

Halcyon Care Limited

# The Fountains Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Fountains Care Centre is a residential care home providing nursing and personal care for up to 45 people. The service supports older people, some of whom are living with dementia. At the time of our inspection there were 35 people using the service.

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

Advice wasn't always sought from a GP or pharmacist when people needed their medicines differently from how it was prescribed. Cleaning wasn't always effective in people's rooms and communal areas. Improvements were needed to staff deployment to promote people receiving consistent support. Staff were recruited safely, were trained and knew how to safeguard people from abuse. The provider supported people to manage their health-related conditions and maintain records.

The provider's systems and processes were not always effective in ensuring infection prevention and control standards and safe medicines management. However, people were treated with dignity and respect, had access to activities and their independence promoted. The provider had systems to receive feedback which enabled continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 20 November 2018).

### Why we inspected

We received concerns in relation to people's safety, infection prevention and control and the leadership and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

The inspection was also prompted in part by notification of a specific incident. Following which a person using the service sustained a serious injury. This incident is potentially subject to an investigation. As a result, this report does not cover the circumstances of the incident.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of

this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Fountains Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Fountains Care Centre

## 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 Health and Social Care Act 2008.

#### Inspection team

Two inspectors carried out the inspection activity on site. An Expert by Experience contacted relatives remotely for feedback on their experiences of the care provided. 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 Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Fountains Care Centre is a care home without nursing care. 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 the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information the providers are required to send to us annually with key information about their service, what they do well and improvements they plan to make.

#### During the inspection

We spoke with five people who use the service. We observed people and their interactions with staff and each other. We spoke with 14 relatives about their experience of the care provided.

We spoke with nine staff members including laundry assistants, kitchen staff, carers, a senior carer, team leaders, the deputy manager, the registered manager and the operations manager.

We reviewed a range of care records. This included four peoples care records and multiple medication records. We looked at four staff files in relation to recruitment and induction. We reviewed various records relating to the management of the service including health and safety checks and incidents and accidents.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found. We looked at training data, staff rota and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- The provider didn't always confirm with a GP or pharmacist when people were given medicines in a way other than how it was prescribed. A staff member gave a person two medicines mixed in water; the staff member could not confirm this was safe. Furthermore, records did not show relevant professionals had confirmed this was safe to do. We made the provider aware of our observations and they immediately contacted a pharmacist for advice.
- Recording of medicines was not always safe. A staff member had handwritten medicine on an administration record without a second member of staff checking the prescriber's instructions were recorded correctly. This increased the risk of people incorrectly being given their medicines.
- Staff received training to give people medicines. Staff files showed the provider had trained staff to give people medicines safely and checked staff's knowledge and competency.

### Preventing and controlling infection

- Improvements were needed to hygiene practices of the premises. Before our inspection, we received concerns about the cleanliness of the building. During our inspection we found flooring in several bedrooms had built-up dust and communal areas had cobwebs on fixtures. After our inspection the provider sent us an action plan to address concerns about effective cleaning. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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 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.
- The provider facilitated people receiving visits from their family and friends safely. A booking system was in place to stagger visits and allow time for enhanced cleaning after visits promoting infection prevention and control. The provider checked that people had a negative lateral flow test result and conducted screening before visitors entered the service. In addition, the service provided PPE to visitors.

### Staffing and recruitment

- People told us there wasn't always enough staff, resulting in waiting longer for support. Staff told us there

could sometimes be less staff due to sickness, making it harder to meet people's needs. A relative told us, "On weekends it's been minimum staff. When I was leaving, I couldn't find a member of staff so we could leave." However, the provider told us they met minimum staffing requirements determined by their needs assessment and would regularly have a surplus of staff on duty. During our inspection, we saw there were enough staff on duty to meet people's needs.

- Rotas were issued at short notice, this meant it was difficult for staff to plan their personal and professional commitments. A staff member told us that the rotas not being available resulted in staff changing shifts and leaving some shifts well-staffed and others not. This meant people were at risk of not receiving consistent support. After our inspection, the provider gave us details of ongoing recruitment and planned to meet with staff to discuss the rota.
- Staff were recruited safely by the provider. Staff files showed the provider ensured staff had relevant pre-employment checks, including references and disclosure and barring service checks (DBS). DBS checks provide information, including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- New staff received an induction to the service including; training about people's needs and health and safety.

#### Learning lessons when things go wrong

- The provider did not always support staff effectively following incidents. Where staff could not maintain their safety during untoward incidents, records did not evidence the provider debriefed staff. A member of staff told us they were not debriefed following incidents. This meant staff were unable to contribute to learning lessons when things went wrong. After our inspection, the provider told us they had reviewed their untoward incident process to include debriefing of staff members.
- The provider acted on information learnt from incidents and accidents. The registered manager reviewed all incidents and accidents and took action to mitigate future occurrences. For example, we saw that the provider promptly updated care plans for a person who had displayed behaviours of concern.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received training to safeguard people from abuse.
- Staff knew how to escalate safeguarding concerns. Staff were confident in reporting safeguarding concerns to management. Further, staff told us they could contact the provider's senior management team with any concerns and told us about whistleblowing information displayed in a staff area.
- People told us that they felt safe. Furthermore, all the people we spoke with felt they could approach staff and managers with concerns.

#### Assessing risk, safety monitoring and management

- The provider monitored the safety of the service. Records showed the provider consistently audited the environment to ensure fire safety and the general environment was fit for purpose.
- Risks to people's health were regularly reviewed and management plans updated to ensure they accurately reflected people's needs. This included risks related to nutrition and skin integrity.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Records showed that managers did not regularly and consistently support staff in reflecting on their performance and improving their practice through supervision. However, staff we spoke with told us they felt supported and received supervisions. In addition, after our inspection, the provider told us they had scheduled supervisions for staff who had not received one.
- Environmental audits were not always effective. Although we found that the provider consistently maintained records and carried out audits of the environment, they had not been effective in identifying issues found during this inspection. In addition, we had shared concerns we received with the provider about the cleanliness of the service before our inspection, which did not result in the provider making sure all areas were cleaned effectively.
- Systems to ensure people were being given medicines safely were not always effective. For example, the provider's medicines audits did not ensure that advice had been sought from a GP or pharmacist when needed or that a second staff member countersigned handwritten medicines on the administration record; this also contradicted the provider's medicines management processes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some relatives did not always feel engaged and involved by the service. Although the provider told us they carried out annual surveys, relatives we spoke with told us they had not been asked to complete one. Some relatives felt strongly that the provider didn't keep them informed about changes to people's care and support needs. However, after the inspection the provider told us that they had comments cards and an accessible survey available at the reception. In addition, the provider told us that there was an ongoing survey of people's experiences taking place at the time of our inspection.
- The service had systems to improve based on people's views. We found that the provider had made their complaints policy visible to people and visitors of the service. We reviewed records of complaints and found that the provider had addressed and responded to concerns. We also found evidence the provider had received compliments from the people they support and visitors.

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

- People had support to promote their independence and wellbeing. A relative told us, "staff are managing [person's] health needs and are supporting [person's] independence but supporting when needed." They

went on to say that staff encouraged their relative to join in with planned activities.

- People were treated with dignity and respect. Our observations on how people interacted with each other and staff were positive. People were spoken to kindly and enjoyed the interactions they received. A person we spoke with told us carers respect their privacy and dignity.
- People had opportunities for social interaction. There were daily activities available for people to enjoy together. The provider had produced and displayed a timetable of activities, so people knew what activities were planned.