

4319 Fountain Care Ltd

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## Inspection report

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## 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

4319 Fountain Care is a domiciliary care service providing personal care and support to people in their own homes. At the time of the inspection the agency was supporting 56 people.

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

#### Right Care

People felt safe, staff were caring and treated them with dignity and respect. People and relatives felt the service was managed well and the care needs were met. Personalised care and risk management plans set out people's care needs and preferences and communication support. Staff followed these plans and found them helpful. Staff received regular training, supervision and competency checks. This included safeguarding awareness training so staff knew how to report potential abuse concerns.

#### Right Support

Staff supported people with their medicines appropriately. There were procedures for responding to and learning from accidents and incidents. There were enough staff to meet people's needs. People were usually visited by the same staff who they were familiar with and who knew their needs and how they liked to be supported. There were recruitment processes in place to help make sure only suitable staff were employed.

#### Right Culture

People and relatives felt the service was managed well and the care needs were met. There were systems in place to monitor the quality of the service and recognise when improvements were required. People and staff were asked to give feedback about the service. People and their relatives knew how to raise issues or complaints and found the registered manager responsive, approachable and experienced. The service worked in partnership with other professionals to meet people's needs and help them to access healthcare. 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.

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 (8 February 2018). The rating for the service following this inspection remains good.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### 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 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 ●

# 4319 Fountain Care Ltd

## 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

The inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 July 2023 and ended on 23 August 2023. We visited the location's office on 13 July 2023.

#### What we did before the inspection

We looked at all the information we held about the provider including information they sent us when they were registered with us. We also looked at reviews people had posted online about the service. The provider

was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with a carer worker, a senior care worker and the registered manager. We viewed a range of records. This included 5 people's care and risk management plans and care records. We saw 5 staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including medicines support records, audits, meeting records and procedures. After our visit we spoke with 2 care workers and received email responses from 52 care workers. We spoke with 1 professional who had worked with the service recently, 4 people and 7 relatives of people who use the service. We continued to seek clarification from the provider to validate evidence found.

# 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider assessed and supported people to manage risks to their safety and well-being.
- People had personalised care and risk management plans in place and we saw most set out in detail set out risks to people's safety and actions needed to mitigate those risks. However, one person's plan required more detail about supporting the person to avoid developing pressure sores. Another person's plan needed more information on to support the person in the event of an infrequent epilepsy seizure. We discussed this with the registered manager and they promptly corrected this.
- Other plans assessed risks well and provided good guidance for staff on the measures in place to prevent harm. These considered including mobility, moving and positioning, skin care, malnutrition, medicines, isolation and self-neglect.
- People's plans also considered the health conditions that they lived with, such as diabetes, and the support required to manage this and remain well.
- The manager also conducted environment assessments to identify potential hazards at a person's home. Staff completed training in providing safe moving and positioning, fire safety awareness and safe lone working.
- People and their relatives said they felt people were safe with the staff supporting them. Their comments included, "I feel perfectly safe with my carers they support me well", "I feel safe with the carers as they help me so much, they are always there by my side" and "[The person] is 100% safe when the carers are with them. I feel they support then well; they do everything they should do."
- The registered manager had business continuity plans in place to help the service continue in the event of an emergency or major disruption.

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

- There were systems in place to safeguard people using the service from the risk of abuse. This
- Staff completed safeguarding adults training and the provider reinforced staff awareness of this during team meetings, supervisions and spot checks. Staff we spoke with and the registered manager knew how to recognise and respond to potential abuse concerns. This included being able to report concerns to other agencies.
- The registered manager investigated concerns promptly and worked with the local authority to do so.

### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs.
- People and their relatives gave positive feedback about the timeliness of their care visits. They said care staff almost always came on time and the provider called people to let them know if staff were running late,

although this was not regularly. The provider had quickly addressed any issues when this was not the case.

