

# Just Homes (Surrey) Ltd

# Fenton Lodge

## Inspection report

Hazel Road,  
Ash Green  
Aldershot  
GU12 6HP

Tel: 01252202243

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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 registered to accommodate up to 4 adults with learning disabilities. There were 3 people living at the home at the time of our inspection.

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.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

#### Right support:

Staff had the training, information and support they needed to provide people's care in a safe way. People's medicines were managed safely and staff supported people to access healthcare services when they needed them. Staff managed risks well to keep people safe.

The registered manager and staff were proactive in seeking way to improve people's well-being and quality of life. Staff supported people to identify their goals and aspirations and to live meaningful lives. People had opportunities to take part in activities they enjoyed and to access their local community.

#### Right care:

There were always enough staff available to meet people's needs and keep them safe. People were supported by consistent staff who knew their needs well. Relatives told us the home was a family-oriented and supportive environment in which their family members flourished.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People were supported to be as independent as possible and to develop and maintain skills.

Staff understood their responsibilities in protecting people from abuse and knew how to report any concerns they had. The provider's recruitment procedures helped ensure only suitable staff were employed.

#### Right culture:

The registered manager provided good leadership for the home and promoted a culture in which staff valued people's individuality and protected their rights. The views of people who lived at the home, their relatives and staff were sought and listened to.

Staff felt valued for the work they did and had opportunities to contribute to the development of the home. Monitoring systems were effective in keeping people safe and ensuring they received good quality care. The registered manager and staff had established effective relationships with other professionals involved in people's care.

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 registered provider of this service has changed since the last inspection. The last rating for the service under the previous provider was good, published on 31 December 2019.

#### 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?

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Fenton Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fenton Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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 a short notice period of the inspection because we wanted to be sure people would be at home to speak with us.

Inspection activity started on 18 January 2023 and ended on 24 January 2023. We visited the home on 18 January 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection, including feedback forms submitted by relatives and professionals. We used the information the provider sent us in the provider information return (PIR) in November 2022. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, 2 people who lived at the home and 2 members of staff. We spoke with 3 relatives by phone and received feedback from 2 professionals by email.

We checked 2 people's care records, including their risk assessments and support plans, recruitment records for 2 staff and training records. We also reviewed health and safety records, quality audits, meeting minutes, the provider's business continuity plan, and the arrangements for managing medicines.

# Is the service safe?

## Our findings

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

This is the first inspection under the current registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff on each shift to keep people safe and meet their needs. There were no vacancies on the staff team and the home had not used agency staff for several years. Most of the staff employed at the time of our inspection had worked at the home for a number of years, which meant people received consistent care. A professional told us, "All the staff at Fenton have been there for a number of years and know the residents extremely well." A relative said of staffing at the home, "It has always been very consistent."
- The provider operated safe recruitment procedures and made pre-employment checks before appointing staff, which included obtaining a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff attended training in safeguarding and understood how to report any concerns they had. Safeguarding was discussed in staff supervision sessions and team meetings.
- There had been no allegations or reports of abuse or poor practice which required investigation under safeguarding procedures.

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

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Assessments had been carried out to identify and mitigate any risks to people. For example, risks had been assessed in areas including falls, choking, medicines and accessing the community. Where risks were identified, management plans had been developed to minimise these. Staff were aware of measures to reduce risks and ensured these were followed to keep people safe.
- Any incidents that occurred were reviewed to understand how and why they had happened and learning was shared among the staff team. For example, one person sometimes distressed behaviours and staff had worked with the community learning disability team to identify the triggers for these behaviours, which enabled them to support the person effectively.
- There was a fire risk assessment in place for the home and staff carried out regular fire safety checks. Fire drills took place periodically and the Fire and Rescue Service identified no fire safety concerns at their last visit to the home in October 2022. We saw certificates which provided evidence of gas and electrical safety, and staff made regular checks of the home's vehicle, first aid kits, and any equipment used in people's care.
- The provider had developed a business contingency plan to ensure people would continue to receive their care in the event of an emergency.

### Using medicines safely

- People's medicines were managed safely. Staff received medicines training and their competency was assessed regularly by the registered manager. Each person had a medicines profile which contained information about the medicines they took, their purpose, and any individual instructions for administration. Medicines profiles also contained protocols for the use of any medicines prescribed 'as and when required' (PRN).
- There were appropriate arrangements for the ordering, storage and disposal of medicines. Medicines were audited regularly and indicated that medicines were managed and administered safely. The medicines administration records we checked were complete and up to date. Body maps were used to record any topical medicines (creams) administered.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people's friends and families could visit whenever they wished.



