Inspection Report

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: 07 August 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safety and suitability of premises	✗ Action needed
Staffing	✗ Action needed
Records	✓ Met this standard

Details about this location

Registered Provider	Fountain Nursing and 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

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 7 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and were accompanied by a specialist advisor.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

Although this was a scheduled inspection we also checked this service where it had been non-compliant at a previous inspection in November 2012. On the day of this visit 23 people were living at this care home. We subsequently spoke to seven people who lived there, three of their relatives and five members of care and nursing staff.

We spoke to people about the care staff who supported them. Comments included, "The staff are okay to me, they are kind but there are not many to look after me" and "They don't have time to sit and talk."

The relatives we spoke to were complimentary about the service being provided. Comments included, "They are brilliant carers, they can't do enough for my relative" and "My relative is safe and content."

From our observations it was apparent that care staff were attentive, polite and sought consent before providing care and support. However, it was also apparent that care staff did not always have sufficient time to spend time with people particularly at busy times such as the morning when they were assisting other people.

Although the premises were reasonably well maintained, the design, size and layout of some rooms made it unsuitable and unsafe for people with mobility disabilities.

We found that care and support was not always planned and delivered in a way that ensured people's safety and welfare and that there were not always enough qualified, skilled and experienced staff to meet people's needs.

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 31 October 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Commissioning and Fire Safety Assessor . We will check to make sure that action is taken to meet the essential standards.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We observed care staff interact and care for people on the day of our inspection. We saw that care staff treated people kindly, with patience and with respect. We saw that people were greeted by their preferred names and were supported by staff in a respectful manner. People appeared relaxed and comfortable with the staff who were assisting them.

It was evident that most people had made choices about their care and support and that consent was verbally obtained by staff. However we noted that on some occasions (during the morning when it was busy), care staff did not always explain clearly what they were doing and did not seek the consent of the person they were assisting. This was particularly evident whilst care staff were helping people to mobilise.

We reviewed three care files to look for examples of where people's consent had been sought for the care and support they received. Although some care plans had been signed, we found that signed documentation had not always been obtained to ensure that valid consent had been given. We saw that in some cases, there was no evidence that, where people were unable to make decisions about their care and welfare, these matters had been discussed with their relatives or with health and social care professionals.

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. Care plans recorded people's likes, dislikes and preferences. This meant that care staff knew what people liked to eat and what activities they enjoyed.

We spoke with seven people who lived at the care home and talked to them about the care and support they received. People told us that the staff knew them well and were familiar with their preferences, likes and dislikes and treated them with respect and dignity. Comments included, "When staff shower me they are kind and gentle and respect my

privacy."

During our inspection, care staff showed that they had a good knowledge of the people they cared for and were familiar with their health and social needs. We spoke with care staff and they told us that they always check with a person and obtain consent before assisting them with any personal care. This allowed people to make a decision at the time personal care was to be undertaken giving them some control of how and when this happened. They told us that they knew everyone who lived at the care home very well and always acted in accordance with their wishes.

We concluded that before people received any care or support they were asked for their consent and the provider acted in accordance with their wishes.

Care and welfare of people who use services ✖ Action needed

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 moderate 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

We looked at this outcome during our last inspection of this care home in November 2012. At that time we said that the home did not have an effective system to accurately record and monitor that personal care being given regularly, which may have resulted in people not being bathed as often as they should have.

At this inspection we checked to make sure that the improvements had been made in relation to these concerns. We found that the manager had implemented an action plan and bathing records had been improved and were now fit for purpose.

We reviewed the care and support plans of three people who lived at the home. We found that each person had their own individual plan of care which included assessed needs, risk assessments and information about health conditions they have. These records were detailed and up to date. Risk assessments identified the risks that were associated with people's physical needs and health conditions. These records enabled care staff to ensure the safety and well-being of the people they were caring for. For example we saw risk assessments had been completed in respect of managing falls, personal care and medication. These were regularly reviewed and updated as necessary.

