

# Fenham Lodge Residential Care Homes Limited

# Fenham 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Fenham Lodge is a residential care home providing personal care for up to seven people with a learning disability. There were seven people living at the service at the time of inspection. The service is a large single-story building with seven single bedrooms, a communal lounge, kitchen, laundry and bathroom facilities. There is a garden to the front and rear. The two-bedroom extension is self-contained with a kitchen and bathroom for those who would benefit from more independent living.

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 and what we found

Without exception, everyone spoken with told us staff were kind, caring and compassionate. The provider was passionate about providing care that met the needs of all people. The provider promoted a caring culture that weaved throughout the whole service with people being at the heart and with an ethos of 'putting people first'.

Care plans demonstrated person-centred care and people were very much involved in their care planning and choice in how they spent their time. People and relatives described the service as 'home from home'. Relatives told us they felt their family members were safe and praised the care and support they were receiving. They told us the service was amazing, care was outstanding and were highly complimentary about the management and staff.

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.

The service applied the principles and value of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 empowered to live the best life they could. Achieving own aims and goals was very much at the

centre of the service. Some people held jobs which provided them with independence and a sense of purpose and achievement. Another volunteered at the local horse-riding stables and assisted people with a disability to enjoy horse-riding. People attended college to pursue various courses. Activities to enable self-development and socialisation to provide inclusiveness, were a fundamental part of the service and they worked closely with the local community, enabling people to become involved in social events. People had opportunities to attend holidays, both with their families and the service.

Sport and music were appreciated by all people and the professionals who work closely with the home told us how engaged the staff were in assisting people to achieve the most from all activities. Staff recognised individual's communication requirements and we observed staff interacting with people in a meaningful way.

People appeared happy and confident. They were excited to show us their rooms which were personalised to meet their individual personality. The evening mealtime was a social event which people and staff shared. We observed laughter and conversation and there was a genuine interest as everyone shared events of their day.

Safe staff recruitment processes were followed, and staff received training and supervision. People enjoyed the continuity of regular staff. Medicines were administered as prescribed and staff followed infection control procedures. There was regular oversight of the service to ensure quality audits were undertaken, analysed and action taken where required.

The provider and registered manager worked in harmony together and staff were respectful of the management team, acknowledging they were approachable and that they had confidence in them.

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: Good (published 9 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## 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?

Outstanding ☆

The service was exceptionally 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.

# Fenham 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 team consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, and care workers.

We observed people who used the service and their interaction with each other and staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five professionals who regularly visit the service.

# 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, Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had received training on safeguarding and were aware of different types of abuse.
- Safeguarding policy and procedure provided guidance for staff. Staff knew what action to take if they were concerned about allegations of abuse and were confident that the registered manager and provider would take appropriate action.
- People were supported to report any concerns. On the back of each person's bedroom door was a small laminated notice with contact details of the provider and professional organisations who they may telephone if they had any concerns.
- Relatives told us they felt their family member was safe at the service. One relative told us, "I am absolutely confident they are safe there."

Assessing risk, safety monitoring and management

- The service conducted building risk assessments and health and safety checks. These were completed and recorded.
- Maintenance certificates for utilities were current.
- People had a personal emergency evacuation plan (PEEP) recorded. The service had recently received an inspection by the Fire Service.
- People's care plans demonstrated individual risk assessments that were person-centred for different areas of health care and for activities.
- New audit forms had recently been designed to identify areas for improvement and actions taken.

Staffing and recruitment

- Most of the staff had been working at the service for many years. People appreciated the continuity of care from the same care staff. One relative said, "Having regular staff allows people and staff to gel. They really know the people."
- Safe staff recruitment process was followed and included all the necessary checks to ensure staff were suitable to work with vulnerable people. All staff had a DBS (Disclosure and Barring Service) check in place which had been renewed periodically to ensure they were current. The DBS is a national agency that holds information about criminal records.
- Adequate staffing levels were maintained and were determined on people's needs. Staff told us rotas were fair and there was flexibility, taking into consideration their well-being.

Using medicines safely

- Staff received training in medicine administration and they were in the process of updating their knowledge through a Pharmaceutical on-line training programme.

- The registered manager had arranged to conduct a medicine competency assessment on the day of our inspection. We observed the medicine administration being conducted correctly. It was planned for all staff to receive competency observations.
- Medicine administration records demonstrated that medicines were given as prescribed.
- Medicines were stored safely, and the appropriate storage temperature checks were completed.
- As required medicines (pro re nata – PRN) protocols had recently been updated to provide more in-depth information and guidance.

