

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Fewcott House Nursing Home

Fritwell Road, Fewcott, Bicester, OX27 7NZ

Tel: 01869345501

Date of Inspection: 01 February 2013

Date of Publication: April 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✘	Action needed
<b>Care and welfare of people who use services</b>	✔	Met this standard
<b>Safeguarding people who use services from abuse</b>	✔	Met this standard
<b>Safety and suitability of premises</b>	✔	Met this standard
<b>Staffing</b>	✔	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✔	Met this standard

## Details about this location

Registered Provider	Fewcott Healthcare Limited
Overview of the service	Fewcott House is a care home with nursing, which can accommodate up to 40 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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During the inspection we spoke with eight people using the service; two relatives; and seven members of staff.

People's healthcare needs had been assessed and regularly reviewed. People using the service had access to other professionals to ensure that their healthcare needs could be met.

Whilst the majority of staff were observed to have kind and respectful manner, there was one occasion when a person's needs were not met in a person-centred way. The manager subsequently confirmed that action had been taken to prevent any reoccurrence.

Safeguarding was taken very seriously and staff were aware of their responsibilities. Management took appropriate action to ensure the wellbeing of people using the service.

Improvements had been made to the environment and the programme of refurbishment was continuing. One relative commented that 'standards are improving constantly'.

Dependency measures were used to identify the number of staff needed on duty. Additional staff were being recruited. Staff groups had clearly defined duties to ensure that care was not compromised.

The manager and CEO monitored the care and service being provided. A relative said that their opinions were sought and valued. Plans to provide appropriate formats to obtain the views of people using the service would make the formal quality assurance process more inclusive.

You can see our judgements on the front page of this report.

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 23 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** × Action needed

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was not meeting this standard.

People's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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The manager described how she had kept relatives informed throughout the building of the new extension. Relatives said that communication was 'very good' and commented that they were kept well informed.

The manager explained that she wanted to develop stronger links with the local community and had arranged a meeting with the Parish Council. The manager was hoping that the home could host the village fete. The manager explained that she had also contacted Age UK, and wanted to provide a cinema evening for the local community and those using the service. This showed that the manager wanted to bring the community into the home and was promoting the citizenship of people using the service.

During the inspection we sat in the lounge and observed the way that the service was provided to people in relation to their care. Eight people were sat round the walls of the room and the television was on. There was an unpleasant odour and the room was very warm. One person using the service commented on the odour, and two other people commented that the room was very hot. Refreshments were observed being served from a trolley in the lounge. Whilst one member of staff offered a choice to people, another person offered no choice at all. The 'assistance' offered by one member of staff was not respectful of a persons wishes; did not meet their needs; and was not person-centered. This meant that afternoon tea was not an enjoyable experience for the person and they were not able to be involved in their care. This was reported to the CEO, who confirmed that the matter would be addressed. The registered manager subsequently confirmed that action had been taken to prevent any reoccurrence. This showed that concerns regarding peoples care and treatment were promptly addressed to ensure that their wellbeing was not compromised.

We met with five staff individually. They were asked to share examples of how people

using the service influenced the way that the service was delivered. One person said that if people using the service enjoyed certain activities then they would be organised more frequently. One person described how people had a care plan, which identified what staff 'needed to be doing'. Two members of staff were not able to think of any examples; and one person described the daily routine as being 'the same each day.' This meant that the staff's ability to evidence how people could influence the care and services that they received was limited.

The manager described how the menus had been reviewed based on feedback from staff. Staff had observed that some meals did not appear to be very popular, and that vegetarian options needed to be improved. The manager reported that they asked people what they liked as part of the review.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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The people using the service at Fewcott House were very diverse in terms of their ages and their individual needs. Some people were younger with a learning disability, while others were older with a dementia. This meant that staff needed to have a wide range of knowledge and expertise in order to be able to meet peoples' needs. Staff said that they had received 'a lot of training', and they felt that they had sufficient knowledge.

A relative described how 'staff have been very caring'. They also said that if they had any worries, they had taken them to the manager and deputy manager, who had 'both been extremely helpful and very sensitive.'

Records were comprehensive and showed that people's needs were being assessed. Assessments had been documented for falls, moving and handling, nutrition, mental health, and pressure ulcers. This showed that staff were aware of peoples needs and would be alert to deterioration in peoples' health. A relative described how she was kept well informed of changes in her mother's condition, and described communication as being 'very good.' Care plans were reviewed each month, which showed that they were updated to reflect peoples changing needs.

