Halcyon Care Limited

The Fountains Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected The Fountains Care Centre on 2 & 3 March 2016. This was an unannounced inspection. The service provides care and support for up to 45 people. When we undertook our inspection there were 39 people living at the home.

People living at the home were older people. Some people required more assistance either because of physical illnesses or because they were experiencing memory loss. The home also provides end of life care and care for those with specific nursing needs.

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 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection there was one person subject to such an authorisation.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. Meals could be taken in dining rooms, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before

working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely. Record keeping and stock control of medicines was good.

Is the service effective?

Good

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Is the service caring?

Good

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Is the service responsive?

Good

The service was responsive.

People's care was planned and reviewed on a regular basis with

them.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated in a confidential manner.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Is the service well-led?

Good

The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

The Fountains Care Centre

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 2 & 3 March 2016 and was unannounced.

The inspection was undertaken by one inspector.

Before the inspection, the provider completed 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.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We also spoke with other health and social care professionals during our visit.

During our inspection, we spoke with seven people who lived at the service and three relatives. Also three members of the care staff, three trained nurses, an activities co-ordinator, a cook, a domestic, an administrator and the registered manager. We also observed how care and support was provided to people.

We looked at 12 people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who lived at the service, relatives and visiting professionals.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel very safe here." Another person said, "I feel safe, I wouldn't have stayed if I did not feel so." A relative told us, "We had to make a choice because [named person] can't do that and we feel they are safe and well here. Better than being at home, it was such a worry."

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right action to safeguard people. Notices were on display in staff areas informing staff how to make a safeguarding referral.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Staff told us they were informed through meetings and notices when actions needed to be revised. We saw this was recorded in the minutes of the staff meeting for February 2016.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, where people had a history of falling due to poor mobility, care plans were in place. Also risk assessments had been completed to see how well people could manoeuvre. Permissions were in place if they required bed rails so they did not fall out of bed. Risk assessments had been completed when people had been diagnosed as having an infection which could be spread to others. We saw measures were in place to protect the person, staff and visitors. The care plan of one person recorded the frequency of when the person was tested to see if the infection had cleared. Staff were aware of infection control policies currently in place. Each risk assessment was reviewed at least monthly or more frequently if people's needs changed.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and how they required to be moved. For example being able to walk unaided. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency. The last fire and rescue service report had been in July 2015. The registered manager told us how they had completed the actions, for example reviewing the fire risk assessment policy. We saw this had been reviewed in August 2015.

People told us their needs were being met. One person said, "Staff are looking after me as well as they can. The carers are very good." Another person said, "They look after me very well. They will do everything if they can, although I do a lot for myself." A relative told us, "I'm happy with the way my relative is looked after and they look after me too."

Staff told us there were adequate staff on duty to meet people's needs. One member of staff said, "We have

sufficient staff, but short term sickness is sometimes difficult to fill." Another staff member told us, "My department is fully staffed and we try and help other departments as well." Another staff member said, "Getting the skill mix right is always a challenge but knowing staff capabilities is the key."

The registered manager showed us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. The last calculations were completed at the beginning of January 2016. The records showed this was completed at least monthly but more often if numbers of people using the service or people's needs changed. A process was in place to monitor short term absenteeism and the registered manager explained how they were handling staff sickness records and what support was in place. This included being able to offer the person alternative working hours and duties.

We looked at two personal files of staff that had been recently recruited. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them. The registered manager checked the details of all the nurses who were on the Nursing and Midwifery Council (NMC) register to ensure they were safe to practice and held a valid registration. This was a rolling programme of checking results from the NMC. The registered manager explained their current recruitment programme and how they were recruiting staff to work as when required, as well as vacancies.

People told us they received their medicines at the same time each day and understood why they had been prescribed them. This had been explained by GPs', hospital staff and staff within the home. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. There was good stock control. Temperatures were recorded to ensure the medicines were stored in suitable conditions. This would ensure the stored medicines were safe to use and were stored appropriately and safely. Records about people's medicines were accurately completed. Staff told us no-one currently could take their medicines without supervision, but knew the process to follow if anyone was capable and requested this option. The last medicines audit had been completed in January 2016. Any actions had been signed as completed.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they also used the internet for more detailed information about particular medicines and how it affected people's conditions.

Good

Is the service effective?

