

Mrs P M Eales

Fenton Lodge

Inspection report

Hazel Road
Ash Green
Aldershot
Hampshire
GU12 6HP

Tel: 01252317211
Website: www.justhomes.info

Date of inspection visit:
12 September 2016

Date of publication:
14 November 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 12 September 2016 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.

There was no registered manager in post. The previous registered manager had moved on within the organisation and had de-registered in September 2016. A new manager had been appointed and was in the process of applying for registration. 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. The manager supported us to access records and information during the inspection.

The principles of the Mental Capacity Act 2005 were not followed and capacity assessments relating to specific decisions had not been completed. However, we observed staff involved people in decisions regarding their day to day lives and routinely gained consent from people before providing care.

People were supported by sufficient staff who worked flexibly to ensure their needs were met. Staff received an induction to the service and underwent training to support them in their role. Recruitment checks were completed prior to staff starting work to ensure they were suitable to work at the service. Staff told us they felt supported by the manager and received regular supervision to monitor their progress and development.

Staff had a good understanding of their responsibilities in safeguarding people from potential abuse. Risks to people's safety and well-being were assessed and measures were in place to keep people safe. Environmental risks were monitored and checks on equipment were completed. There was a contingency plan in place to ensure that people would continue to receive care in the event of an emergency.

Medicines were managed safely in line with best practice and people received their medicines in line with their prescriptions. Staff competency in administering medicines was assessed and policies and procedures were in place to provide guidance. People's healthcare needs were met and detailed records were kept of all healthcare appointments.

People were involved in the planning and review of their care and were supported by staff who knew them well. People's preferences were clearly listed and people who were important to them were involved decisions relating to their care where appropriate. People had choice regarding the food and people's nutritional needs were met.

People were supported by caring and compassionate staff who were able to describe their needs and preferences in detail. Staff treated people with respect and their privacy was protected. There was a strong

emphasis on promoting people's independence and choices were offered. People had access to a range of activities in line with their hobbies and interests.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Where actions were identified these were completed in a timely manner. Feedback was sought from people, relatives and staff through survey's meetings and reviews. Policies and procedures were in place and records were well maintained to ensure staff had easy access to information. There was a positive culture and staff were clear about their responsibilities in providing person centred care.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff showed a good understanding of the actions needed to minimise the risk to people.

Sufficient levels of staff were deployed to meet people's needs.

Safe medicines procedures were in place and people received their medicines as required.

Staff were aware of their responsibilities in protecting people from potential abuse.

Safe recruitment processes were in place to ensure that only staff suitable to work in the service were employed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's capacity to make specific decisions was not always assessed. People were assisted by staff to make day to day decisions.

Staff had access to a range of training to ensure they had the knowledge and skills to support people.

People had choices regarding food and drink and were supported to maintain a healthy diet.

People were supported to maintain good health and had regular access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff spoke to people with kindness and consideration.

Staff had a good knowledge of people needs, preferences and communication styles.

People were treated with dignity and their privacy was respected.

Visitors were welcome to the home.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

Care records were person centred and reflected people's likes and dislikes.

People were involved in activities both within the home and within the community.

A complaints policy was in place and was displayed in an easily read format.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to monitor the quality of the home.

Feedback was sought from people and relatives on the service provided.

Records were organised, well maintained and securely stored.

Staff were involved in the development of the service. They told us they enjoyed their work and were clearly motivated in their roles.

Fenton Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 September 2016 and was unannounced. The inspection was carried out by one inspector.

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. We reviewed the information contained within the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As people living at Fenton Lodge were not able to tell us in detail about their experience we observed the care and support provided. We spoke to the manager, two staff members and two relatives following the inspection.

We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed.

The service was last inspected on 03 December 2013 and there were no concerns identified.

Is the service safe?

Our findings

People responded positively to staff and it was clear they felt comfortable when being supported. Relatives told us they felt the service provided safe care to their family members. One relative told us, "The staff are very good and there is always someone there. She seems very happy."

