

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Fountain Nursing and Care Home Limited

11-17 Fountain Road, Edgbaston, Birmingham,
B17 8NJ

Tel: 01214296559

Date of Inspection: 21 November 2012

Date of Publication:
December 2012

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Fountain Nursing & Care Home Limited
Registered Manager	Mrs. Lauret Fiellateau
Overview of the service	The Fountain Nursing and Care Home can accommodate up to twenty-seven people who may have social care and/ or nursing needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 21 November 2012, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

On the day of our inspection, 25 people were using the service. We spoke to three of these people, three of their relatives and three members of staff. People told us, "It's a nice home" and "They keep my clothes clean and there is plenty of food."

Relatives of people using the service also made complimentary comments about the home. Comments included, "My relative gets good care" and "We are more than pleased."

The findings of our inspection identified that, overall, care and treatment was delivered in a way that ensured people's safety and welfare. There were sufficient numbers of staff on duty who had appropriate skills and experience. However, we found that the bathing records did not identify whether personal care had been provided to some of the people using the service. It was unclear if this was a recording omission or if some people had not been bathed regularly. This placed some people at risk of not having their care needs met.

We observed that the nursing and care staff were attentive, polite and that the manager was approachable and responsive to feedback. It was clear that the staff had a good knowledge of all of the people who lived at the home and were familiar with their preferences and health conditions.

We found the home to be clean, homely and well maintained.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 17 January 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and their views and experiences were taken into account in the way the service was provided.

Reasons for our judgement

During our inspection we spoke with three people using the service. They told us that they were happy with the service they received and were satisfied that they were treated with respect and dignity. Comments included, "You can pretty much do whatever you want" and "I'm very well looked after."

We saw that people were greeted by their preferred names and were supported by staff in a respectful manner. From our observations it was evident that care staff took their time when supporting people so that care was provided at people's preferred pace. We also saw that people were dressed in appropriate clothing for their age, gender and culture.

We spoke with three care staff who told us that they always checked with people and obtained their consent before assisting them with any personal care. We observed that staff knocked on bedroom doors and asked if they could enter before they provided support.

We looked at four care plans for people using the service. We found that in most cases people and their relatives were involved in making decisions about care and treatment. A relative told us, "We know what is going on, they always keep us informed, they are very good."

We saw that care plans contained very specific instructions reminding staff to obtain consent from people before delivering personal care and to treat people with respect and dignity. We found that most care plans had a record of people's likes, dislikes and personal preferences. The provider may find it useful to note that during our inspection, the practice of people signing agreement to their care plans was not consistent. People and relatives had signed their agreement and consent to care and treatment on some care plans, but not all.

We saw that people were offered activities and involvement in the home and that there were notice boards in areas of the home where people had access to. These included information for people, families and visitors. We also found that when people came to use

the service that they were each given a copy of the service user's guide. This document provided useful information about their rights, individual choices, religious beliefs as well as general information such as fire precautions, the complaints policy, meals, healthcare and social activities.

Throughout the inspection, we found that staff treated people with respect and supported them in a friendly, engaging manner. People were supported in promoting their independence and appeared relaxed and comfortable with the staff who were assisting them.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and protected their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

At the time of our last inspection to Fountain Nursing and Care Home, we found that care plans varied in detail and did not always provide sufficient information about how to meet people's needs. The provider subsequently notified us of what actions they would take in order to achieve compliance.

During our inspection we spoke with three people using the service. They told us that they were happy with how their care needs were being met. Comments included, "They keep my clothes clean" and "They are very good to me."

We also spoke with three relatives of people using the service and all were complimentary about the service being provided. Comments included, "Everything seems to be fine" and "We are more than pleased with them."

We looked at four care records. We found that each person had an individual plan of their care and support needs. Each plan included the individual's assessed needs, risk assessments and any preferences they had regarding their daily lives. Care plans took into account people's physical health care needs and we found that these were reviewed regularly to respond to any changing health and care needs. Care and treatment was planned and delivered in line with their individual care plans. Records identified that people's weight was monitored on a regular basis. This was in order to identify any signs of ill health.

People had regular access to a range of health and social care professionals which included general practitioners, dentists, chiropodists and opticians. Detailed entries were made within people's care plans to record these visits.

During our inspection we saw that people were clean, well groomed and dressed appropriately. A hairdresser visited the home on a regular basis and had been doing so for many years. We spoke with her and she told us, "This is a wonderful place" and "The standard of care is excellent."

We checked the weekly bathing (and showering) records for people using the service.