- People said the service communicated with them well and kept them informed about which staff would be making their next care visit.
- The same staff usually visited people, unless new staff were being introduced to the service. This meant people could develop relationships of trust with staff who knew their care needs. Relatives' comments included, "We like the fact [the person] has continuity in their carers, it makes them feel at ease" and "[The person] has the same carers more or less all the time so they get to know [the person] well."
- The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to suitable applicants. This included establishing their employment history and completing Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- There were systems and processes in place to ensure staff supported people to take their prescribed medicines safely.
- People and relatives confirmed staff supported them appropriately with their medicines. A relative commented, "No problems with medication, they record what [the person] has been given. They inform me if medication is running out. The carers go and collect it for [the person] when the chemist can't deliver it, which is good of them."
- People's care and risk management plans set out details of their prescribed medicines in good detail. For example, who is responsible for administering the medicine, how, dosage, how it was stored, and who delivered or collected the medicines. This included information about occasional medicines, such as eye drops and prescribed ointments.
- The registered manager explained how they worked to keep up to date information about people's medicines when staff do not support them with this. This meant staff could provide support when the person's responsible relative goes into hospital or when there was an emergency and the information was required by the medical services.
- Staff completed medicines administration records (MARs) to note when they supported a person to take their prescribed medicines. The MARs we saw had been completed correctly. Senior staff and the registered manager audited these records regularly. The audits noted any issues found and actions taken to address them.
- Staff completed safe medicines support training and the provider assessed their competence to provide this.

#### Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- Staff completed training on promoting infection prevention and control. They were provided with personal protective equipment (PPE) and received information and training on how to use this safely. This included masks, gloves and aprons. People and relatives told us staff used PPE.
- The provider had sufficient stocks to meet ongoing requirements. Staff told us there was always enough for them saying, "PPE is always available and we get regular supplies" and "We need and it's about to finish then we contact company and they provide it immediately."
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider had appropriate processes in place for recording and responding to incidents or accidents.
- The registered manager ensured incidents and accidents were recorded and responded to in a timely manner. They maintained a log of these events that noted what happened and the actions taken in

response to this, such as if a person had experienced a fall. The registered manager analysed this information identify any practice trends or improvement lessons for the service which they shared with staff, for example during regular team meetings.

- Staff told us they knew how to report incidents and could readily contact the provider to do this and they confirmed that reflective lessons were shared with them. Care workers told us, "If something goes wrong, the agency talks to us about it and we all discuss ways on improvement and way forward" and "It is discussed and staff learn from their mistake and they do not repeat it."

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager assessed people's needs and preferences before they started to use the service. They visited the person in hospital or in their own home to conduct the assessment. A professional told us these assessments always took place in a timely manner.
- Assessments were appropriately detailed, supported by people's local authority assessments or hospital discharge information. They considered people's protected characteristics under the Equalities Act 2010, such as their age, gender, religion and ethnicity. The registered manager used assessment information to inform people's care plans.
- People and relatives were involved in these assessments. Relatives told us, "[The person] has a care plan and I was asked how we wanted [her/him] cared for" and "There is a care plan in place which I was fully involved in when it was being put together."

Staff support: induction, training, skills and experience

- People were supported by staff who received training to support them safely. Everyone we spoke with said staff were competent and provided person-centred care.
- Staff completed a range of training that included infection control, dementia awareness, health and safety, moving and handling, conflict resolution, learning disability and autism awareness and complaints handling. The provider had arranged refresher training for staff who required this. New care staff completed an induction to their role and shadowed experienced staff before undertaking care visits themselves.
- Staff said they found the provided training helpful for their work. They told us, "We do get training constantly", "We get a lot of training, online and practical training" and "This helps me a lot at every time."
- Staff received regular supervisions to discuss their role and performance and said these sessions were supportive.
- The registered manager had introduced weekly online team meetings to discuss service and practice issues, specific topics such as medicines support or skin care, and learning from incidents. One of these was held during our inspection visit. Most staff described these meetings as helpful and "also an encouragement as all questions are answered and thereby very motivational."

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

- Staff helped people to prepare food or assist people to eat and drink when this was part of their agreed care arrangements.
- Staff helped people to prepare the food they chose and as they would like it. People told us, "The carers give me breakfast, I tell them what I want" and "When they make food for me, they ask me what I would like." A relative described how staff encouraged their family member to make healthier food choices.

- Care plans set out the nutritional support people required. For example, if a person needed a soft food diet or sweetener in their hot drinks to help them manage their diabetes. Plans also stated people's food, drink and support preferences, such as if they required staff to leave a fresh cold drink by their side at the end of each care visit.