There were sufficient staff deployed to meet people's needs. The manager told us that there was always one staff member on duty during the day and sleep-in cover provided at night. Where people preferred to go out on their own with a staff member then additional staff cover was provided. We observed that people received the support they required whilst at home and did not have to wait for care. Staff spent time with people chatting about their plans for the day and people were supported in a calm and unhurried manner.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files contained a recent photograph, application form, interview notes, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People were protected from the risk of abuse as staff were knowledgeable about their responsibilities to keep people safe. Staff received regular training in relation to safeguarding and were able to demonstrate their learning by describing the different categories of abuse, signs to look for which would alert them to potential abuse and the reporting procedures to follow. Staff told us they would not hesitate in reporting any concerns to ensure they were fully investigated. One staff member told us, "We're a small team so we know (people) really well. If there was anything unusual or worrying I would report it immediately and would make sure something was done, even if it meant using the whistle-blowing procedure."

Risks to people's safety were identified and control measures implemented to keep people safe. People's care files contained detailed information for staff regarding specific risks and the action they should take. One person's file stated that they were at risk near busy roads and gave guidance to suitable areas for activities. Staff we spoke to were able to explain how they supported the person to remain safe and what to consider when planning activities. Another person's care file identified they were at risk of choking and required a modified diet. We saw that this was provided and that guidance from healthcare professionals was followed.

There were safe medicines administration systems in place and people received their medicines in line with their prescriptions. Staff received training and their competency was assessed prior to administering medicines unsupervised. Medicine Administration Records (MAR) were fully completed and contained a recent photograph of the person, known allergies and specific directions on how people should be supported to take their medicines. Where topical creams were prescribed body maps were in place to guide staff in how and where they should be applied. Protocols were in place for PRN (as and when required medicines) to ensure people received them appropriately.

Medicines were safely stored within a locked cabinet and temperature records were maintained to ensure medicines were stored in line with recommended guidelines. Regular stock checks were completed and medicines which were not used regularly were checked to ensure they remained in date. When medicines needed to be returned to the pharmacy accurate records were maintained.

Environmental risks were appropriately controlled and routine maintenance and checks were recorded. The provider employed a maintenance person who visited the service weekly to complete regular checks on the premises and undertake any routine maintenance. An evacuation plan was in place and tests on emergency equipment were conducted and recorded regularly. Each person also had a personal emergency evacuation plan (PEEP) in their care records. This provided staff with the specific requirements of each person in the event that the building needed to be evacuated. Staff were aware of the service contingency plan which highlighted how people should be supported in the event the building could not be used.

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).

Mental capacity assessments were not completed regarding specific decisions which meant people were at risk of their legal rights not being protected. People's files contained a capacity assessment although it was not clear what specific decision this related to. One person's assessment stated they lacked capacity to make decisions although there was no best interest information completed. The person's care needs meant they required constant support the manager told us the person expressed reluctance to attend medical appointments. No DoLS application had been submitted to the local authority regarding these restrictions. We spoke to the manager regarding these concerns. They acknowledged that the systems required review and assured us they would seek support to ensure this was addressed. Staff did not receive training in relation to the MCA and were not able to demonstrate they understood their responsibilities. However, staff were observed to offer people choices and seek people's consent prior to delivering care.

Failing to meet the requirements of the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were supported by staff who had the skills and knowledge they required to meet people's needs. Records showed that staff received mandatory training to support them in their role which included first aid, food hygiene, fire safety awareness, health and safety and administration of medicines. Staff told us they found the training they received informative and useful. One staff member told us, "I've enjoyed all the training. There is always something to learn and we can always improve and do things better." Staff training needs were monitored to ensure their knowledge was regularly updated. Prior to working without supervision new staff received an induction into the service which included shadowing more experienced staff members. Staff told us this had been useful in enabling them to get to know people and learn about their needs, especially as they were lone working for much of the time. One staff member told us, "I've felt supported since I started last year. I worked with other staff so people could get to know me and vice versa."

Staff received regular supervision with their line manager to discuss their performance and any concerns. Staff told us they felt supervision was useful and supported them in their role. One staff member told us, "It's really good to catch-up, especially as we're lone working. We talk about how I'm doing, the residents, what support I need and any training. It's very honest and I'm told when I'm doing a good job but also told when I'm doing something wrong." The manager kept records of supervisions held with staff which evidenced that staff were set objectives and given individual responsibilities.

People had choice and control over their meals and were supported to maintain a healthy and balanced diet. A pictorial menu was in place and meals were chosen by people on a weekly basis. Staff told us they were flexible and would provide an alternative if people did not want what on the menu. We asked one person if they enjoyed the food provided, they smiled, nodded and pointed at the menu. Staff were knowledgeable about people's food preferences and how people's food should be prepared. People's weight was monitored and reviewed monthly to ensure any concerns could be addressed promptly.

