

Fern Leaf Carehome Limited

# 16 Kenilworth Gardens

## Inspection report

16 Kenilworth Gardens  
Ilford  
IG3 8DU

Tel: 02085038496

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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

16 Kenilworth Gardens is a care home registered to accommodate and support up to five people with mental health needs, learning disabilities and/or autism. At the time of the inspection, four people were living at the home. The home is a two-floor building with adapted facilities.

### People's experience of using this service

We expect health and social care providers to guarantee people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right care, Right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the principles of Right support, Right care, Right culture. People were empowered to live positive lives and they had choice and control of their support. They received care that was person-centred. The ethos, values, attitudes and behaviours of the management and staff encouraged people to be as independent as possible.

People told us they felt safe in the home and staff were aware of how to safeguard people from abuse. Risks to people were assessed and mitigated against so they could be supported safely. Medicines were managed safely. Staff were recruited appropriately and there were enough staff to support people. Systems were in place to prevent and minimise the spread of infections. Lessons were learned following accidents and incidents in the home.

Staff completed training to perform their roles effectively and were supported with supervision. 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.

People were supported to maintain a balanced diet and could access healthcare services. People received care from staff who were caring and respected their privacy and dignity. People and staff had got to know each other well.

Care plans were personalised to ensure people received care that met their needs and preferences. People participated in activities and were supported to avoid social isolation. Systems were in place to manage complaints. People's communication needs were understood and met.

Quality assurance systems were in place to ensure the home was safe and people received suitable support. Feedback was sought from people to help make continuous improvements to the home.

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 service was registered with us on 30 April 2020 and this is the first inspection.

#### Why we inspected

We undertook this inspection to check the provider was applying the principles of Right support, Right care, Right culture. The service had also not been inspected since registering with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 16 Kenilworth Gardens

## 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

The inspection was carried out by one inspector.

#### Service and service type

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

The home had a registered manager. 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'. They and the registered provider 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 registered manager was not available during our inspection and we were supported by an interim manager and the director of the provider organisation.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about the service. This included notifications we received. A

notification is information about important events, which the provider is required to tell us about by law. 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. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, we spoke with three people who lived at the home, the interim manager, the director and two support staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed three care plans, which included risk assessments. We looked at other documents such as those relating to quality assurance, medicine management, staffing and recruitment and infection control.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative for their feedback about the home.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home. There were systems to protect them from the risk of abuse. One person said, "I feel really safe. I am happy here." Another person told us, "Yes I am very safe."
- Staff received training in how to safeguard people from harm and abuse. They told us they had read the home's procedure for safeguarding and whistleblowing, should they have concerns about the service. A staff member said, "I would report abuse or concerns to the manager and write it in a safeguarding report."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed to guide staff who supported them. The assessments contained measures to mitigate each risk so people could be supported safely and remain in good health.
- Risk assessments included people's health conditions, risks around their behaviour, nutrition, personal care and their environment. For example, some people were at high risk of harming themselves and could misuse their medicines. Staff were required to engage in meaningful and positive conversations with them to help reduce their anxiety and ensure medicines were stored away from them.
- Staff told us risk assessments were helpful and gave them an understanding of people's needs and how to support them safely.
- The provider maintained regular safety checks of the home. Gas, water, fire alarm and electrical installations had been serviced by professionals to ensure the premises was safe to live in.

Staffing and recruitment

- The home had enough staff to support people. Staff told us they supported each other and they had no issues with staffing numbers. A rota was used to determine the staff needed on each shift. A staff member told us, "There is enough staff. The manager gets cover when we need it."
- Staff were able to accompany people when they went out and there were enough staff remaining in the home to support other people. This included the manager, who also spent time with people and responded to any requests.
- Staff were recruited safely. Records showed the provider carried out criminal background checks, sought references and obtained proof of identity and eligibility to work of new staff they employed.

Using medicines safely

- People received their medicines safely and at the times prescribed. Medicines were stored securely in a small office. One person said, "Yes, the staff give me my medicines on time."
- Each person had a medicines profile. Medicine Administration Records (MAR) were used to record when medicines were administered and we saw these were accurate.

- Balances of medicines were recorded after medicines had been administered.
- Staff had been trained in medicines management and their competency was assessed to check they administered them safely.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Accidents and incidents that involved people in the home were recorded and reviewed.
- The management team investigated and analysed incidents to learn lessons and minimise the risk of re-occurrence.
- Action was taken by staff and managers to ensure people remained safe. For example, staff consulted social care professionals to seek advice following incidents and develop strategies to help prevent a repeat of the incident.



# 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 for this newly registered service.

this key question has been rated 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

- There were systems in place to assess people's needs, abilities and choices before they moved into the home. People's needs, and choices were assessed to help them achieve effective outcomes for their care.
- Pre-admission assessments enabled the provider to determine if people's needs could be met and the home was a suitable place for them. The assessment took into account people's health conditions, mental health needs, level of independence and personal care needs.

