

Mrs P M Eales

# Fenton Lodge

## 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

### About the service

Fenton Lodge is a care home providing accommodation and support with personal care for up to three people with learning disabilities. At the time of our inspection, three people were living there. The service is an ordinary residential home in a quiet village in rural Surrey.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

People received consistent, safe, quality support at Fenton Lodge. Feedback from people, their relatives and professionals was very positive about the service. Systems in place ensured people were supported safely while also encouraging positive risks where this was appropriate.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. 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.

Staff were recruited for their values rather than their experience, and people were fully involved in the recruitment of new staff. Staff were appropriately supported by the registered manager through training, supervision and regular appraisal of their work.

The service had an open and transparent culture in which learning was encouraged. People, their relatives and staff were asked for their feedback and action was taken to improve the service as a result. The provider had a robust quality assurance system in place and worked in partnership with other agencies to ensure people's needs were met.

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 21 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Fenton Lodge

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Fenton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. 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 on the first day. We informed the registered manager we would be returning for the second day.

#### What we did before the inspection

We reviewed the information we hold about this service including notifications of events the provider must tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During our inspection we interacted with two people who use the service, one of whom was able to tell

about their experiences living there. We spoke with two care workers and the registered manager. We observed care and interactions between people who use the service and staff, as not everyone who uses the service was able to tell us of their experiences verbally. We reviewed two people's care and support records, three people's medicines administration records and a range of documents relating to the management of the service such as staff recruitment and training records, policies and procedures and audit records.

After the inspection

We spoke with two people's relatives and a healthcare professional who works with people who use the service, to gain their views of the service people received.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected as the provider had systems in place to safeguard them from the risk of abuse. Staff received training in the types of abuse and knew how to report suspected abuse.
- Staff supported people to make safer decisions through discussion about risks and ways to keep themselves safe. We saw pictorial resources that had been developed by staff to support people to understand. People told us they felt safe living at Fenton Lodge. One relative told us, "I have never had to worry, I know [my relative] is safe and in good hands."
- Records showed that staff and the registered manager took appropriate action when concerns were identified, and put plans in place to prevent re-occurrence that were reported upon and reviewed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had a robust system to ensure that risks relating to people's support were assessed, and measures put in place to mitigate risks.
- Each person's personal care and support records contained a number of risk assessments such as appropriate behaviours in the community, fire safety and falls. The risk assessment documents were based on a 'skills checklist' that had been undertaken by staff on behalf of each person, which detailed people's abilities and where they needed additional support from staff. The system encouraged staff to support people to maintain and develop their independence, and take positive risks. For example, one person was assessed as being at high risk of falls, and their risk assessment included details of an exercise programme to strengthen their muscles to reduce the likelihood of falls.
- There was clear guidance in place for staff to support people with their specific medical conditions such as epilepsy. Records showed that the person with epilepsy had not had a seizure in a number of years as staff had supported the person to manage their condition according to guidance from healthcare professionals. A relative told us, "Staff know what they are doing. [My relative's] medical conditions are managed beautifully and I know [they] are in good hands."
- Records showed that safety equipment within the home was regularly checked, serviced and maintained.
- The provider had a robust system in place to record accidents and incidents, and took action to prevent re-occurrence. Records showed that where incidents had occurred, staff had been provided with additional training, supervision and support.

Staffing and recruitment

- There were enough staff working at Fenton Lodge to meet people's needs safely and in a timely manner. Staffing was flexible, and the registered manager managed the rota in such a way that staff were available to support people to attend appointments and activities individually or in groups, as required according to people's needs and wishes. One person told us, "Staff always support me to do what I want to do."

- Staff were recruited following the principles of safer recruitment. The provider carried out all necessary checks to ensure people were supported by suitable staff. These checks included an interview, references and a Disclosure and Barring Service check (criminal records check) that was updated periodically to ensure staff remained suitable to support people.
- The provider used a values-based recruitment framework, rather than preferring applicants who had direct experience of supporting people. The registered manager told us, "We look for staff who are kind, open, warm and flexible. We give people a chance if they have the right values, rather than experience." People who use the service were involved in staff recruitment and had the final say on whether they thought staff were suitable to support them, or not.