# 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.

This is the first inspection under the current registered provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to the training and support they needed to carry out their roles. This included training in areas relevant to people's needs, such as learning disabilities, autism and effective communication.
- There was an induction programme for new staff, which the registered manager told us would include shadowing existing staff to understand people's needs and how they preferred their care to be provided.
- Staff met regularly with the registered manager for one-to-one supervision. Staff told us supervision sessions were useful opportunities to discuss their roles and any challenges they faced. One member of staff said, "We have supervision once a month. You can discuss what you are doing and your goals, and if you have got a problem you can put that forward."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved to the home to ensure it was suitable for their needs. Nationally-recognised tools had been used to assess people's needs, for example in relation to nutrition and skin integrity. People's needs were reviewed regularly to take account of any changes and ensure their support reflected their needs and preferences.
- People's support plans were personalised, holistic and reflected their strengths as well as their needs. Support plans also recorded people's goals and aspirations and plans for how these could be achieved.

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

- People told us staff helped them make a medical appointment if they were unwell. Relatives said staff supported their family members to attend routine appointments and took prompt action if their family members became unwell. One relative told us, "I know they take [family member] to the dentist and for foot care, and I am sure the GP as well if that's necessary." Another relative said, "They are very quick to pick up any health issues; I have got no concerns there."
- Records demonstrated that people had been supported to access healthcare professionals to maintain good health, including oral health. Each person had a 'Health professional log' which recorded the outcomes of appointments with healthcare professionals. Staff had obtained input from healthcare professionals including a speech and language therapist and occupational therapist to meet people's needs where necessary.
- Staff worked well with other professionals involved in people's care and followed any guidance professionals put in place. For example, staff supported one person with a programme of exercises recommended by a physiotherapist to support the person to maintain their mobility. A professional told us, "The staff are always very helpful, they are happy to share care plans and are open to any questions and

respond well to implement any guidance."

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

- People were encouraged to make choices about what they ate and to be involved in meal preparation. The registered manager told us each person chose the evening meal 2 days a week and all 3 people made a shared choice on the remaining day.
- If people did not like what was on the menu, they were supported to choose an alternative. For example, 2 people enjoyed making pizza and usually did this once a week, but one person did not like pizza, so chose something different. Staff used pictures of different meals to support people in making choices. People chose what they wanted to eat for breakfast and lunch on a day-to-day basis.
- Two people needed their meals to be specific textures to enable them to eat safely. Guidance for the preparation of texture-modified meals had been provided by a speech and language therapist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2002 (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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care was provided in line with the MCA. Assessments had been carried out to identify whether people had the capacity to make decisions about their care and treatment. If people lacked the capacity to make informed decisions, the service ensured they had access to appropriate support when decisions that affected them were made. For example, two people had been supported by independent mental capacity advocates (IMCAs) when best interests decisions were being considered about where they should live.
- Staff attended training in the MCA and understood how its principles applied in their work. People told us staff sought their consent before providing care and our observations confirmed this.
- Assessments had been carried out to establish whether people had capacity to make informed decisions about their care and treatment. We saw that staff had used communication aids such as symbols to support people to understand information and the decision being considered. If people lacked capacity to make informed decisions, staff had followed appropriate procedures to ensure decisions were made in people's best interests. People had been supported by independent advocates when decisions that affected them were being made.
- Applications for DoLS authorisations had been submitted to the supervisory authority where people were subject to restrictions to keep them safe, such as not being able to leave the home unaccompanied and constant supervision by staff.

Adapting service, design, decoration to meet people's needs

- People told us they liked their bedrooms, which staff had ensured reflected people's tastes and choices. Bedrooms were personalised and contained family photographs, artworks and evidence of people's hobbies and interests. The communal rooms of the home were welcoming and homely, and people had access to a well-maintained garden.
- Relatives told us the small, homely environment met their family members' needs well. One relative said, "It is only a small home, which suits [family member]." A professional told us, "The service is a very homely environment."
- The home was adapted to meet people's mobility needs. All the areas of the home were wheelchair accessible and ramps had been installed to enable people who used wheelchairs to access the front door and the garden. Aids to mobility, such as handrails, had been installed throughout the home.

