

Mrs P M Eales

Fenton Lodge

Inspection report

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Date of inspection visit:
06 June 2017

Date of publication:
21 June 2017

Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

The inspection took place on the 6 June 2017 and was unannounced.

Fenton Lodge provides care and support for up to 3 people with learning disabilities. At the time of the inspection there were 2 people living at the service.

We carried out an unannounced comprehensive inspection of this service on 12 September 2016. A breach of one legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirement in relation to ensuring the principles of the Mental Capacity Act 2005 were followed and people's legal rights were protected.

We undertook this focused inspection to check the provider had followed their action plan and to confirm that they now met this legal requirement. This report only covers our findings in relation to that requirement and the key area of effective. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fenton Lodge on our website at www.cqc.org.uk

There was a registered manager in post although they were not available on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the last inspection improvements had been made to ensure people's rights were protected under the Mental capacity Act 2005. Systems were in place to ensure that the principles of the MCA were followed. Staff demonstrated knowledge and understanding of people's needs in relation to supporting them to make decisions and seeking their informed consent to the care they received.

People were supported by staff who received regular training and supervision to support them in their role. Staff told us they felt supported by the registered manager and were able to contribute to improvements within the service.

People were supported to have a nutritious diet and were able to make choices regarding what they had to eat and drink. People were supported to maintain good health and had regular access to a range of healthcare professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Since the last inspection action had been taken to ensure people's rights were protected and the principles of the Mental Capacity Act 2005 were followed.

Staff received effective induction, training and supervision to meet people's needs.

People's nutritional needs were met and people were provided with choices regarding their food.

People received support to access healthcare when required.

Fenton Lodge

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Fenton Lodge on 6 June 2017. This inspection was done to check that improvements to meet one legal requirement planned by the provider after our 12 September 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting one legal requirement at the last inspection.

The inspection was undertaken by one inspector due to the small size of the service. Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During our inspection we spoke with one person living at Fenton Lodge and one staff member. We reviewed care records for two people, staff training and supervision records and menu plans.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection in September 2016 we found that mental capacity assessments were not decision specific and where people were found to lack the capacity to make decisions best interest meetings were not completed. At this inspection we found that improvements had been made and that people's legal rights were protected. People's capacity to make decisions regarding all areas of their care had been assessed and guidance was in place to staff on how to support people in making decisions. For example, pictorial guidance was available to support one person in making decisions regarding attending medical appointments. Where people were unable to leave the service without staff support there was evidence of discussions regarding how staff would support the person. A DoLS application had been submitted to the local authority regarding this restriction.

Staff had received training in relation to the MCA and DoLS and demonstrated an understanding of how this affected the support they offered. One staff member told us, "It's about the rights of the individual to make choices and their own decisions. It's important we understand what each person values and how we can help them. If they don't have the capacity to make a decision we discuss this with the team, their family or the GP to check that things are right for them." During the inspection we observed a staff member give the person they were supporting options regarding how they spent their time, what clothes to wear and when they wished to receive support with their personal care. They regularly checked with the person that they were comfortable and gave reassurance they were there to help when required.

Staff received training to support them in their role. The manager maintained a training log of all staff training which was regularly updated. This showed that staff had completed training in areas including food hygiene, safeguarding, moving and handling and health and safety. Staff training was completed either using eLearning or via face to face training. One staff member told us, "Having the eLearning is really useful; I know I can access the resources when I need to and it's flexible. The refresher training is brilliant. It gives you a reminder and stops you getting complacent. It gives you confidence when you realise how much you know." New staff starting work at the service were required to complete the Care Certificate during their induction period. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Staff told us they felt supported by the management of the service and continued to receive regular supervision to support them in their role. One staff member told us, "We have supervision every month. I love it, it's a time for us to catch up and (manager) always takes an interest in my well-being. I'm very lucky

to have such a good manager. I appreciate that if I make a suggestion it's discussed and implemented. I feel very supported and there is the opportunity for improvement."

People's individual nutritional and hydration needs continued to be met. People were involved in designing the menu each week using pictorial prompts and the menu was clearly displayed. One person showed us they had chosen a new cereal for breakfast and told us they enjoyed the meals prepared. Staff told us that the person had low iron levels and did not like the supplements they had been prescribed to address this. Following discussions with their GP they had agreed that foods high in iron would be built into the menu which had shown a positive improvement in the person's health. The person indicated they were happy with this adjustment.

People were supported to access health care services and the outcomes of appointments were monitored. Health action plans were in place which identified people's healthcare needs and the support they required. Details of healthcare professionals were available and included people's GP, dentist, optician and relevant specialists. Appointments were clearly recorded and information shared with staff to enable them to provide the support the person required. Records showed that people attended regular health and medicines reviews. People's weight was monitored regularly and remained stable. Staff told us they would ensure action was taken to investigate any substantial changes should they occur.