#### Using medicines safely

- Medicines were managed safely in the home, and people received their medicines as prescribed. Staff had been trained to safely administer medicines, and their competency assessed annually to ensure they retained their knowledge and skills in this area.
- Staff used pictorial resources to support people to identify when they needed pain relief medicines, assisting people to identify the type and severity of their pain to determine the medicine required and the appropriate dosage. Some people had medicines prescribed to be taken when needed rather than on a schedule, known as 'PRN medicines'. There were clear guidelines in place for staff on the circumstances in which people should be supported to take such medicines.
- Medicine administration records were clear, correctly completed and up-to-date, and stocks tallied with the records. Topical medicines such as creams and transdermal patches had accompanying body maps indicating to staff where on the person's body these medicines should be applied.
- Medicine administration was audited regularly, and action taken as a result of discrepancies found. The registered manager told us, "All errors, no matter how minor, are investigated and learning shared with the team" and we saw this was the case.

#### Preventing and controlling infection

- People lived in a home that was very clean and tidy and the registered manager had a system in place to prevent and control infection.
- Staff received training in infection control and food hygiene, and were able to tell us the principles of both. Food was appropriately stored and colour-coded cutting boards used in the kitchen to reduce the risk of cross-contamination.
- Staff were provided with the equipment they needed to protect people. People told us staff used gloves and aprons when supporting them with personal care, and we saw these were readily available in the service.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed before they moved into the home, and their preferences about their care were clearly documented in their care plans.
- The service used an evidence-based framework to provide person-centred, inclusive support that enhanced people's independence, wellbeing and quality of life, John O'Brien's 'Five Essential Service Accomplishments'. This resulted in people's support being tailored to their individual needs. Each person's personal care and support records contained a very detailed document outlining the assistance they wanted from staff.
- Where people occasionally displayed challenging behaviours (behaviours that leave the person themselves, other people or property at risk of harm), clear guidance was in place based on the principles of positive behaviour support. This provided staff with proactive and reactive strategies to support people to learn more community-appropriate behaviours. There were very few incidents of challenging behaviours recorded, due to the consistent support provided by staff in line with the strategies. A healthcare professional told us, "We were incredibly impressed by the amount of work the staff team put into supporting [person's name]. They carried out all of our recommendations to a very high quality and we are pleased to hear of the positive outcomes of their work [reducing incidents of challenging behaviours]".

Staff support: induction, training, skills and experience

- People benefitted from a service in which staff were appropriately trained and supported. All staff underwent a thorough induction including training and shadowing more experienced staff. Staff new to supporting people were required to attain the Care Certificate in their first few months of employment.
- The registered manager ensured staff were provided with specific training to meet people's needs, as well as more general training. Ongoing training included topics such as epilepsy awareness, dysphagia, positive behaviour support, equality and diversity, and communication.
- Staff told us they appreciated the support they received from the registered manager through regular supervision and annual appraisal of their work. One care worker told us, "We have a great team and I can raise any issues I need to through supervision. We sort out any issues straight away, it's best not to let things fester."

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

- Staff supported people to choose a healthy diet that met their needs. There were lots of pictures of different meals and dishes available in the kitchen, which people used to choose the meals they wished.
- Each person was supported as much as necessary to shop for, prepare and cook the meals of their choice, on an individual basis. We observed people eating together after being supported by staff to cook separate

meals of their choice and the atmosphere through the meal was happy and jovial.

- Where people required specific diets due to their medical conditions or preferences, these were accommodated and guidance provided for staff. For example, one person had been assessed as being at high risk of choking due to dysphagia (a medical condition where people have difficulty swallowing). Staff followed a plan developed by the person's Speech and Language Therapist to prepare food and drink in such a way as to reduce this risk.

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

- Staff supported people to live healthy lives and facilitated access to health care services when that was required. Records showed that people were supported to attend appointments with their GP, podiatrist, optician, dentist, physiotherapist and psychologist. Each person had a completely individual, up-to-date Health Action Plan and Hospital Passport in place, to record their health needs and actions taken, and to ensure their communication and other needs were documented in case they were admitted to hospital.
- Where people had difficulty accessing health care services, we saw that staff had developed bespoke pictorial resources to assist them. For example, one person found it difficult to get blood tests and have injections such as the flu jab as they were fearful of needles. Staff had put together a pictorial resource to get them more used to the idea, with the result they were able to get their flu jab without too much difficulty. A person's relative said, "[Staff] always let us know if [my relative] is not well, and seek medical attention quickly."