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

- The service worked with healthcare professionals, such as nurses and GPs, to help people access healthcare services and maintain their health.
- People's care plans contained clear information about their healthcare needs. For example, if a nurse attended to help manage a person's catheter, with clear guidance for staff on signs to look for if this may develop issues and when to contact the nurse.
- Care plans had oral health sections that described the support people needed to brush their teeth and manage their dental care.
- The service worked with other professionals to ensure people's needs were assessed and met. For example, supporting occupational therapists to assess a person's mobility and equipment needs and following their guidance on using this appropriately.
- Relatives told us staff helped them to monitor and promote their family members' health. They commented, "They keep me informed if [the person] isn't feeling well" and "[When] they have called for an ambulance they informed me straight away."

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- People and relatives told us staff sought their consent before providing care. For example, people told us, "They are very polite and check what they are doing is ok for me" and "They let me make choices. Sometimes I say I don't need my hair washing and they accept it." A relative told us, "They ask permission before they do anything and they tell [the person] what they are doing all the time. They are respectful and if [the person] says no, they leave her/him."
- Staff had completed training in understanding the MCA. They demonstrated an awareness of peoples' rights to make their own decisions about their care by describing how they promoted this. A care worker told us, "Before attending to client I ensure that I obtain an informed consent all the time after explaining the procedure."
- People who were able to consent to their care arrangements had signed their care plans to indicate this. The provider had assessed people's mental capacity when they were not able to understand and consent their care and this was arranged in their best interests.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 and relatives all spoke highly of the care workers, saying they were kind, caring, thoughtful and supportive.
- People told us, "I can honestly say that the carers have been kind to me at all times. They are polite and make conversation" and "They chat with me and I have got to know some of them very well." Relatives' comments included, "I couldn't ask for nicer carers" and "The staff are very kind and caring I can't fault them; they are very sympathetic to [the person's] needs."
- The provider carried regular checks on staff which observed and recorded if staff were polite and spoke respectfully with people.
- People's care plans documented personalised information such as their religion, gender and important relationships in their life. Managers told us the service was not currently supporting anyone who identified as LGBT+. 'LGBT' describes the lesbian, gay, bisexual, and transgender community, but they had done in the past. The '+' stands for other marginalised and minority sexuality or gender identities. Staff received training on promoting equality and diversity in their work.

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

- People and their relatives were involved in making decisions about their care.
- People and relatives described how staff supported them to make day to day choices about their care and respected these. For example, where and what they wanted to eat, the clothes they chose to wear. A relative told us, "They are very good at encouraging [the person] to make decisions."
- Staff explained how they helped people to make decisions about their care. A care worker told us, "[I'm] not making assumptions about how they want to be treated."
- The service involved people and relatives were in developing and reviewing their care plans and discussed how their care should be provided. Care plans promoted helping people to make choices, set out their care preferences and their preferred routines for each visit.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity.
- Staff described how their care promoted people's privacy and dignity. For example, by respecting a person's personal space and possessions, addressing people appropriately and making sure curtains and doors are closed when providing personal care. One care worker told us, "I talk kindly and listen to their thoughts and feelings."
- Staff also explained how they supported people to maintain their independence, such as encouraging a

person to be involved in their personal care and wash themselves as much as possible. A relative told us, "They encourage [the person] to do small things independently such as comb [their] own hair."

- The registered manager had appointed a senior member of staff to monitor data protection in the service to keep people's information safe. Staff had also completed data protection training.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received person-centred care and support that met their needs and preferences.
- People's care plans set out detailed personalised information about their care and support needs. For example, their likes and dislikes, how they wanted to receive their personal care and the bathing products they chose to use.
- Care plans also described people's preferences for their care and daily living. For example, a person's plan set out their preferred nighttime routine and how they liked to say 'Good night' at the end of the day.
- Plans were written using positive language, provided clear guidance on how to meet people's needs and staff found them helpful. Care workers told us, "We read it whenever there is any significant changes in that and it help us to do our work in proper way," "It makes me feel confident and perform my task properly" and "It helps me know what they enjoy doing and it's a guide on how best I can perform care for them."
- Some staff described how they went "the extra mile" to help people. For example, helping a person access chiropodist home visits and doing urgent shopping for a person when they were discharged from hospital with no food at their home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people to meet their communication needs.
- People and relatives said staff communicated well with them. The registered manager arranged for people to be supported by staff who spoke their first language.
- People's care plans set out and were tailored to communication needs. For example, plans described how people communicated and if they required support with glasses and hearing aids.
- Staff helped people keep in touch with people who important to them such as their family. Some relatives told us, "[Care staff] make sure the phone is close at hand [for the person]" and "[The care worker] will often encourage [the person] to speak to me on the phone."

