

Barchester Healthcare Homes Limited

Fountains Care Home

Inspection report

1355 Stratford Road
Shirley
Solihull
B90 4EF

Date of inspection visit:
26 October 2021

Date of publication:
25 November 2021

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

About the service

Fountains Care home is a residential care home providing personal care to up to 80 people. At the time of our inspection 24 people lived at the home and one person was in hospital. Accommodation is provided in a purpose-built home across four wings. Two of these wings specialises in providing care to people living with dementia.

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

People felt safe living at Fountains Care home. Staff and the management team knew how to keep people safe and protected from harm. Risks associated with people's care were identified, assessed and well managed. People received their medicines when needed and medicines were managed safely. Staff were recruited safely. There were enough staff on duty to meet people's needs during our visit and some new staff were being recruited. The home was clean, and the provider's infection and control measures were effective. A range of communal areas including a bistro and well-maintained garden was available for people to enjoy.

People and their relatives had confidence in the ability of staff to provide effective care. Staff completed an induction when they started working at the home. Staff were developed through ongoing training to help them provide effective care to people. People liked the food available and their dietary needs were met. People had access to healthcare professionals to ensure their ongoing needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received person centred care and had developed positive relationships with staff who they described as 'very good'. Staff had a good understanding of people's care and support needs. We saw staff treated people with kindness. People's right to dignity and privacy was respected and their independence was promoted.

Care plans were developed in partnership with people to ensure they reflected people's preferences, religious and cultural beliefs and values. The management team encouraged people, relatives and staff to provide feedback about the service. Feedback was used to drive forward improvement and learn lessons.

People and relatives spoke positively about the registered manager. The registered manager had systems and processes in place to learn from incidents and events at the service. Good governance was embedded, and managerial and provider oversight of the service was good. Staff felt supported by the management team who worked in an open and transparent way.

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 the 13 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Fountains Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector and an inspection manager.

Service and service type

Fountains is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had received about the service since registering with us in May 2020. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care provided. We spoke with seven staff including the cook, housekeeper, care assistants, registered manager and the deputy manager. We spoke with three professionals who work with the service including a GP, chiropodist and community matron.

We reviewed a range of records including four people's care records. We looked at four staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

After the inspection

We reviewed staff training records and the providers policies and procedures.

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 service since registration. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us they were 'happy' at the home and described staff as 'very good'.
- Staff had received safeguarding training and understood their responsibilities to report any concerns to managers.
- The registered manager understood their responsibility to report concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed and regularly reviewed. Detailed risk management plans informed staff how to provide safe care.
- Relatives were confident staff understood how to provide safe care. One relative told us, "The staff really helped [Person] feel safe, and to feel confident that she will be looked after."
- The management and staff team completed checks to ensure the environment and the equipment they used was safe.
- The provider had a contingency plan to minimise any risks to the service running safely in the event of for example, adverse weather conditions.

Staffing and recruitment

- People, relatives and staff provided mixed feedback when we asked if there was always enough staff on duty. Comments included, "I think probably they need more staff here," and, "They can be very busy, and I do wonder sometimes if there is enough [staff]." However, people confirmed they received care and support, when they needed it. We shared this feedback with the registered manager who told us they are actively recruiting, in preparation for when occupancy increases.
- Staff were available when people needed them during our visit and people's requests for assistance were responded to promptly.
- The number of staff required on each shift was determined by assessing people's individual needs. The registered manager reviewed these assessments each month to ensure staffing levels remained safe.
- Staff were recruited safely in line with the provider's procedure.

Using medicines safely

- Medications were administered, stored and disposed of safely.
- People received their medicines as prescribed from trained staff. One person said, "I take a lot of tablets, about nine, I get them when I should."
- Relatives were confident staff understood how to administer medication safely. One relative told us,

"[Person] was poorly, staff gave the paramedics all the relevant information about her medication, including what had recently been prescribed, which did not agree with her. It was very reassuring."

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. On arrival, the inspection team were not asked to provide evidence of a negative lateral flow test (LFT). We brought this to the attention of the registered manager, who addressed this.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The management team demonstrated a proactive approach to risk reduction. Accidents, incidents and complaints were analysed monthly to identify patterns and trends to prevent reoccurrence. For example, referrals had been made to the falls team to seek specialist support.

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 of this service since registration. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People and their relatives contributed to the assessment of people's care needs, to ensure they reflected the person's health, wellbeing, communication, cultural and spiritual needs and how they wished to be supported.
- Information gathered during assessments was used to develop person centred plans and detailed risk assessments.
- People and their relatives had confidence in the ability of staff to provide effective care. One relative said, "Staff are very good, very attentive to [Person]."
- Staff training was up to date. One staff member said, "We get lots of training including dementia, safeguarding and infection control."
- We saw staff put their training into practice. During our visit two staff confidently, supported a person to transfer safely from a chair into their wheelchair.