# 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.

This is the first inspection under the current registered provider. This key question has been rated 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 said they enjoyed living at the home and got on well with staff. Relatives told us staff were caring and friendly. They said their family members had developed positive relationships with the staff who supported them. One relative told us, "All the staff are very friendly and very client-focused. She seems to get on well with them all. I think she regards them as her family." Another relative said, "[Family member] is settled and happy. She loves it there. She loves the staff. They are very good with her."
- Staff showed a genuine interest in people's well-being and quality of life. They treated people as equals and created a warm and inclusive atmosphere. People appeared comfortable with staff and we observed that staff engaged with people in a friendly yet professional manner.
- Relatives and professionals told us the home had a homely, family atmosphere which their family members enjoyed. One relative said, "[Family member] is happy there; it is home as far as she is concerned. It is like an extended family." A professional said, "In my opinion residents are happy and well cared for. There is a definite family feel to the care staff provide. [Person] is very attached to all members of staff and from the small interaction I have had with another resident, she is also."
- Relatives told us staff supported people to maintain regular contact with their families. A feedback form from a relative said, 'Staff have been wonderful at promoting communication between [family member] and me, assisting [family member] to send birthday cards and postcards, producing emails and newsletters about her activities, and facilitating face to face meetings when I'm in the area.' Another feedback form from a relative said, 'They enable [family member] to keep in touch with her sisters, nephew and nieces through birthday and Christmas cards and small gifts.'
- Several relatives praised the efforts staff had made to ensure their family members were able to communicate with them during restrictions imposed due to the COVID-19 pandemic. One relative told us, "They did so well during lockdown. They were really proactive in contacting us. They helped [family member] do lovely letters." A feedback form from a relative said, 'During the lockdowns, they kept us up to date with what [family member] was doing and also arranged Skype calls so we could see her.'

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff supported people to make choices about their day-to-day lives and how they spent their time. Each person had a keyworker with whom they met regularly to set and review their goals and to plan the activities they wished to take part in.
- Staff treated people with respect and maintained their dignity when they provided their care. People told us they could have privacy when they wanted it and staff respected their right to spend time alone if they wished.

- People's religious and spiritual needs were recognised and supported. One relative told us they took their family member accompanied them to church on a regular basis. The relative said, "We are practising Christians and they are aware of that."
- Relatives told us their family members were encouraged to be as independent as possible. One relative said, "[Family member] has been able to demonstrate her independence; being involved in the kitchen, cleaning her room. They encourage her to do as much as she can do for herself." Another relative told us, "[Family member] is clearly happy and occupied there, and her independence is optimised."
- Staff understood the importance of promoting independence and supporting people to develop and maintain the skills of daily living. One member of staff told us, "We don't presume they cannot do things for themselves; we always encourage them to be independent." Another member of staff said, "As much as they can, the ladies do things for themselves."
- People were involved in the routines of the home, such as cleaning, cooking, recycling and looking after the house pet. We saw one person making their own packed lunch for their visit to the day centre the following day.

# Is the service responsive?

## Our findings

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

This is the first inspection under the current registered provider. This key question has been rated 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's care and support was planned to meet their individual needs and preferences. Personalised support plans had been developed for each person which recorded their strengths and goals as well as their needs. Support plans were reviewed regularly to ensure they continued to reflect people's needs and wishes.
- Staff were committed to supporting people in a way that focused on their quality of life outcomes. They spent time with people understanding how their goals and wishes could be achieved.
- Information on the care planning system was accessible to people. Staff used an app-based system, which meant information could be displayed on a mobile phone, tablet or laptop. Staff added photographs to the app, which enabled people to understand which activities or appointments were planned.

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

- People told us they enjoyed the activities they took part in, including attending the day centre, going shopping and eating out. Each person had an individual plan which recorded the activities they took part in each week. Staff knew the activities people liked to take part in and told us about recent and planned trips.
- Relatives and professionals said staff supported people to enjoy a range of activities, including holidays. A relative told us, "[Family member] was resistant to going out in her last place. She is much more willing to go out now. She has come on a lot since she has been there. She has done all sorts of things. They thought about ways to give her purpose to her days, even during COVID. She went on holiday to Kent, which went really well." A professional said, "There are a lot of activities at Fenton and residents are often out as a 'family' or busy cooking and helping around the house. There are always lots of photographs of them all doing fun things together."

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.

