before they started working to ensure they were competent and safe to work with vulnerable people. These included criminal history checks and employment history. The service's recruitment policy was also out of date.
- One staff member had a Disclosure and Barring Service (DBS) certificate that was four years old and had been completed by another provider. A DBS certificate is a check on people's possible criminal history and suitability to work with vulnerable people. As the provider for this service had not made checks, they had not assured themselves that staff were safe to work with people.
- Similarly, staff's employment history had not been fully recorded and or explored so the provider had not assured themselves of employee's suitability and experience to fulfil their role.

The provider did not have robust processes nor made every effort to gather all available information to confirm that the person is of good character. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment

Following the inspection the provider sent us evidence to indicate they had sought DBS for staff, had received up to date employment histories from staff and they told us they would change their recruitment documentation wording to capture information about gaps in employment.

- People and staff told us there were sufficient numbers of staff. The registered manager showed us staff rotas they confirmed what we were told. One relative told us staff were normally punctual. They said, "Mostly they turn up on time and let me know if they are going to be late."

Preventing and controlling infection

- The provider was not following government guidance on infection prevention and control. We asked the registered manager about the regularity of COVID-19 testing of staff and whether this was in line with government guidelines. They didn't know whether they were following guidelines and were unable to show us any record of testing. Following the inspection, they sent a document showing staff were being tested but not as regularly as recommended by the government.
- People told us staff wore Personal Protective Equipment (PPE). Staff confirmed this. We saw some PPE supplies at inspection. The provider told us staff had taken infection control training and training how to use PPE. One staff member told us, "We have PPE in place, gloves, shoe covers."

Using medicines safely

- At the time of our inspection no one using the service was being administered medicines by staff. However, the provider had recorded the medicines people were taking, this was good practice. We suggested to the provider they record the risks associated with these medicines so staff would be aware should someone have a reaction to the medicine they have taken.

We recommend the provider follow best practice guidance on managing medicines safely.

- Staff had received training in how to administer medicines and the provider had a medicines policy for staff to follow.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse. Staff had been trained in safeguarding and there was a safeguarding policy in place. At the time of our inspection, there had been no safeguarding concerns about people using the service. The registered manager told us they would inform the local authority and notify CQC if they believed abuse had occurred.
- One person told us they felt safe when being supported by staff. They said, "Yes [care worker] supports me great, keen to learn, happy with me in the home and does what they are supposed to."

Learning lessons when things go wrong

- At the time of our inspection there had been no incidents or accidents. However, the provider had an incident and accident policy they told us they would follow. They said they would record incidents and accidents and complete actions to ensure people were kept safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the time of our inspection, the provider did not have systems in place to effectively monitor staff training. At the inspection we asked the registered manager to show us what training staff had completed, and they were unable to do so. There were some certificates in staff files but many of these were completed by staff prior to their working with the provider and were not from the provider's training company. This meant the provider did not know the standard of training provided.
- Staff inductions were recorded on a document which were in staff files. This showed staff had completed an induction to prepare themselves for working with people. The induction sheet stated a list of "mandatory training" that should be completed before beginning employment. However, this section of the induction document had not been completed and there were no training certificates in staff files, which indicated this training had not occurred.

The provider had not taken steps to ensure their staff had the knowledge and skills to fulfil their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Staffing.

Following the inspection, the provider sent us a training matrix which stated staff had completed training in a variety of topics, including medication awareness, adult safeguarding, infection control and other topics relevant to their roles.

- Staff received supervision from the provider. Supervision notes we saw showed employees received guidance from the provider and were able to raise concerns. Other topics discussed in supervision included people using the service, PPE and training. One staff member said, "We do supervision one to one every three months and we can talk about if there are any concerns."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they began using the service, although the provider didn't always record information in a proper manner.
- Assessments were the foundation of people's care plans. Assessments sought to record information about people's needs and choices including health conditions and their social circumstances. However, we found the provider recording of needs was sometimes improper, with incorrect language being used to identify people's conditions. The provider acknowledged this shortcoming once we brought it to their attention and told us they ensure future assessments would detail people's needs correctly.