Adapting service design, decoration to meet people's needs

- The service premises were homely, comfortable and designed around people's needs. People were able to freely move around the premises and clearly felt it was their home. Furniture was arranged in the home to ensure staff facilitated people's privacy and independence, for example there were only three recliner chairs in the communal lounge in which people watched TV together, one for each person, and staff did not use this room unless they were directly supporting people.
- Space had been made to accommodate people's wishes and preferences. For example, one person had guinea pigs as pets and space was made for their hutch in the garden in nicer weather, and in a shed when it was colder.
- People had completely personalised their rooms according to their wishes.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had robust systems in place to ensure the requirements of the MCA were followed. Staff had been trained in the principles of the MCA and DoLS and told us about how they supported people to make choices. One care worker said, "It's all about people's choices. My job is to support people to make choices and help them to understand the consequences. They have the right to make poor choices, it's never up to me."

- People's capacity to understand and make decisions about their support was assessed on an individual basis and according to the decision they had to make. Records showed that where people did not have capacity, decisions were made in their best interests with appropriate stakeholders involved.
- The registered manager ensured DoLS were applied for as required, where this was necessary for people's safety. Any conditions on authorisations were known and followed.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were supported by caring staff who clearly knew them well. One person told us, "The staff are nice. My keyworker helps me."
- We saw there were house rules in place that had been developed by people with staff support, and staff were required to adhere to the house rules as well as the people who used the service. The house rules highlighted respect, kindness, honesty and responsibility.
- People's rights were protected within the service and staff advocated on people's behalf to ensure their rights as individual citizens were upheld. For example, we saw people were provided with appropriate information and supported to understand, make a decision and vote in elections.
- The support framework used within the home respected people's diverse needs. Each person was treated wholly as an individual, and staff and the registered manager were aware of their protected characteristics and promoted equality and community inclusion. The registered manager told us, "It's such a small service you spend a lot of time with people and chat about absolutely everything, and bond with people on a one-to-one basis. It's really joyful getting to know each other, and supporting the residents to get to know each other as well."

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

- The service supported people to express their views and make decisions about their support. Each person had regular meetings with their keyworker to discuss any issues they may have, review their progress against goals they had set and change their goals if necessary. Similarly, regular house meetings took place in which all three people were able to discuss issues and agree a way forward.
- Records of keyworker and house meetings were completely bespoke to the person's individual communication needs. Where people did not express themselves verbally, staff recorded their body language, vocalisations and gestures. For example, house meeting minutes we viewed recorded that '[person] put their thumb up and [other person] winked'.

Respecting and promoting people's privacy, dignity and independence

- The service was structured in such a way that promoted people's privacy, dignity and independence.
- Staff encouraged people to do as much as possible for themselves and worked closely with people to develop new skills. Each person had several jobs and chores around the home for which they were personally responsible, and staff had clear plans to support them to learn the skills they needed to carry out these out. These were broken down into steps, and achievements were celebrated.
- Staff were conscious of their role to ensure people's privacy and dignity were maintained. One care worker