#### Preventing and controlling infection

- Infection control practices were followed with personal protective equipment (PPE) being used appropriately.
- Staff and people observed safe food handling practice. We saw one person preparing meals with the assistance of a staff member and they were wearing aprons and gloves.
- Communal areas including lounge, kitchen, bathrooms and laundry area were clean and tidy.

#### Learning lessons when things go wrong

- The provider was proactive in providing quality of care and when incidents or concerns were raised, they were dealt with promptly as lessons learned.
- A recent local authority quality inspection highlighted some areas for improvement, and the provider had completed an action plan to address issues found.

# 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, Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed holistically for their individual needs. Their independence was encouraged with staff supporting them to undertake activities.
- The service worked in line with the Equality Act 2010. There was no discrimination, with staff supporting each person to achieve their potential. Some people held jobs, either permanent or on a volunteer basis. Others attended college courses such as dance, drama, sensory, pottery, mathematics and English.
- People were supported to attend places of worship and the service had links with the local church.

Staff support: induction, training, skills and experience

- New staff undertook an induction programme and those new to care completed the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific roles in health and social care.
- Staff received training through different sources including formal, practical and on-line programmes. All staff had undertaken courses relevant to the type of service including conflict management and behaviours that challenge.
- Staff had received regular supervisions and annual appraisals.
- Staff meetings were held quarterly. Staff told us they felt listened to and could make suggestions on improvements to the service or activities for the people using the service.
- Staff were complimentary about each other saying how well new staff had settled and that they worked as a team.

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

- People's nutritional requirements were assessed. Forms had recently been introduced which highlighted likes and dislikes and preferences. Food allergies were considered, and it was documented that no one had any allergies.
- People were involved in the planning of meals and there was a six-weekly menu.
- The main shopping was ordered on-line and any additional requirements were purchased locally by people with the assistance of staff.
- Breakfast and a light lunch were prepared by the people themselves with staff assistance.
- We observed the main meal of the evening being prepared using fresh ingredients and the cooked meal looked appetising and people seemed to enjoy it. One relative told us, "I have no worries about nutrition, they eat well."

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other agencies such as the GP surgery and local pharmacist, taking a holistic approach to the specific needs of the people using the service. Professionals told us that staff were caring and professional, providing person-centred care. They spoke about staff being proactive in arranging health referrals.
- Some people had complex needs and had specialist outpatient appointments that they were supported to attend.
- Care plans identified the different medical conditions people had and provided guidance for staff on how to care and monitor the condition to ensure people were referred in a timely manner to the appropriate health professional. One relative told us, "[Name] has medical problems. They monitor their health and the slightest change they let me know. My expectations are high about where [name] lives and they meet those expectations. It is so lovely to say that, it's a comfort."

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

- Each person had their own bedroom which was decorated and personalised to their taste. All rooms were clean and tidy.
- Where required, equipment to promote independence and safety such as shower stools were used.
- A notice board on the corridor wall depicted each person's diary for the week with pictures for easy recognition.
- There was a small notice board at the entrance of the building with the monthly activities programme displayed. The provider told us that some of the people did not like information posters on the wall and therefore information for staff or relatives such as complaints policy was on display in the main office.

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 when this is in their best interests and legally authorised under the MCA.

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.

- People had been assessed for their mental capacity and assessments completed for areas of care that they required support with which included finances and medicine administration.
- People had advocates through their individual strong family involvement, and they worked closely with the service.