- Assessments were in line with the law; identifying people's protected characteristics so as to provide information about their cultural needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the time of our inspection the provider was unable to show us notes or logs for people using the service. They told us these had been left at people's homes. Following the inspection, they sent us notes of communication which indicated people's care was being recorded. If required, these notes could be shared with other agencies to support with people's overall care and treatment.
- We saw the provider received information from health and social care professionals which could support with care of people. This included Heat health alerts for the recent heatwave.
- People's health care needs were recorded at assessment and informed care plans. The provider told us they had not needed to be in contact with health professionals about people's care but would do so if required.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were recorded in care plans and staff could support them to eat and drink where required. For example, one person's care plan stated how they required support with food preparation, feeding and they liked their tea with milk and sugar.
- Staff received training in food safety awareness. One staff member said, "We support people to make their own choices and encourage them to eat and drink and we record what they eat, we will always leave them with a glass of water when we leave."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported to make their own decisions and choices. One person told us their permission was sought before care was provided and they were in control of their care. They said, "Yes of course [staff seek my permission]."
- Care plans contained information about people's capacity to make decisions and whether other people, such as relatives or advocates, needed to be involved in decision making. Staff were trained in MCA. One staff member told us, "Some clients have capacity to make decisions, they can make decisions and choices themselves. We always give them choices and give choice in food and clothes."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People's equality and diversity and their cultural needs were recorded in care plans. For example, we saw people's faith was recorded, their sexual relationships and orientation and their socialising preferences. However, we saw the use of inappropriate language which some might find offensive. We saw the term "straight" used to refer to someone's sexuality. The registered manager subsequently changed this after we raised it with them.
- The service's training matrix indicated staff were trained in the Equality Act.
- People and relatives told us people were treated well by staff. One person told us, "[Staff] is great, very caring." Spot checks and telephone monitoring showed people and relatives had given positive feedback about how people were cared for. However, we noted people's care plans did not always recognise people as individuals but spoke about them as 'service users' rather than name them. We addressed this with the provider who later sent us updated care plans.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives were able to express their views and be involved with decisions about people's care. One person said, "I am in full control of my care."
- Care plans contained areas for people to sign so as to indicate their involvement with the plan. However, people using the service at the time of the inspection were unable to sign them.
- Spot checks and telephone monitoring also provided differing means where views could be expressed; people and relatives could be involved in decision making around care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People and relatives told us people's privacy and dignity were respected. One person said, "They do give me as much time as I need." A staff member confirmed, "Sometimes if you are caring for client you make sure windows and doors are shut and you make sure you close the door, you always knock on their door for access, respect their choices and dignity."
- People's confidential information was stored in locked cabinets and or on password protected electronic devices.
- People's independence was promoted. Staff told us they promoted people's independence through encouragement and motivation. One staff member said, "You always give them choices and encourage them to do things." Care plans provided instructions which could guide staff to empower people to do as much as possible and get them to do what they could for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always person centred. People's care needs were recorded in their care plans. At the time of the inspection, we noted elements of the care plan were not person centred and used language which did not identify or relate to the person who the care plan was about. For example, one care plan we read used expressions such as "Carer to ensure service user maintains personal hygiene" and "Carer to supervise service user when having a full body shower", rather than addressing the person by name.
- Similarly, language used in other documentation was not clear about people's needs. For example, one person's risk assessment stated their diagnosis as a 'difficulty of understanding'. We asked the registered manager about this and they told us the person's diagnosis was autism. They told us they had recorded what they had been told at assessment rather than use correct language and terms to identify people's needs. This meant there was the potential for staff not to know people's diagnoses and or treat them accordingly.
- We spoke with the registered manager about this and following the inspection they sent us updated care plans which identified people by name in the care plans to indicate a more person-centred approach to their care. Care plans included information and people's health conditions and what support they required. Areas covered included breathing, skin care and toileting as well as others.

End of life care and support

- Care plans did not contain information about people's end of life wishes. We discussed with the provider that there should be the possibility for this to be explored with people.

