

SPV4 Limited

The Fountains Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

The Fountains Nursing Home is a residential care home providing personal and nursing care for up to 98 people. At the time of our inspection there were 71 people living at the home. Accommodation is provided in three separate units. Victoria unit (general nursing) is situated on the ground floor and both Lowry (dementia nursing) and Garden View (residential) are situated on the first floor.

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

Since our last inspection some improvements had been made to the management of medicines. However, further improvements are needed, particularly around medicines administration records and 'when required' medicines. We have made a recommendation about the safe management of medicines.

There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited. There were enough staff to care for people and people told us they felt safe and happy living at The Fountains Nursing Home. Staff understood safeguarding procedures and had received training in recognising the signs of and types of abuse.

The home was clean, well-maintained and nicely decorated. All servicing of equipment had been completed. Staff followed correct infection control practices.

Risks to people's health and safety had been assessed and were managed correctly. A variety of appropriate activities were provided, and people were actively encouraged to participate in them.

Since our last inspection improvements had been made in record keeping and in the quality assurance systems. People had person-centred care plans in place and staff were knowledgeable about people's needs.

There was good oversight of the service, with effective systems in place to monitor the quality of support provided and to drive improvements. We discussed the concerns we found around medicines management with the registered manager and steps were immediately taken to rectify some of the issues.

People and staff were complimentary about the way the home was managed. There was an open and honest culture at the service and the registered manager showed committed leadership. Staff told us they all worked well together as a team.

Rating at last inspection and update

The last rating for this service was requires improvement (report published 8 November 2019).

We carried out an unannounced comprehensive inspection of this service on 7, 8 and 12 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection

to show what they would do and by when to improve.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led, which contained those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. The ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Fountains Nursing Home on our website at www.cqc.org.uk.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Fountains Nursing Home

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector, a medicines inspector, a medicines team support officer and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Fountains Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. This included the previous inspection report and action plan following that inspection. We looked at notifications we had received from the service. Notifications contain information about events which have happened at the service, such as safeguarding concerns,

serious injuries and deaths.

We reviewed information the provider sent us in the provider information return. This is information they are required to send us which tells us about their service, what they do well, and improvements they plan to make. We gathered feedback from the local authority. We used all this information to plan our inspection.

During the inspection

During the inspection we visited all three units. We reviewed nine medicine administration records and looked at medicines related documentation. We observed medicines administration, checked storage and spoke to five staff about how they managed medicines.

We looked at seven people's care records, which included their support plans and risk assessments. We reviewed a range of documents relating to how the service was managed, including training records, staff recruitment files, policies and audits.

We spoke with the registered manager, two activities coordinators, two registered nurses, three care assistants and a team leader. We spoke with 12 people who lived at the home and seven family members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

At the last inspection the service was in breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) as medicines were not always administered or stored safely. At this inspection we found the storage issues had been addressed and the service was no longer in breach of regulation 12. However, there were still issues with records used to administer medicines.

- When people were prescribed time critical medicines, staff did not always record the times they were given, so we could not be sure this was done properly. One person had no plan in their file to guide staff to manage their medical condition.
- Guidance to help staff administer 'when required' medicines was available and detailed for some people. However, records for one person needed more information, and some people's medicines had no additional guidance.
- One person had a patch applied to their skin that was not rotated in line with manufacturer's guidance. There was a risk that their skin could become irritated if not the patch was not rotated properly.
- Some records did not accurately reflect the way medicines were prescribed or administered. For example, an eye drop had been administered when required rather than how it was prescribed, five times a day.
- Following feedback, the registered manager provided evidence that these issues had been addressed to ensure people received their medicines safely.

We recommend the provider ensure medicines administration records are monitored to accurately reflect the medicines prescribed and detailed additional guidance is available for all 'when required' medicines.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with and their relatives confirmed they felt safe living at The Fountains Nursing Home and were happy with the care provided. Comments included, "I love it here! I like all of the people, it's like being away or on holiday. I sleep well and eat well, and I have plenty to occupy me"; "I have no worries and all of the staff here are friendly and caring and I mean that sincerely. Nothing is too much trouble" and "I cannot praise the staff highly enough here for the work they do"
- Safeguarding procedures were in place to reduce the risk of abuse and harm.
- Staff received training in safeguarding adults. Staff we spoke with understood what abuse was, the signs to look for and their obligation to report any concerns.

Staffing and recruitment

- There were enough staff to meet people's assessed needs. People and relatives told us, overall, they were happy with staffing levels at the home.
- The service had enough regular staff to provide consistent care and did not use agency staff.
- The provider had completed pre-employment checks to make sure staff had the appropriate skills and character to support vulnerable people. These included reference checks, and Disclosure and Barring Service (DBS) checks. Registered nurses had up-to-date Nursing and Midwifery Council (NMC) personal identification numbers (PIN). The NMC is the regulator for all nurses and midwives in the UK.