## 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 improved to, Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, everyone spoken with told us staff were kind, caring and compassionate and nothing was too much trouble for them.
- The provider spoke with compassion when recalling their own life experience around care and their desire to provide a service which put people at the heart. This caring culture weaved throughout the service, creating a people-first ethos.
- Relative told us, "The service is absolutely amazing, couldn't be happier, the care is outstanding. The [name of provider] is so professional and on the ball. We never feel side-lined, always included." Others said, "Staff are so well chosen. They understand [name] so well" and "The service is excellent."
- One relative told of support for them. "Staff visited [name] when they were in hospital. It was a worrying time and I used to ring and talk to any of the staff day or night. They were such a comfort and support to me. That is what was lovely, they care for the relatives as well, they understood how I was feeling. They were there for us as well."
- The provider told us that one of the people had experienced a sad time in their life, and staff and the other people living at the service supported them. This showed a genuine culture of caring for everyone.
- Care plans clearly identified communication needs of each person and staff knew how to communicate with people extremely well. Gestures and sign language were used successfully when required. We observed staff exchanging simple sign language conversations with one person.
- The professional who conducts music sessions told us, "Staff are always so engaged with the people and they help them to be engaged. [Person's name] is non-verbal but the staff gently taps the beat on the back of the person's hand and the person then shakes their tambourine in time with the music. It is wonderful to watch."
- Staff told us, "We know them well even [name] will tap their mug on the table and we know they want more tea and [name] talks slowly so we must listen and not interrupt by finishing their sentences. Need to give them time." We observed staff demonstrating patience in all interactions with people.
- Staff knew people, their history, personality and preferences exceptionally well. One relative said, "Staff know [name] moods and feelings and that they need physical activity and they provide that."
- Staff told us, "We know them well, their behavioural triggers which enables us to pre-empt what they want to reduce anxiety."
- Staff were highly motivated and enthusiastic about providing the best quality of life for the people in their care. "One staff member said, "When [name] first came here they couldn't do very much, now they are so involved."
- Staff had great respect for the provider and registered manager. One staff said, "The provider goes above

and beyond. We are listened to, they welcome and encourage ideas." Others said, "The management team is good, they can't do enough for the people" and, "[provider name] is a really good boss, always willing to step in and work alongside us."

- Staff spoke about the service being a 'family' and a 'home from home'.
- Although the core staff were well established, they welcomed new staff. One staff member said, "[staff name] has fitted in so well the people love them."

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

- The service provided people with different ways of making decisions that impacted on the service they received, such as resident meetings which were held three-monthly in the evening when all people were present, and people were encouraged to express their views and ideas.
- Care plans were reviewed monthly with the person using a pictorial sheet and activities would be discussed with likes and dislikes. This enabled the person to make the right choices for them.
- The provider told us that they talked with people constantly, so choices were made daily and anything they wanted to try would be arranged. People would present ideas such as courses they had seen at college and the service would source the activity.
- Communication with the service was described as excellent. One relative said, "The service is top notch. We speak on the phone or through emails. Our [person named] rings us as well three times a week." Another said, "I am confident they are monitoring their health, the slightest thing they call me, communication is excellent."
- Relatives told us they were kept informed about what was going on at the service. All relatives visited regularly and were involved in the care planning.
- Staff told us they received training which was a combination of theory and practical with competency observations. Staff allocation was guided by the needs of the people and ensuring they had the skills and experience to meet people's wide-ranging needs. Additional numbers of staff would be rostered when people were attending certain activities to ensure they all had the support they needed.

Respecting and promoting people's privacy, dignity and independence

- When staff spoke about the people who used the service it was always in a warm, sensitive and supportive way. There was a visible person-centred culture and respect for people. One staff member said, "I have 100% respect for the people, they have the best quality of life."
- There was a high level of trust with positive interaction between staff and people. Staff were respectful of people's private space. We observed staff knocking on bedroom doors before entering. The provider introduced us and asked the people if they would like to show us their room. One person was excited to show us their photographs and ornaments and how tidy they kept their room. All rooms represented the different personalities of the people living at the service. One relative told us, "When [name] comes to the family home, after a while they say they want to go 'home'. Well Fenham Lodge is home for [name] and that is wonderful as they are independent, and it is their home after all."
- People were empowered to live the best life they could. Their service was very much their 'home'. The evening meal was a social event with staff and people eating together. Some people cooked, others laid the table, and all helped with clearing away. During the meal there was laughter and conversation with a genuine interest in what each person had done during the day.
- One relative told us, "Where [name] was before, their self-confidence was eroded. Now they are different. They have given them confidence and made them feel a valued member of the home and society. The staff are wonderful."
- People were supported to be independent within their ability and staff were exceptional in supporting people to achieve their aims and goals.
- Two people had jobs and the service worked closely with the employers to ensure continued success. The provider told us both people really enjoyed going to work which provided them with a sense of purpose and

achievement.

- One person helped at the riding stables for riders with a disability. The provider told us they loved horse-riding and got enjoyment from helping others.
- Some people attended college. One person told us they were doing a computer course which they were enjoying.
- Friendship groups from college, work and other activities were acknowledged by the provider. People were supported to attend a variety of activities and events. Socialisation through events being held at the service or people visiting relatives or friend's houses were supported. Family holidays and holidays through the service were enjoyed and were adventurous providing continued interest and achievement.