Staff support: induction, training, skills and experience

- Staff were supported with an induction and training to help them develop and perform in their roles.
- The induction included shadowing other staff and completing the Care Certificate, which is a set of training standards of health and social care staff to work towards. Staff also completed training in individual topics such as safeguarding adults, mental health awareness, learning disabilities and autism, infection control and positive behaviour support.
- We looked at a training schedule, which showed staff had completed their training. The management team told us refresher training is provided to staff when needed to keep their skills up to date. A staff member told us, "The training was very good and helpful."
- Staff were supported with supervision from the registered manager or other managers to discuss their work and any concerns. Appraisals of staff were carried out after one year to review their performance and set objectives for the next twelve months.
- Staff told us they felt supported by the management team. A staff member told us, "The managers have been very supportive. They listen to us and help us with any problems."

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

- People were supported to maintain a balanced diet and were provided food and drink that met their preferences.
- The provider ensured there was choice and variety in the type of meals people were offered. For example we saw there was a weekly menu for meat dishes and a weekly menu for vegetarian dishes and people could choose what they wanted each day.
- People were involved in choosing their food and planning their meals. A person told us, "The food is very good. The staff help prepare my meal. I wanted jacket potatoes and the staff got them for me and I enjoyed it." A staff member told us, "Residents have a choice and we support them to eat out as well if they wish. Today [person] is going out for lunch with their [relative]."

- People's nutritional requirements were assessed and monitored. For example, people were encouraged to avoid or limit the amount of unhealthy foods they ate because they could have a negative impact on their health.
- People's weights were recorded monthly to check if they had gained or lost weight. If there were concerns about people's diets, they were referred to dieticians or other health professionals.

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

- People were supported to access healthcare services to maintain their health and receive any treatment they needed. One person said, "Yes, I go to my appointments."
- Care plans included the contact details of the person's relevant GP, dentist or other health professional involved in their care. Staff could contact them if they had concerns about a person's health. Staff told us they could identify if people were not well and knew what action to take in an emergency.
- People's records contained a health action plan they had consented could be shared with other professionals, for example, if the person needed hospital treatment. It contained important information about the person that health professionals should be aware of.
- Records showed people attended appointments to check their physical and mental health, for example at the hospital, GP surgery or with a psychologist. This ensured people's health and wellbeing was monitored and people remained in good health.

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

- 16 Kenilworth Gardens is located in a residential area and there were no obvious signs it was a care home. Local shops and services were easily accessible.
- The service was designed and decorated to help people with learning disabilities and/or mental health needs and was in line with the principles of Right support, Right care, Right culture.
- There was dining area and large garden for people to relax. We saw people felt comfortable in the home and could choose where they wanted to spend their time. People's rooms were decorated and personalised.
- The home was small but there was enough space for up to five people to socialise and also have their own privacy.

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.

- People's ability to consent to decisions made about their care was assessed. Records showed people were involved and consulted about the different aspects of their care, such as their medicines, finances, relationships and healthcare.
- Staff told us they asked for people's consent at all times and respected their decisions. A staff member told us, "I ask permission and consent from the resident. For example, before doing activities or going in their room."
- Records showed staff had received training on the MCA and they told us they understood its principles. The management team ensured authorisations for DoLS were in place for people whose liberty was being

deprived.

# 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 for this newly registered service. 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; equality and diversity

- People were well treated by staff. We observed staff to be patient and kind towards people. One person told us, "I can look after myself but the staff are always here to support me. They are very friendly." A relative said, "Very respectful. Staff treat [family member] well."
- People and staff were seen to have a good rapport with each other. We observed staff and managers spending time with people, chatting informally and taking an interest in what they were doing.
- Staff had the skills to support people of different types of personality, for example people who were talkative, people who were quieter and people whose behaviour could sometimes challenge. If people wished to be left alone, this was respected.
- People's protected characteristics were understood and respected to ensure there was a culture of equality and diversity. Staff understood forms of discrimination such as racism and homophobia and told us they respected people's beliefs and lifestyles. A staff member said, "Everyone is treated fairly. It does not matter where they are from, their colour or their religion. I would not discriminate them."
- People were supported to maintain their relationships with loved ones outside of the home and lead a private life. Their religious and cultural beliefs were recorded in their care plans and they were supported to practice their religion. For example, one person required food and drink that was halal and in accordance with their religion. Staff ensured halal food was prepared and provided to them.

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

- People were supported to express their views and make decisions for themselves. We observed staff respecting people's wishes during our inspection. One person said, "I am able to let the staff know what I want to do and they listen."
- People and their relatives were involved in decisions about their care. Monthly reviews took place with people to ensure they remained in good health and concerns or issues they had could be addressed.
- People had one to one meetings with staff to express their thoughts and these were recorded. Each aspect of their care was discussed with them to ensure they were involved and they could give their feedback. For example, people could let staff know the types of activities they wanted to do and what community services they wished to participate in.