Our findings

A staff member told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and bathing people. They told us the programme had suited their particular needs. This provided the skills they needed to meet people's needs safely. Details of the induction process were in the staff training files.

Staff said they had completed training in topics such as basic food hygiene, first aid and manual handling. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Some staff had completed training in particular topics such as dementia awareness and Parkinson's disease. This ensured the staff had the relevant training to meet people's specific needs at this time. The registered manager was aware of staff who found it difficult to attend training sessions, as this made some of the numbers attending low. The registered manager explained how they were going to address the issue in the forthcoming year.

Staff told us they could express their views during supervision and felt their opinions were valued. This ensured they had a voice in their workplace and could comment on the running of the home. We saw the supervision planner for 2016. This gave the dates of when supervision and appraisal sessions had taken place and were due. The records included training which had taken place and planned. The registered manager was aware of the sessions with staff that required a follow up to ensure they were comfortable in their role. Staff confirmed these had occurred.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken all of the necessary steps to ensure that people's rights were protected.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. One person had a DoLS authorisation in place. Staff had recorded the times best interest meetings had been held and assessments completed.

The registered manager had an action plan in place to record when applications had been submitted where a person's liberty had been assessed. This was also recorded on the daily staff handover information sheet, so staff were able to record if applications had been authorised. When a person had appointed a relative to have power of attorney over their care, welfare and financial matters a copy of the legal document was in

the person's records in the main office. This ensured staff were aware of who to contact about the person's needs.

People told us that the food was good and varied. One person said, "We get good food. We get a lot of choice." Another person said, "I can't eat very well, but staff come and tempt me with all sorts of morsels, they are very good." Another person said, "The food has been lovely." Relatives told us staff offered them refreshments when they visited. One relative said, "I've watched [named relative] have their meals and they look very appetising."

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their weight and when a person required a special diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans. The kitchen also kept copies of people's likes and dislikes.

Kitchen staff had one to one meetings with people throughout the year to discuss their needs and menu planning. We saw details of those in the kitchen records. Where people required special cutlery to eat we observed this had been adhered to during a meal time observation. We observed staff assisting people to have breakfast and lunch one day. They kept eye contact with each person and explained what was on the plate and gave gentle encouragement through the course of the meal. Menus were available but not on display. Staff told us they had tried having them on display but people had told them they preferred to be told each day of the menu choices. The registered manager was aware this was the case and was looking at methods of displaying the menus to make them more accessible.

People told us staff obtained the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people required help with their mobility aids or diet.

Good

Is the service caring?

Our findings

People told us they liked the staff and they were confident staff would give them good care and liked living there. Staff were described as thoughtful and kind. One person said, "Staff speak nicely to me and are very gentle." Another person said, "I feel it's like my home." A relative said, "My [named relative] looks nice, well presented and cared for each day."

People told us staff treated them with dignity and respect at all times. One person said, "Staff respect my wishes and don't harass me to join in things." Another person said, "Even when I am having a shower, staff show me dignity and respect. They always ask whether I am ok." We observed staff responding to people's needs and respecting where they wished to sit during the day and if they wanted their bedroom doors left open or closed.

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "They come and chat with me, which is nice." Another person said, "I'm doing what I want each day."

All the staff approached people in a kindly, non-patronising manner. They were patient with people when they were attending to their needs. For example, one person was distressed about a problem so staff took them to one side and spoke quietly with them discussing their needs. Staff were observed knocking on doors before entering people's bedrooms and waited for an answer before opening the door.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, which sitting room they would like to be in and advising about clothes to wear.

We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task. This included helping with a bath, assisting each other to turn some-one in bed and helping someone unfamiliar with the layout of the home.

Staff responded when people said they had physical pain or discomfort. When someone said they felt unwell, staff gently asked questions and the person was taken to one side. When the emergency call bell was sounded we saw staff respond to the person's need. As soon as possible the minimum amount of staff stayed with the person, not to frighten and worry them. Visitors and other people were reassured when the emergency bell was sounded. A relative told us, "Staff always ensure we know it's not a fire or anything."

Relatives we spoke with said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home. One person said, "I can come at any time." Another relative said, "I come a lot and so does [named relative]. We liaise with each other, but staff also ensure we both get the same messages."

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to
make and communicate their wishes. We saw details of the local advocacy service on display.

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person said, "I call and they come as quickly as they can." Another person said, "They have been excellent in finding me the right help I need."