told us, "I always shut the bedroom door to talk about a delicate subject, and when supporting people with personal care. You should never talk about the residents in front of other residents, that's just rude."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Each person was supported according to their individual needs and preferences. Care plans we viewed were bespoke and tailored to the person's communication needs.
- Each person's care plan was reviewed and updated at least annually, and when their needs changed. The registered manager had developed a review document that highlighted the person's achievements, with clear photographs of the person enjoying activities and celebrating milestones they had achieved, as well as photos of people and places that were important to the person. We saw one person looking through their most recent review record and smiling and laughing at the memories the document prompted. A relative said, "We get a lovely letter every so often telling us what [my relative] is up to, with photos. We are very satisfied with the support. [My relative] is well looked after and very happy."
- Where people had specific support needs, these were documented and followed by staff. For example, one person found it difficult to accept when planned visits from friends or families couldn't take place at short notice. There was very clear guidance for staff on how to support the person in such a situation, and records showed that the support staff provided had reduced the person's distress and helped them to accept such situations.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff and the registered manager understood and worked within the principles of the Accessible Information Standard.
- People's information needs were clearly assessed, recorded and met within the service. All information was presented to people in ways they understood, and documents were tailored to their specific communication needs.
- Staff were aware of, and effortlessly switched between, communication styles when working with different people. We saw one care worker speaking with one person, then quickly switch to using Makaton signing to effectively communicate with another person. Each person had communication passports to document and highlight their specific communication needs, and we saw these were completely individual to each person. A care worker told us, "You have to immediately adapt communication to each person, they have their own needs and communication styles."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to undertake activities of their choice and the systems in the service facilitated this. A relative told us, "[My relative] has a very lively social life, always out and about and doing things. Much more than me!"
- Staffing was flexible to ensure staff were available to support people when they needed it. The home also had a vehicle to support people to access community resources and facilities, as public transport was limited in the rural village in which the home was located.
- Each person had a clear, pictorial timetable that set out their planned activities for the week, including their responsibilities around the home such as feeding the guinea pigs and cat. The provider also organised special activities, such as a music festival, and the service supported people to go on holidays of their choosing. When staff were recruited to work in the service, the registered manager took note of any special skills or interests they had, so they could be appropriately matched with people with similar interests.
- People told us their family and friends could visit whenever they wished. One person said, "Staff help me to phone my family so they come over and visit me." The service also supported people in a positive way to appreciate family members who had passed away, for example one person was supported to put together a 'memory book' to assist them to mourn beloved, late grandparents.

Improving care quality in response to complaints or concerns

- The provider had a robust system in place to receive, record and respond to complaints.
- People were provided with information on how to make a complaint in ways that met their individual communication needs. Each person also had their own individual 'complaint book' in order to record concerns to discuss with the registered manager or their keyworker.
- There had been no complaints received at the home since our last inspection, instead many compliments had been received. Relatives told us they had not had cause to make any complaints to the service.

End of life care and support

- The service was not currently supporting any people who were at the end of their life. Policies and procedures were in place to determine and record people's wishes about this stage of life.
- People's wishes were recorded in their care and support records.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service was open and empowering for people. Staff, managers, and people and their families worked in partnership to ensure good outcomes.
- A care worker told us, "We all have special jobs to do in the house, staff, residents and the manager. We work together to make it the residents' home and make sure everyone has a say, discussion is always accepted and everyone is listened to equally." We saw that people were positively supported to resolve their differences and understand each other's viewpoints when conflicts arose.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and staff were very clear about their roles within the service, which they said was to promote people's independence and rights, while encouraging them to learn new skills, have new experiences and take appropriate risks. The provider had clear, strong vision and values that all staff, managers and people were aware of and worked within.
- The provider and registered manager demonstrated they understood the duty of candour and took appropriate action when issues of concern arose.
- The registered manager understood the requirements of their registration with CQC and submitted notifications of important events as necessary.

Continuous learning and improving care; Working in partnership with others

- There was a robust system of quality assurance checks within the service to ensure that care and support provided to people met their needs, was safe, and enhanced their quality of life. The registered manager undertook a range of regular audits and we saw that action was taken as a result of these. For example, a recent health and safety audit had highlighted that some staff were due for refresher training in first aid at work. We saw this had been booked for the relevant staff.
- People, their loved ones and other relevant stakeholders were regularly asked for their views of the service through surveys. Where people weren't able to express themselves verbally, we saw that surveys recorded their body language, vocalisations, gestures and other non-verbal responses.
- The registered manager was supported by the provider's quality assurance manager, who undertook quarterly audits to oversee the work of the registered manager. We saw that all actions identified in the most recent audit had been completed. Other professionals were called upon to review the operation of the



service as necessary, for example we saw that a pharmacist visited annually to review and provide advice on medicines management. There were no actions arising from the pharmacist's most recent visit.

- The provider also supported the registered manager and staff through regular managers' and staff meetings, sharing good practice, learning from each other and sharing information of relevance to their roles. The registered manager also told us of other mechanisms she used to ensure her knowledge and practice remained current, such as attending local authority provider forums and conferences.
- The service worked closely in partnership with other community agencies to ensure people were supported appropriately and their needs met. Where necessary, staff advocated on people's behalf to ensure their rights were upheld.