## 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, 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

- Care plans demonstrated personalised care and people and their relatives were involved in care planning. Care plans were reviewed every seven weeks. The service had recently introduced an easy read review template to encourage more in-depth discussion around people's care and support including their personal goals.
- The management team had secured employment for some people. The registered manager spoke highly of the employers and how through their partnership, had enabled people to integrate into the community through suitable employment.
- Others attended the local college and embarked on various courses which included academic subjects and life skills as well as artistic topics. At the time of the visit, the registered manager told us some people were undertaking computer courses.
- Sport activities was highly appreciated by people using the service. The service had close links with a local sport facility who specialised in delivering sporting opportunities to promote confidence for people, resulting in physical, emotional and mental wellbeing. One professional told us, staff were caring, kind and professional. They said that the staff team promoted independence, supported them holistically and were fully engaged in activities alongside the people.

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.

- Care plans provided guidance for staff on the most appropriate and effective way to communicate with each person. For example, 'speak in short sentences' and 'uses gestures' then described what they used. We observed staff communicating with a person using sign language and the person responded.
- The service was in the process of updating their service user guide for people living at the service. This was an easy read version with written and pictorial information.

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 were supported to maintain relationships with friendship groups from work, college and activities. There was a close network of support within the service.
- People were supported to attend religious places of worship. Some people went to church and were known to the clergy. Often families were involved with supporting worship.

- Relatives were very involved in the care of people living at the service. People would spend time with their relative through attendance to events, go on family holidays and spend weekends with them. The service was an independent way of living for people, whilst still experiencing family contact.

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

- There was a complaints policy and relatives knew how to make a complaint and were confident that it would be dealt with appropriately.
- There was a box in the entrance for people to place compliments or concerns.
- The service had received written compliments. One read, "Joy for us to see [name] so content."
- There were feedback forms for people using the service. They read, "I like it here", "I like the activities" and "The food is very good."

#### End of life care and support

- No-one was receiving end of life care at the time of our visit. The service was reviewing their end of life policy and guidelines.
- The provider was aware that people had been at the service for many years and as their home, they may wish to remain there as their preferred place of care. The provider told us they were planning to liaise with the palliative team for advice on appropriate literature, guidance and training for staff.

## 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, 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

- The provider and registered manager promoted a culture of openness. Staff told us they felt supported and listened to and both provider and registered manager were approachable. One staff member told us, "The provider does everything for the people, whatever is going on and they want to try it, they will organise."
- Staff were motivated in providing the best possible care for people living at the service. They told us, "I love it here, the people are lovely, feels like home from home." Another said, "It's really nice and homely."
- The service had a warm, calm atmosphere which supported people to live their lives as they wished. People were empowered to achieve their full potential in the least restrictive way.

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

- Both the provider and the registered manager understood duty of candour and acknowledged their responsibilities.
- Relatives told us that the management discuss everything with them and the person and they were comfortable to speak to any staff member.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood their responsibility and provided strong leadership. They spoke proudly of the dedication of their staff team and had trust in the registered manager.
- The registered manager told us, "The provider goes above and beyond. We are listened to and they welcome and encourage ideas."
- Staff clearly enjoyed their role with all saying they loved working at the service. One staff member told us, "The provider is a really good will always step in. They and the registered manager work alongside us. Everyone is approachable, you couldn't get a better place to work."
- Central to the role for all staff was the care for the people who used the service. All spoke of their purpose being to ensure people were supported to reach their individual potential and ensure their comfort and wellbeing.

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

- Resident meetings were held three-monthly. These were arranged in the evening when all people returned

to the service after their individual activities for the day. This allowed for all people to be involved in the discussions and decision making.

- Relatives told us the communication with the service was very good and they were contacted if there were any concerns. One relative said, "We don't have to ring before we visit, we are always made welcome."

Continuous learning and improving care

- The provider was proactive in exploring new ventures to improve care and opportunities.
- Staff were supported with enhancing their personal development and were confident that if they wished to undertake a course it would be considered by the provider.

Working in partnership with others

- The service worked with agencies in the community. College attendance promoted independence and supported people to achieve qualifications and learn new skills.
- The service linked with a local community club for karaoke and quiz nights where they spent time with local people and friends.
- Some people helped at the local horse-riding stables for disabled and families could attend to support their family members.