Respecting and promoting people's privacy, dignity and independence

- People had developed positive relationships with staff and their privacy and dignity were respected. One person said, "Oh I love the staff, they are so kind and nice. The manager is lovely." A relative told us, "The staff are very caring and very friendly."
- Staff told us they supported people with their personal care but mostly gave people the independence to

do things for themselves. A staff member said, "People just need to be encouraged and prompted regarding their personal care. Some people can do it for themselves and don't need us to prompt them. We respect their independence. We make sure people are covered to protect their dignity, if other people are around."

- Care plans contained information about people's levels of independence and daily living skills. For example, some people could cook their own small meals and some required assistance from staff. A staff member said, "We give people space to get on with things and we help where necessary."
- Staff told us they did not share people's personal information with anyone not authorised to have the information, so as to maintain their confidentiality and keep them safe.

# 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 for this newly registered service. 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 received support in accordance with their personal preferences. They had choice and control of how they wished to receive their care.
- Care plans were person-centred and detailed their likes, dislikes and what they wished to achieve. For example, becoming more independent and making more friends.
- Staff told us the information in care plans was helpful and enabled them to provide care and support that was personalised and tailored to each person.
- People's habits, behaviours and routines were known to staff and we observed how staff responded to people to ensure they were able to freely go about their daily lives.

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.

- People's communication methods were recorded in their care and support plans.
- We noted all people in the home were able to communicate with staff and staff knew how to speak with them respectfully. A staff member said, "There isn't anyone with communication issues. Everyone can speak verbally."
- The provider ensured information was made available to people in easy read formats to help them understand what the information was trying to say. For example, there was an easy read version of people's support plans which summarised who they were, what they liked doing and what made them happy or sad.

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 develop relationships and maintain relationships with family and friends. They kept in touch with them using video calls and on the day of the inspection, we saw relatives visiting and taking their family member out for the afternoon, with assistance from staff.
- Staff supported people to pursue their interests and there was an activity plan for each person, that was developed with them according to their preferences. A staff member told us, "We support people with group and individual activities such as games, painting, crafting and dancing." We saw one person spend time in the garden and they told us they enjoyed maintaining the plants and flowers. A person told us, "Yes I have things to do and get on with."

- People were supported to access the internet safely to ensure they were protected from harm.

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

- The home had a complaints procedure for people to use if they were not happy about the service or had concerns. Since the home became registered, there had been no complaints received.
- The director and the manager told us complaints would be investigated fully and people would receive an outcome for their complaint should they arise in future.

#### End of Life care and support

- The home did not support people who required end of life care.
- The management team told us should they support people needing end of life care and support, their preferences and wishes would be discussed and recorded to ensure their needs could be met.

# 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 for this newly registered service. 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;

- People received person-centred care and there was an open and inclusive culture in the home.
- People and staff told us the culture was positive and they could approach managers with any concerns or issues. We observed a relaxed atmosphere in the home and staff gave people the space and time to achieve positive outcomes for their care. For example, records showed one person had reduced their caffeine intake and was starting to eat and drink more healthily following support from staff.

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 provider was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- The provider was open and transparent to people and their relatives when things went wrong.

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

- Prior to our inspection, the provider notified us the registered manager would be absent for period of time and there would be an interim manager in place.
- We met the interim manager and they were clear about their role and their responsibilities. They shared management duties with the director and provider of the service, whom we also met.
- The management team understood how to manage risks in the home and their regulatory requirements to ensure the home was compliant with health and social care regulations.
- Staff also understood their responsibilities and were positive about the management team. One staff member told us, "The director is really knowledgeable and approachable. [Registered manager] and [manager] are also really good and very supportive."
- People told us the home was well managed. One person told us, "It's really good here." A relative said, "The managers are very good. The staff keep me up to date with everything."
- Quality assurance systems were in place to check the home was safe and people received good quality care and support. The manager carried out monthly audits of records such as medicines, care plans and risk assessments, infection control and health and safety checks.

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



- People were involved in the running of the home through meetings. Important information was shared with them and people were provided the opportunity to give their feedback to help make continuous improvements.
- Staff meetings were used for updates and developments in the home and areas for improvement were identified. The manager told us, "I want to develop the skills of the staff so that we can become even better."
- People's equality characteristics were considered and recorded.
- The management team obtained feedback from staff, professionals and people through surveys and questionnaires. Compliments were also recorded, and we saw feedback was positive. One comment was, "The service is very good. I am happy with the service that is provided."

Working in partnership with others:

- The provider worked in partnership with professionals to support people in the home.
- Records showed they attended meetings with people and their relatives to discuss the person's welfare and needs while they were in the home.
- Professionals told us they worked well with the management team to ensure people remained in good health.
- The provider had established links in the community with other services and they kept up to date with new developments in the care sector and shared best practice ideas.