We recommend the provider should follow best practice around recording end of life wishes.

- At the time of our inspection no one at the service was at end of life. The provider told us they would be able to provide training for staff on end of life care should the service begin working with people who required this type of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met and recorded people's communication needs. Care plans contained information about

people's communication needs and preferences. The provider told us these could be made available in different formats, such as large print, for people who required them. One staff member told us how they might meet a person's communication needs. They said, "We might use body language and or read their needs, but we record their needs in their assessments. Those clients you regularly care for them so you know them and what they need."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- This service was small and the provider was limited to providing personal care. However, the provider told us staff would be able to support people with activities if and when required. For example, we saw staff supported one person to attend a day centre, which was recorded in their care plan as an activity they enjoyed. One staff member said, "Actually, we don't [do activities] but some attend day centre and we support them to attend and in future we would do activities with people." Care plans recorded the types of things people enjoyed in a socialising section. This meant the provider knew what people liked to do.

Improving care quality in response to complaints or concerns

- The service wanted to improve care quality in response to complaints and concerns. People and relatives told us they would be happy and able to raise complaints and concerns if they needed to. One person said, "Yes I would [complain if necessary] and I would go through my care manager."
- The provider had received no complaints. However, they had a complaints policy and the registered manager told us they would use any complaints received as potential means to improve care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- We initially had difficulties inspecting this service because of a lack of availability from the provider and they had a small business. Eventually, the registered manager met us at the office location at an agreed date and time.
- There were insufficient quality assurance measures in place. The service was not completing regular audits of care plans and of staff files. If they had they would have potentially found some of the issues we found on this inspection.
- We asked to view a number of policies on inspection, some of which had only been partially completed. This meant staff at the service would not have had the foundation of policy to fall back on should something go wrong.
- The provider was unable to show us what training staff had completed and did not seem to be monitoring training to ensure they knew training staff had completed.
- We noted improper language in care plans and incorrect terms in other documentation. For example, the use of the word "straight" to indicate someone was heterosexual. Similarly, recruitment documentation cited "CRB" checks. CRB were the pre-cursor to DBS checks and have not been in use since 2012.

There were ineffective systems to assess, monitor and improve the quality of the service and the service did not maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager, who was the sole director for the service, updated care plans, policies and documentation and sent them to us. They also assured us they would implement further quality assurance measures.

- The service was completing spot checks and telephone monitoring at the service. These quality assurance processes provided an opportunity for management to check staff were completing their care duties and receive feedback from people receiving care.
- People and relatives spoke positively about the service management and staff. One person said, "[Registered manager did everything which was asked of them.]" A relative said, "[Registered manager] is very

calm and very nice, any concerns they dealt with them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- There was a management structure in place. The manager and staff member we spoke to were clear about their roles. Staff files contained job descriptions what was provided within their roles.
- The service had not completed any notifications or safeguarding alerts. However, the registered manager told us they were aware of their role with respect to regulatory requirements and would complete any regulatory requirements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they would seek to address issues if things went wrong and apologise where the service was found at fault. At the time of our inspection there had been no incidents, accidents or complaints.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought to engage staff in the service. At the time of the inspection the registered manager was unable to show us any record of any group meetings held with staff. They told us this was in part due to the COVID-19 pandemic. However, following the inspection they sent us email communication and supervision notes which indicated staff had the opportunity to engage with the service.
- The service was small and had not had many meetings with people or relatives. However, people and relatives told us they could speak with staff and or the registered manager when they wanted to. Spot checks and telephone monitoring forms also provided an opportunity for engagement.

Working in partnership with others

- The registered manager provided evidence to indicate the service worked in partnership with other agencies. The service had linked in with a local authority and some health care providers via email and access to online training courses.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always recorded and or mitigated. Staff recruitment processes were not robust, checks made on employees were not adequate.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were insufficient quality assurances processes in place. Documentation contained inaccurate wording and or information.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service did not have robust recruitment processes.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff induction and training required improvement.