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

- People told us they enjoyed the food and had a choice at each mealtime. One person told us, "The food is pretty good, and there is plenty of it."
- The lunchtime experience was positive for people. We observed people being shown lunch options, on display plates to help support them, to choose their meal. Staff clearly knew people well.
- Staff had a good understanding of people's dietary needs and followed recommendations made by health care professionals. For example, staff told us that three people had fortified meals. This is food that has had extra nutrients added, for people at risk of malnutrition.

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

- People confirmed they had access to healthcare professionals when needed. One person told us, "I had a problem with my catheter and [Staff] thought it was blocked, they called the district nurse straight away, it was a relief she sorted it out, I could not rest before."
- The service has established effective working relationships with other professionals involved in people's care, including GP's, district nurses and the pharmacist. This supported people's health and wellbeing.

Adapting service, design, decoration to meet people's needs

- The home was newly built and had been designed to support people living with dementia. For example, word and picture signs on bathroom doors.

- People had personalised their bedrooms with photographs and personal possessions.
- People had access to several indoor and outdoor communal areas. For example, a bistro, cinema, patio's and a well-maintained garden.

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Staff ensured people were involved in decisions about their care, by having regular discussions with them.
- Peoples care plans identified if they had capacity to consent to specific aspects of their care. Best interests' decisions had been made when needed. The outcome of decisions made were recorded.
- Where people's liberty was being restricted to keep them safe the required legal authorisations were in place.

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 service since registration. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were caring. One person told us, "Staff are very kind, very helpful." A relative commented, "The staff are courteous and compassionate."
- People's care plans detailed their life histories and staff used this information to promote equality and diversity.
- Managers supported staff through team meetings and one to one support. Staff stated that they could approach the managers at any time.

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

- People told us they were involved in making decisions about their care. One person said, "Staff always ask me about my tablets, and if I want to take my pain tablets now, or later."
- Relatives told us they felt involved in their loved one's care. One relative said, "Staff always give me a call, to discuss any changes in [Person's] health and to agree what to do next."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. One person said, "I close my door when I want some privacy, time to myself and staff respect that."
- Staff promoted independence. One relative told us, "Staff encourage (person) to do what they can for themselves, it can take a while, but it's really important to her, to have that independence."
- People's personal information was managed securely in line with data protection law.

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 service since registration. This key question has been rated 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

- Care records contained detailed information to help staff meet people's needs including their likes and dislikes and things that were important to them.
- Relatives were confident that staff had a good knowledge of people's needs and preferences, which had a positive impact on their wellbeing. One relative said, "Staff really know the (person) well, her likes and interests, she enjoys a chat with them, reminiscing about her life."
- Care plans were personalised, detailed and reviewed regularly.

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.

- Staff knew how to communicate effectively with people. One staff member told us, "[Person] is deaf, so we use picture cards, to support our communication with her."
- The registered manager demonstrated a good understanding of the AIS. Information was available in the appropriate format for each person, such as, large print, text and pictorial.

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

- People were happy with the social activities available. One person told us, "A lady came in with her animals, a snake and a centipede, it was quite interesting. I held the snake."
- People had been supported to keep in contact with their family and friends during the COVID-19 pandemic. This had been achieved thorough video calls and a visitor's pod.
- The management and staff team had established good links with the wider community. This created social opportunities for the people living at the home. For example, a pen pal scheme and visits from the local school children.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. One relative told us, "I would speak to the manager straight away, if I had any concerns."
- Where people or their relatives had made complaints, these had been recorded and responded to by the registered manager in line with the provider's policy and procedure.

End of life care and support

- People's end of life wishes had been discussed and recorded if they had chosen to share the information.
- Staff told us they worked in partnership with health professionals to ensure people were well cared for at the end of their lives.
- One professional told us, "I visited the home shortly after a person had died, I felt that they had received excellent care, right up to the end. They looked beautiful."

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 of this service since registration. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were very satisfied with the service provided and spoke highly of the registered manager and staff team. One person told us, "I like it, it's been very good, I would recommend it here, to anyone." A relative commented, "On the whole it is a good experience here and they do listen to what we say."
- The management team promoted an inclusive environment and welcomed feedback from people, relatives and staff. Feedback was used to drive improvement. For example, menu choices were reviewed in response to a request at a recent resident's meeting. One relative told us, "It really is a nice place, there is a good activity schedule, staff are kind and there is lots of stimulation."
- The providers' policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.

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

- Staff understood what the management team expected of them and they demonstrated a commitment to providing good care, during our conversation with them.
- Managerial oversight of the service was good. The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- The management team understood the need to be open and honest if things went wrong. Learning had been used and shared with staff, to prevent reoccurrence.

Continuous learning and improving care; Working in partnership with others

- Good governance was embedded. Effective quality assurance systems were used to identify and address any areas that fell below the providers' expectations. For example, audit of people's care plans identified that a number were not dated. Action was taken to address this.
- The regional director visited the service regularly and completed additional checks of the service, to help continually improve care provided to people.
- The staff team worked in partnership with other health professionals. Links with the local NHS 'care at home support team' were established. The home support team, support and offer training to care home staff to benefit people.