Records showed that people had regular contact with general and specialist health care professionals which included general practitioners, dentists, chiropodists and opticians. Detailed entries were made within people's care plans to record these visits. This showed the service had sought and taken advice about any change in the person's needs or condition. We saw that people's weight was monitored regularly. People had appropriate access to health professionals when needed.

Arrangements were not in place to ensure people were protected against the risk of receiving care or treatment that was inappropriate or unsafe. We observed care staff whilst they assisted and supported people to get up and mobilise in the morning. We saw care staff use lifting equipment and a variety of moving and handling techniques to assist people. We noted that some bedrooms were very small which made it difficult to use lifting

equipment correctly. We also saw care staff use moving and lifting techniques that were inappropriate and unsafe and likely to cause injury to themselves and discomfort to the people they were supporting. This meant that people and care staff were not protected against the risk of injury or harm.

We spent several hours in the communal areas of the home and met most of the people who lived there. People appeared relaxed and comfortable with the staff who were supporting them. People were dressed in an individual style that reflected their age, gender, culture and weather conditions. Most of the people we spoke to said that they were well cared for but were concerned about the lack of care staff to support them. Comments included, "It's nice here but the staff are busy at times, they never stop to chat" and "The home's not bad but I have to wait until 8am for my breakfast" and "It's nice here, the staff look after me very well, they are kind and I feel safe here."

We spoke to relatives of people who lived at the home. Comments included, "They are brilliant carers, they can't do enough for my relative. They talk to me about any concerns they have" and "My relative is safe and content."

We spoke with care staff and found that they had a very good understanding of people's needs and what they were required to do to meet those needs. We checked records and spoke to the manager and found that people were given the opportunity to participate in a number of activities and organised events at the care home.

We concluded that care and support was not always planned and delivered in a way that ensured that risks to people's safety and welfare were minimised.

Safety and suitability of premises ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate 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 our visit Fountain Nursing and Care Home could accommodate up to twenty-seven people who had social care and/ or nursing needs. The accommodation was a large three storey period property with three lounges, one dining room and mainly single bedrooms. The third floor of the premises was used for staff residential accommodation.

People who lived at the home were older people who had limited mobility and most had dementia. This meant that all but one of the people living at the care home needed assistance to get up, washed and dressed each day.

Upon our arrival we undertook a full tour of the home. This included viewing several bedrooms, the reception area, communal lounges and dining areas. We found that the premises were clean and tidy and in a reasonably good state of repair. All the bedrooms we viewed had been personalised to reflect people's tastes and interests.

We found that some bedrooms were quite small and had insufficient space to safely use lifting equipment to assist people from their beds into wheelchairs . We saw care staff were sometimes working in tight spaces and were at risk of injuring themselves.

Corridors on the ground and first floors were narrow and would not accommodate any more than standard sized wheelchairs. We found that no-one could pass through the corridors until the person in the chair and the carer has passed through. We found that all three lounges were small and were not suitable for the use of lifting equipment. We noted that the 'nurse call/warden alarm' call buttons in the lounge areas were not placed in convenient positions so people could reach them should they need assistance.

We observed lunch time and noted that the dining room only had space for 13 people to have their meal. This meant that some people had to eat their lunch either in the bedrooms or in one of the nearby lounges. We checked records and it was not clear where people preferred to eat their meals in the lounge or their rooms or whether their options were

restricted due to a lack of space in the dining room.

We spoke to people about their living environment. Comments included, "My nurse call (warden call alarm) is by my chair in the bedroom and I can't reach it from my bed" and "My room is okay."

Although the premises were reasonably well maintained, the design and layout of the premises were unsuitable for people with mobility disabilities. This meant that people who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. As a result of our concerns regarding the layout of the premises and the risks associated with it, we have asked the West Midlands Fire Service to visit the premises and undertake a comprehensive risk assessment.

We concluded that the provider has not taken steps to provide care in an environment that is safe, suitably designed and appropriate for the people who live there.

Staffing ✖ Action needed

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were insufficient qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate 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

There were insufficient appropriately skilled members of staff available to meet people's needs.