People had access to a range of healthcare professionals and health appointments were monitored by staff. Health action plans were in place which identified people's healthcare needs and the support they required. Professionals involved in people's care were clearly recorded and included GP, dentists, chiropody and opticians. One person's care file showed that they became anxious when attending medical appointments. Guidance was provided to staff regarding how to explain the appointments to the person and social stories had been developed to guide the person through what to expect during the appointment. The manager told us this had reduced the person's anxiety when attending appointments. Detailed records were kept of all appointments attended and any changes in people's care needs were shared with staff. Relatives told us they were kept informed of health appointments and any concerns regarding their family member's health. One relative told us, "There's good communication, they let me know what's going on. They're good at keeping me informed."

Is the service caring?

Our findings

We asked one person if staff were caring. They nodded and said, "I'm happy, that's why I laugh a lot." Relatives told us that they believed the service was caring and their family members were treated with kindness. One relative told us, "The manager and staff are all caring and (name) is very happy there." Another relative told us, "The staff are all so caring and encouraging. I cried through her first review because it was just so positive."

People were supported by caring staff who knew them well. It was clear from our observations that people felt comfortable with the staff supporting them. There was a relaxed atmosphere and positive interaction with people. Staff paid people compliments about how they looked, shared jokes and offered reassurance when needed. Staff demonstrated knowledge of people's preference. When asked about people's needs and preferences staff became animated and talked about people fondly. One staff member told us, "It's lovely to work somewhere with a small team where you know that all the staff would do anything for the residents or for each other."

People were encouraged to take an active role in the running of the home and in developing independent living skills. Staff prompted and encouraged people to be involved in all aspects of day to day living such as clearing the table, laundry and cleaning. Staff told us that they were involved in preparing meals and that people's differing skills and abilities were taken into account. People were involved in ordering shopping on-line and shopping for more regular items such as fruit and flowers. One staff member told us, "It's their home and they know it, they're involved in everything."

People were supported by staff who knew them well and understood their communication styles. Staff were proficient in the use of Makaton (a language programme using signs and symbols to help people to communicate) and used it whenever they talked with one person. The person also used their own version of signs and staff were able to understand and respond to these. Each person had a communication care plan in place which guided staff in how to support the person. Information was displayed in a pictorial or symbol format to support people in their understanding and staff spent time with people confirming their understanding.

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. One person found changes to their routine and attending appointments difficult. Their care plan prompted staff not to talk to the person about any changes until the day before any appointments. The person had a pictorial activity file which gave a visual reference of what was happening that day and throughout the week. We observed the person spent time with staff planning their day and staff told us that this offered the person reassurance and a timescale for any changes made to their schedule. Since the introduction of this system staff told us that the person's anxiety regarding any changes had reduced.

People's privacy and dignity was respected. We observed that staff routinely knocked on people's doors and waited for a response before entering. Personal care was carried out discreetly with doors closed. One staff member told us, "I always think about how I'd like to be treated. I always knock on the door of the bedroom

or bathroom. I prompt with washing rather than doing it and where I need to help I explain what I'm doing all the way through."

Visitors to the service were made to feel welcome. One relative told us, "I'm always made welcome and offered a drink. They always encourage (name) to answer the door, she knows it's her home and she letting her Mum in. It means a lot and is really important."

Is the service responsive?

Our findings

Relatives told us that the service was responsive to their family member's needs and they had access to activities they enjoyed. One relative said, "Where she was before I used to get phone calls from her when she would cry. Now phone calls are really positive and she tells me all the things she's been doing."

People had a range of activities they could be involved in and were encouraged to maintain their hobbies and interests both whilst at home and in the community. Each person had a daily schedule which they completed with staff and included activities of their choice. This included shopping, going out for meals, attending day service, crafts and social groups. A separate diary was kept daily of all the activities people were involved in and people were encouraged to contribute to this by commenting on their enjoyment and attaching leaflets and tickets from events. Staff told us that activities were flexible to suit people's needs. One staff member told us, "Nothing is set in stone, For example, if (name) is tired after day service we'll offer something more relaxing. It's her choice." One person told us they had been on holiday to Bognor the previous week and had enjoyed their time away.