- Some people living at the home did not use speech to communicate, instead using signs and gestures to express their needs and feelings. Relatives and professionals told us staff had developed an understanding of people's individual communication methods, which enabled them to respond to people's needs and wishes. A professional said, "The staff I have met can sign. When I have visited [person], there is always a member of staff with her to help her communicate."

- Staff also used symbols to help people communicate their needs and to understand information. For example, one person had a book containing symbols which staff used to explain to the person that they needed to attend an appointment. The book also contained symbols which the person used to express their needs, such as wanting a drink or to use the toilet.
- Staff also used standardised assessment tools to help them understand needs people may find difficult to communicate. For example, staff used the Abbey Pain Scale used to gauge whether people may be in pain. This is a pain assessment tool developed for use with people who do not use speech and may find it difficult to express their needs.
- Each person had a weekly planner in their bedroom, which used symbols to indicate what they would be doing each day. This included their daily routines, such as washing, taking their medicines and receiving personal care. One relative told us their family member benefited from a structure to their day and found the planner a useful tool in this respect.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which set out how any complaints would be managed. There had been no complaints about the home since our last inspection.
- People were asked whether they had any concerns or complaints at regular residents' meetings. None of the relatives we spoke with had complained but they said they would feel comfortable raising concerns and were confident these would receive an appropriate response.

# 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.

This is the first inspection under the current registered provider. This key question has been rated good. 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

- Relatives told us the service was well-managed. They said the registered manager provided good leadership for the home and communicated well with them. One relative told us, "[Registered manager] is a brilliant manager. If there is a problem, she will talk to the staff straight away. She will tell the staff, this is how it is done and this is why we do it this way." Another relative said, "[Registered manager] is a very good manager. She is very good at communicating with us. She sends us lots of emails. In COVID times we had lots of photographs."
- We received positive feedback from professionals about the leadership the registered manager provided and the outcomes achieved for people. A professional told us, "The service seems well-managed, residents are very well cared for and all their needs are met."
- Staff told us the registered manager was approachable and supportive. One member of staff said, "[Registered manager] has taught me a lot. If I am struggling, I will ask [registered manager] and she will help me." Another member of staff told us, "If you have got a problem, you can always talk to [registered manager]. She is approachable. And if she cannot help you with something, she will find out and come back to you."
- Staff said they felt valued and enjoyed working at the home. They told us their jobs were challenging but rewarding and that they enjoyed supporting people. One member of staff said of their role, "It is hard work and it is a challenge but I enjoy working with them [people]." another member of staff told us, "I love it here. No 2 days are the same."
- Staff told us they supported one another well and that there was a good sense of teamwork. One member of staff said, "We are close-knit." Another member of staff told us, "We all bring different things to the table."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were given information and encouraged to give their views about how the service was run at house meetings supported by staff. The notes of house meetings showed that staff had supported discussions about activities, health and wellbeing. Notes of these meetings were produced using large print, symbols and photographs to support people's understanding.
- Relatives and staff were able to give feedback about the home through surveys. Staff were asked to indicate whether they felt the registered manager promoted a 'safe to challenge' culture and if they were supported to challenge and report poor practice.
- Team meetings took place regularly and were used to share learning from incidents and ensure people



received consistent care that met their needs. Staff told us the registered manager encouraged collaborative working to develop a service that met people's needs and welcomed their suggestions. One member of staff said, "We can put suggestions forward at staff meetings. Training, or you've tried something with the ladies and you don't think it's working, we will try another solution." Another member of staff told us, "There are regular staff meetings. We all have an input."

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 had the skills, knowledge and experience to perform their role and a clear oversight of the home. The registered manager had worked at the home for a number of years and had gained relevant qualifications in health and social care.
- Governance processes were effective and helped keep people safe, protect their rights and ensure good quality care and support. Key areas of the service, such as medicines management and IPC, were audited regularly.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way if mistakes were made.

Working in partnership with others

- The registered manager and staff had established effective working relationships with other professionals involved in people's care. This included commissioners and healthcare professionals, whose input was obtained when required to ensure people received the support they needed.
- Professionals provided positive feedback about the way in which the home worked with them to achieve good outcomes for people. One professional told us, "I completed an annual review with the home manager, who was very responsive and clearly knew the resident well, as they demonstrated lots of knowledge about the individual during the meeting. There were some agreed actions as a result of the review, which the home manager completed in a timely manner without the need to chase for further information." Another professional said, "The manager has been very responsive with her correspondence and co-ordinated meetings between the provision, my service and the person who uses the service's family."