Preventing and controlling infection

- The home was clean, tidy and well decorated. Equipment was clean and of a good standard.
- Staff followed good infection control practices. This included using personal protective equipment such as gloves and aprons when carrying out personal care tasks and handling food. Antibacterial hand sanitiser was available throughout the home.

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

- Risks associated with people's physical health and care needs had been assessed. Support plans contained explanations of the control measures staff should follow to minimise risks.
- People were protected from the risk of fire. Everyone had an emergency evacuation plan which described the support they would need in the event of a fire. Fire drills were held regularly. A recent fire risk assessment had identified some areas for improvement. These were in the process of being implemented.
- All servicing of equipment was up-to-date. Regular safety checks were carried out, such as of the fire alarm, hoists and water temperatures. These ensured the building and equipment were safe and well-maintained.
- We found one radiator was coming away from the wall and one toilet frame broken. These were repaired immediately.
- Systems were in place which ensured recording and learning from accidents or incidents.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection the service was in breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014 (good governance). This was because staff did not always maintain an accurate, complete and contemporaneous record in respect of each service user. At this inspection we found improvements had been made and the service was no longer in breach of regulation 17.

- People were supported by staff who had a good understanding of their care and support needs, their personal preferences and what was important to them.
- People's care records were person-centred and contained guidance for staff on how people wished to be supported with all aspects of their care.
- Where people had specific health or care needs, care plans were in place. For example one person had a neurological condition. Their care plan described symptoms of the illness and how staff should support them through these. Another person received all their nutrition through a feeding tube. There was detailed guidance about how staff should manage and maintain the feeding tube.
- Everyone had a 'daily record of care' booklet, which described the care they had received. At our last inspection these had not always been completed accurately. At this inspection all the booklets we checked had been completed correctly.

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

- A range of activities was provided across all three units by activity coordinators and care staff. People were encouraged to participate according to their interests and abilities.
- The service had recently purchased a large, mobile 'interactive tablet'. Staff told us it was very popular, and we saw people enjoying playing games on it together.
- A sensory room, fitted out with soft lighting and music was available for people and provided a calming and relaxing area for them to use and enjoy.
- People were supported to maintain relationships with those most important to them, and relatives told us they were always welcomed when they visited the service.

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.

- People's communication needs were assessed and recorded in their support files. This helped ensure staff understood how best to communicate with each person.
- We found staff knew people well and could interpret their needs when they were unable to communicate with them verbally, for example due to their dementia.
- The service could provide alternative formats of information, for example, large print, if needed. Staff used a white board to write information down for a person who was hard of hearing.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, which was displayed in the entrance hall of the home.
- People and family members told us staff responded quickly to any concerns they raised. However, they said they had seldom had to make a complaint.
- We reviewed one complaint and found appropriate action had been taken, including giving a written apology to the complainant.

End of life care and support

- The service provided end of life care. People could remain in the home supported by familiar staff when approaching the end of their lives.
- Registered nurses had been trained to give 'end of life' medicines, such as those for pain relief and to relieve anxiety.
- The service received support from a local palliative care nursing team, which enhanced their end of life 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture within the service. There was a warm and relaxed atmosphere in the home.
- Staff were enthusiastic about working at the home and told us there was good team working. They told us they received good support from the registered manager. One care assistant told us, "I like my job. I've always had a good rapport with the management."
- The registered manager understood their responsibility to give feedback to people and apologise if things went wrong.

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

- The service was well managed. Audits and checks were completed on a regular basis and action taken to address any issues identified by these, or issues raised by staff. A regional manager provided support to the registered manager and carried out their own checks on the service.
- Since our last inspection improvements had been made to quality assurance systems and to medicines management, although further sustained improvement is needed around medicines records and 'when required' medicines.
- Accidents, incidents and complaints were reviewed both within the home and at provider level to help promote learning and continuous improvement and to reduce the risk of a reoccurrence. The service had an ongoing development plan which helped drive forward improvement.
- The registered manager was aware of their regulatory responsibilities, such as their obligation to notify the Care Quality Commission and other agencies when incidents occurred which affected people's welfare.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others.

- All the family members we spoke with felt the home was well-managed. One said, "We looked at several other places and this was the best place we saw. We like the fact that the staff know people and they have the same faces and no agency staff. All the staff seem happy here."
- People and their relatives were happy with the way the service communicated with them and relatives told us they were kept informed of any changes to their loved one's health.
- The registered manager worked collaboratively with other health and social care agencies, such as the local authority and clinical commissioning group. They attended the local authority safeguarding and

quality meetings to share information and best practice. They worked closely with local GPs to help people maintain good health.

- Staff meetings were held every few months. These provided opportunities for communicating information about the service, discussing concerns and gathering feedback from staff.