People told us staff had talked with them about their specific needs. This was in reviews about their care, meetings and questionnaires. They told us they were aware staff kept notes about them and relatives informed us they also knew this. Some people told us they were involved in the care plan process, but if they could not read their notes staff would do this for them. This was confirmed in the care notes we reviewed. Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, when they liked to get up in the morning and people's specific medical needs. This was confirmed in the care plans.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, one person was being encouraged to use their own wheelchair. We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made. Staff talked sensitively to relatives whose family members' lives were coming to an end. Sufficient staff were available for more prolonged conversations to take place in quiet areas of the home.

Staff also received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. Each staff member had a written handover sheet which gave details of each person and treatment which had to occur daily; such as giving insulin, recording food and fluid intake and monitoring a catheter. We observed a lunchtime handover between a staff group. This was unhurried and gave staff time to ask questions and confirm events to take place.

Health and social care professionals we spoke with before and during the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions. They told us staff were friendly and ensured they were escorted when seeing people, if required.

People told us there was an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. One person said, "We have a full programme each week, if I attended everything I would be exhausted, so I pick and choose." Another person said, "I love the exercise. We do it to music." Another person showed us their bookcase and explained how staff helped them obtain new novels to read.

People in their rooms all day were watching the television; some had visitors for part of the day and some were reading magazines, books or newspapers. Staff interacted with people in their bedrooms and were observed sitting, holding hands and talking to people. People were also helping with housekeeping tasks such as setting the tables in the dining room and another person was observed dusting ornaments in their

bedroom and a sitting room. They told us this made them feel useful. Staff told us that they had begun to explore other types of ways of occupying those with dementia; such as reminiscence sessions and had begun to use signage in the home to direct people to their rooms and different areas.

Photographs were on display showing events which had taken place. For example, people's birthday parties and events to celebrate Christmas and Valentine's Day. Staff explained the activities programme which was on display. They said they had liaised with people about events such as the quizzes and afternoon bowls. We saw this had been through residents meetings and questionnaires. Some people had come together to play scrabble, which they said they really enjoyed. One person was using a computer tablet to play games, they told us they liked their own company and staff had offered this as a way to occupy their day. People told us the registered manager had explained the home had free wireless access to the internet, if they wished to use it.

People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew how to make a complaint. No-one we spoke with had made a formal complaint since their admission. People told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. This had been reviewed in July 2015.

The complaints log detailed the formal complaints the manager had dealt with since our last visit. Each one recorded the details of the investigations and the outcomes for the complainants. Lessons learnt from the case had been passed to staff at their meetings in 2015. The registered manager completed a monthly audit of complaints to send to the head office for information purposes.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they were well looked after, could express their views to the registered manager and felt their opinions were valued in the running of the home. One person said, "Every confidence in [named staff member]." Another person said, "The manager has an open door policy, but she walks around all the time."

People who lived at the home and relatives completed questionnaires about the quality of service being received. Some people told us they had recently completed questionnaires. One person said, "I don't mind they need to know what we think." The last questionnaire had been in October 2015 for people who used the service, relatives, friends and other representatives. Any actions had been passed to the relevant department, through staff meetings. Staff confirmed these had occurred.

Staff told us they worked well as a team. One staff member said, "I love it here. I've been here a long time and there have been changes, but we have been consulted." Another staff member said, "I enjoy every minute of my working life here." Staff told us they supported each other, but were supported by the registered manager and other senior staff.

Staff told us staff meetings were held occasionally. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of the staff meeting for February 2016. The meeting had a variety of topics which staff had discussed, such as; medicines, staffing and uniforms. This ensured staff were kept up to date with events. Staff told us they felt included in the running of the home, as heads of departments passed on messages. This was reflected in records seen.

The registered manager was seen walking around the home during our inspection. They talked with people who used the service and visitors. They could immediately recall items of information about each person. They gave support to staff when asked and checked on people's needs that were very ill during our visit and asked staff for continual updates.

The registered manager had completed audits to test the quality of the service. These included medicines, care plans, beds and equipment, which they were responsible for completing. Staff were able to tell us which audits they were personally responsible in completing. Where actions were required these had been clearly identified and signed when completed. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents. For example, easier signage for those with memory loss was being completed. Staff and relatives told us this meant people could easily identify their bedrooms and other parts of the building. Representatives of the company also completed audits monthly to check the home was abiding by the policies and principles set out by the provider and people were being looked after safely.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.