We found that 23 people were living at this care home at the time of our inspection and they were being supported by one nurse and five care staff. The manager of the care home was also on duty together with a cook, a domestic and laundry staff.

Most people who used the service needed support with all of their personal care and social activities and had serious mobility disabilities. All but one person was unable to mobilise without assistance from care staff.

We found that the numbers of staff on duty reflected the planned staffing roster for the day (one nurse and five care assistants) and that the same level of staffing was planned for later in the day. At night, the duty roster indicated that there would be one nurse on duty together with two care assistants.

Systems were not in place to monitor and review people's needs so that effective staffing levels are maintained. We asked the manager how she ensured that there was sufficient members of staff on duty at all times to meet the needs of people living in the home. We were told that levels of staffing had been assessed carefully and were determined by the numbers of people residing at the home and their personal needs. However when we asked for details of this assessment, we were told that there was no report, documentation or analysis available to demonstrate how staffing levels had been determined to ensure they were appropriate.

We spoke with four care staff and a nurse who worked at this care home. We found that care staff reflected the culture and gender of people using the service and that they had a good knowledge of all the people living in the home and their personal needs. Some members of staff told us that at certain times of the day, particularly in the morning, it was very busy helping people to get up, dressed and have their breakfasts. Comments included, "It's too busy in the mornings" and "Lack of staff is an issue here."

We observed people and their interaction with care staff in the communal areas of the care home. We saw that there was little interaction with people in the morning. We saw several people arrive for their breakfast after 9am. The last person to arrive for breakfast arrived at 10.15am. During our observations we noted that one person was kept waiting for more than an hour to be relocated to one of the lounge areas after she had finished eating her breakfast. We also saw that people who lived at the home were exposed to long periods of inactivity.

We spoke to people who lived at the home about the care staff and the level of service they provided. People were generally complimentary about the care staff but told us that there were insufficient members of care staff available to support them. Comments included, "The staff are okay to me, they are kind but there are not many to look after me" and "There's not enough staff to look after me, I want to get up earlier but I have to wait" and "I rarely see staff except at meal times."

We checked training records and found that care staff had received regular and relevant training and had the skills and knowledge to meet people's individual needs.

We observed care staff use some 'moving and lifting' techniques during the day of our inspection. Some of these were inappropriate and unsafe and could have caused injury to themselves and discomfort to the people they were supporting. This meant that some staff did not have the required skills in order to provide safe care and support.

In order to safeguard the health and safety of people who use the service, the registered provider must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff on duty to meet people's needs. We found that although most staff were suitably qualified, skilled and experienced, that there were not always sufficient numbers on duty to safeguard health and safety.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

Records were kept securely and could be located promptly when needed. We found that all files and records were kept securely in the manager's office and were stored safely when not in use. Records and care plans could be located promptly when needed.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. We found that documentation, care files and staff records were all well-ordered and maintained. Documentation was neat and the information recorded was legible and easy to understand. People's personal records including medical records were accurate and fit for purpose and securely stored to protect people's privacy and right to confidentiality. We saw that care plans were checked and reviewed regularly by the manager.

Staff records and other records relevant to the management of the services were accurate and fit for purpose and retained securely. We found that there was detailed information about the scheduling of services and the deployment of staff.

The provider had written policies and procedures for carrying on all aspects of the service and these were well organised and periodically reviewed.

We concluded people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained

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 activity	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**
	How the regulation was not being met: Reg 9(1)(b)(ii) You were not planning and delivering care in such a way as ensure the welfare and safety of people living in the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010** **Safety and suitability of premises**
	How the regulation was not being met: Reg 15(1)(a) People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises as they were of unsuitable design and layout to meet the needs of people living in the home.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010** **Staffing**
	How the regulation was not being met: Reg 22 You were not taking appropriate steps to ensure that

This section is primarily information for the provider

	there were sufficient qualified, skilled and experienced staff to meet people's needs.

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 31 October 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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

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