These records indicated that seven people had not been bathed (or showered) recently. We spoke with the manager about this and she insisted that everyone had been bathed recently. She told us that people received baths or showers on a regular basis and that an accurate record of this had not been kept. The manager assured us that this would be rectified immediately.

These findings demonstrated that the provider did not have an effective system in place to accurately record and monitor the personal care being given which may have resulted in people not being bathed as often as they should have. This meant that care and treatment was not always planned and delivered in a way that ensured people's safety and welfare.

During our inspection we observed staff talking with people using the service on a social basis, as well as whilst meeting their care needs. We observed staff offering support to people so that they had regular hot and cold drinks. This ensured that people did not become dehydrated.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We saw that the main reception area, communal lounges and dining area were clean, comfortable and homely in style. The building was well presented and in a good state of repair. The home smelt fresh throughout.

We found that there were sufficient toilets and bathing facilities around the home to ensure that people's dignity, privacy and independence was respected. In addition, some bedrooms had a private toilet and wash basin. All the bedrooms we viewed were clean and had been personalised to reflect people's tastes and interests. Every bedroom had a call alarm system fitted to enable people to summon the assistance of staff if they needed them.

During our inspection, we saw that most people living at the home had mobility problems and needed assistance. Wheelchairs and lifting equipment were being used fairly frequently to assist people.

Although narrow, the corridors were clear from obstruction. We found that the communal lounge areas were also quite small. However care staff were trained to manoeuvre wheelchairs and lifting equipment within these areas of the home. None of the people using the service was kept waiting for assistance or subjected to the risk of injury because of this.

During our visit we received many positive comments from people about their home environment. People told us that they were comfortable living there and that they felt safe and secure.

We found that there were sufficient toilets and bathing facilities around the home to ensure that people's dignity, privacy and independence was respected.

Records identified that equipment had been serviced and maintained so that it was safe to use. Fire alarms, lighting, call alarms, personal lifting equipment and hot water had been checked, serviced and maintained as required. The lift (which gave access to the first floor of the building) was in good working order and had been regularly serviced.

We found that appropriate risk assessments had been undertaken regarding the safety and suitability of the premises and that people and staff knew what to do in the event of an

emergency.

We saw that people and their visitors used the garden area. The garden was spacious, well maintained and accessible to people with limited mobility and wheelchair users.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with three people using the service and their relatives. All were very complimentary about the nursing and care staff. They told us that the staff were approachable, attentive and helpful. Comments included, "I get on very well with the staff, they are very good" and "The staff found that my relative had a deep vein thrombosis, they are really on the ball."

We spoke with three care staff. We found that they were experienced and knowledgeable. We found that many of the care staff had worked at this home for many years and that they had a good knowledge of all the people using the service and their individual care and support needs.

We looked at the recruitment records for three members of care and nursing staff and found that there were effective recruitment and selection processes in place.

We saw that CRB (Criminal Record Bureau) checks had been undertaken to confirm that staff were of good character and suitable to work with vulnerable people. Appropriate pre employment checks had been undertaken for example, two references had been obtained in respect of each staff member. We found that care and nursing staff had job description forms which had they had signed and dated. This ensured that staff were aware of their role and responsibilities.

Care and nursing staff had achieved nationally recognised qualifications in health and social care and they had received regular refresher training. Staff spoken with had a good understanding of safeguarding vulnerable adults. They told us that they knew what to do and who to contact should such an incident become apparent or be reported to them.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At the time of our last inspection of Fountain Nursing and Care Home we found that there was insufficient evidence to show that people's views and opinions were listened to and acted upon. The provider subsequently notified us of what actions they would take in order to achieve compliance.

During our inspection we found that the manager had completed regular internal audits. These included audits of care plans, medication records, the living environment, infection control and health, safety and fire records. All these checks were current and up to date. This process meant that it was possible for the manager to identify and promptly deal with any problems should they become apparent.

We found that people using the service and their relatives were asked for their views about the service they received. Service satisfaction survey questionnaires had been issued in order to obtain people's feedback regarding treatment and care, their living environment and staff performance. We found that positive feedback had been given.

Regular meetings were held between the manager, the staff and the people using the service to discuss ongoing concerns and suggestions for improvement. We found that these meetings were held regularly and that minutes were available for people and their relatives to read. We found that people's views and opinions were listened to and acted upon.

We found that there had not been any recent complaints made against the care home or staff. A comprehensive policy was in place about this.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
Diagnostic and screening procedures	How the regulation was not being met: The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care that is inappropriate or unsafe. The provider did not have an effective system in place to ensure that people were being bathed regularly which meant that care was not always planned and delivered appropriately. Reg 9(1)(b) (1 and 2) Health and Social Care Act 2008
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 17 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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