People were involved in planning and recording the care they received. We observed that people were routinely offered choices and were in control of planning their day. People were offered choices regarding what they ate, when they had a shower, what perfume they wore and how they wanted their hair done. Before going out shopping staff supported people to write shopping lists and work out how much money they would need. People were involved in recording their own daily notes of what they had done during the day with the help of symbol stickers. Staff respected people's choices and supported their decisions. One staff member told us, "People make choices from the minute they wake up in the morning, when they want to get up, what they want to wear, what they want to eat, where they go. That's what the jobs about." Relatives confirmed people were involved in planning their care. One relative told us, "She has her own life now, she's so happy."

Care plans were person centred and were regularly reviewed to ensure staff had up to date guidance on people's needs. Care plans included details of people's likes, dislikes and life histories and covered all aspects of people's care including personal care, night time routines, eating and drinking, mobility and people who were important to them. Regular reviews were held to ensure people were happy with the support they received. We looked through one person's review document with them. Photographs of significant events were included and the person expressed pleasure when showing us the things they had been involved in. Where people expressed a wish to change elements of their care staff supported them with this. One person was unhappy at the day service they attended as they felt it was too noisy. Staff had supported them to liaise with the local authority and try a different day service. They were happy to attend and had recently requested an additional day which was being explored.

A complaints policy was in place and displayed in an easy read format. Relatives told us they had never had cause to complain but would feel comfortable in doing so. One relative said, "I know if I raised anything they would do something. Any concerns have always been addressed straight away. They've only been silly little things that a Mum worries about but I could talk to them about anything." A complaints log was in place

although no complaints had been received in the last year.

Is the service well-led?

Our findings

Relatives told us they felt the service was managed well. One relative said, "I've no concerns, (manager) is a very competent and caring person. The house seems very well managed." Another relative told us, "They have good staff which is crucial. It was recommended to us when we were looking for somewhere and I wouldn't hesitate in recommend it to others."

There was no registered manager in post. The manager told us they were in the process of registering with the CQC following a recent promotion. They had worked at the service for the past 12 years and had been supported by the previous manager to develop their leadership skills. We observed they were knowledgeable about people's needs and the monitoring systems used. They spoke with confidence about the people they supported and the management of the service. Staff told us they felt supported by the manager, One staff member told us, "We have a really good manager, (name) is really approachable and I can discuss anything I'm worried about. I was apprehensive about working with someone who lived here previously. My feelings were understood and they worked alongside me and supported me."

Regular staff and residents meetings were held to ensure all involved had the opportunity to contribute to the running of the service. Minutes of staff meetings evidenced that staff were informed of organisational developments and discussed people's care needs and significant events. Staff told us they were able to speak openly and felt their views were listened to. One staff member told us, "We all contribute and share ideas and advice. Everyone is listened to, that's what makes it such a good team." They added that responsibilities for different tasks were shared amongst the team such as health and safety checks and ensuring pictorial resources were available to support people's communication. Residents meeting minutes detailed that the running of the house was discussed in addition to planning activities and sharing information from the organisation.

Regular audits were completed to monitor the quality and effectiveness of the service provided. The manager completed checks on a monthly basis on areas including medicines, care plans, residents meetings, reviews and health and safety. Records evidenced that where action was required this was taken promptly and the relevant amendments made. An annual service audit was completed by the quality team and looked at all records held in addition to gaining feedback from people and staff members. The results of the last audit were positive with the only actions required relating to preparation for moving records to the planned electronic monitoring system. Records relating to the management of the home were well maintained and policies and procedures were available for staff to refer to. Records were stored securely and in an organised way which meant staff could access information easily.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. Annual surveys were sent to people and their relatives and copies were in the communal area for other visitors to access. All comments received were positive and no concerns were highlighted. Comments included, 'Service exceeded expectations' and 'Feel my family member is cared about'. One person had complimented the service by saying how happy they were living there and what a difference it had made to their life.

There was a positive and open culture in the service and staff told us they all worked as a team to ensure that people received the service they wanted. One staff member told us, "We want people to feel secure and happy. To feel and know it's their home." The manager told us, "I think we have clear values and work as a team. We enable people to make choices and treat everyone as equals."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider had failed to meet the requirements of the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.</p>