Improving care quality in response to complaints or concerns

- There were processes in place for recording, handling and responding to complaints. Records of these indicated complaints were dealt with in a timely manner and remedial actions were taken, including

apologising to people if somethings had gone wrong.

- The registered manager used complaints information to identify improvement actions for the service.
- People and relatives were given information about how to make a complaint. They told us that when they raised issues these were dealt with satisfactorily and very quickly.

#### End of life care and support

- At the time of our inspection the service was not providing end of life care to anyone. However, the registered manager explained their approach to providing this care in line with people's preferences, including training and supporting staff and working proactively with healthcare professionals. They described providing good end of life care as one of their "passions."

# 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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were opportunities for people, their relatives and staff to be involved in the service.
- The large majority of staff told us they felt supported and valued by senior staff, listened to and involved in the running of the service. They told us, "They are good listeners and they respond quickly to any problem put forward to them, either concerning our clients or our staff" and "The manager and senior staffs are very supportive and kindly. Whenever we put our problem on them, they always help us." A small number of staff said this was not always their experience. We raised this with the registered manager and they set out actions they were taking to address this so all staff felt supported at all times, including holding effective communication training sessions.
- There were frequent team meetings and regular supervisions to support staff. Shortly after our visit the registered manager arranged a 'meet and greet' meal for staff to foster good working relationships and planned further team activities to build on this.
- The provider regularly sent questionnaires to staff for feedback about the service. We saw responses were positive and the registered manager acted on staff comments. For example, they arranged further learning sessions on different topics such as end of life care and working with other agencies.
- The provider sent people and relatives questionnaires so they could provide further feedback about the service. The responses we saw showed people all felt their care needs were met well and they were treated with dignity and respect.

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

- The registered manager used a range of checks to monitor the safety and quality of the service.
- Care plans were reviewed and audited regularly. However, we noted a factual error in one person's plan that had not been identified. The registered manager addressed this immediately,
- There were also regular audits medicines support records, staff spot checks, supervisions, staff meetings and staff recruitment files. Staff took action to address the improvement requirements these identified.
- The registered manager completed detailed monthly monitoring checks to ensure these assurance audits were taking place.
- The provider conducted regular unannounced checks on staff working in people's homes to assess their performance.
- All the people and relatives we spoke with felt the service was managed well. A person told us, "I have spoken to the manager and they explained things to me, so I would know how my care would work. [She/he]

was friendly and helpful." A relative said, "The manager is very friendly and helpful; they have been very supportive and explain things well."

- There was a strong focus on continuous learning and development of the service. The registered manager actively disseminated improvement actions and good practice guidance to staff. The provider was also in the process of moving to new digital business systems to support the ongoing development and efficient ways of working.

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

- The service had a positive culture aim of providing safe, effective and person-centred care to people. The registered manager set out a clear vision of wanting to make a meaningful difference to people's lives. They were a qualified nurse and staff told us they appreciated the healthcare knowledge and leadership the registered manager provided.

- Care staff told us, "Fountain Care teaches you to care for clients" and "I am proud to be in an agency that has a holistic approach."

- Staff also regularly visited a person with a sensory impairment, free of charge, to check they were ok and provide assurance to their family. The registered manager said, "This is us giving back to the community."

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

- The provider had appropriate duty of candour procedures in place. We saw the registered manager addressed issues in an open and transparent manner.

Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as pharmacists and GPs. A professional said the service was always prompt in responding to queries and providing information about people's needs and well-being. This helped people to receive joined-up care to meet their needs.