One person was at high risk of developing a pressure ulcer. Their relative described how staff 'couldn't have tried more mattresses,' but that their mother wanted an ordinary mattress on her bed (rather than one that relieved pressure). Staff had appropriately explained the risks of not using a pressure relieving mattress. The relative described how staff had 'made the risks very clear'. This showed that staff had tried to ensure that a person's healthcare needs were being met, but that the persons' wishes had also been taken into account. Mental capacity legislation entitled people to make an unwise decision, and staff had considered this when enabling the person to have an ordinary mattress on their bed.

A 'professional visitor form' demonstrated that staff sought the input of other professionals to meet the needs of the people using the service. These included the GP, dietician, psychiatrist, occupational therapist, and optician.

Life histories had been completed, which showed that staff had got to know the person

and their preferences. 'This is me' forms had also been completed, which identified how people would like their needs to be met. The records were person-centred and showed that staff were considering the whole person and not just their physical needs.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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Staff confirmed that they had attended safeguarding adults training. All staff that spoke with us, said that they would feel comfortable raising any concerns. All staff said that they felt confident that any concerns would be followed up by the manager and acted upon.

Records showed that some staff had also completed a safeguarding knowledge quiz. This showed that the manager was checking people's knowledge and understanding of safeguarding in practice.

Safeguarding adults' guidance was available for staff to refer to. Records of safeguarding adult referrals were observed. These showed that the manager had completed comprehensive investigations. Oxfordshire's safeguarding service confirmed in writing that they were happy with the outcomes and satisfied that appropriate action had been taken. The manager had also documented lessons learnt from the process. This showed that the manager was open and transparent, and able to critically analyse the service provided. The manager was also proactive in developing the service for the benefit of people living there.

Both relatives that spoke with us said that they would feel comfortable speaking to the manager or deputy manager if they had any concerns. One person said that they 'got the impression that they do take things on board.' Another said the manager has made it clear that 'the client comes first.'

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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A programme of refurbishment for the original part of the building was ongoing. The new extension had been completed, which included a large communal lounge. This meant that there were four communal areas, which people could choose to spend their time in. The main lounge in the original building looked 'dated'. The Chief Executive Officer said that it was the next priority for re-decoration. This had also been identified in an internal review of the service undertaken during September 2012. Communal toilets in the original building were clean and functional, but not very homely. The manager reported that signage was being ordered for toilets and bathrooms to help people orient themselves to their surroundings.

A relative described how the home had 'improved considerably'. Staff said that the environment was safe and 'much improved.' One person using the service commented that the light in their bedroom was not bright enough for them to be able to read in bed. Their relative said they planned to bring a standard lamp in to address the issue.

Several bedrooms were double rooms, with privacy being maintained with a floor to ceiling curtain. One quality assurance survey had commented that they would like privacy to be improved. The manager explained that they provided single and double rooms, and it was people's choice to share a room if they wished. Privacy signs were used on the doors of double rooms to alert people to the fact that personal care was being provided. The manager described how they also took into account people's needs, and that accommodation had been changed for someone whose behaviour had impacted on others. This showed that the manager tried and match people according to their needs and preferences, to ensure that their wellbeing was not compromised.

Staff also commented that they had enough equipment to meet the needs of the people living at the service. It was reported that there were not enough moving and handling slings for people to be able to have their own. This meant that people were sharing slings, which was not ideal in terms of infection control i.e. the risk of cross-infection/contamination.

Stair gates were observed at the entrance of a number of bedrooms. The manager explained that this was to stop people entering the bedrooms of other people. The

manager described occasions when people's personal belongings had been removed by people wandering into their rooms. Consent had been recorded with regard to gates being used. One relative confirmed that a gate had been provided at their request. The relative said that there had been a full discussion with the person using the service and their family. This showed that people using the service and their families were consulted. Consideration was also given to protecting peoples' belongings and meeting their needs. One relative commented that staff 'always seek your opinion about things.'

A new outside space had been developed, which led off from one of the lounges. This area could also be accessed from the garden, and had a cushion-flooring to reduce risk of injury. The garden had been fenced off from the river and the manager said that they were planning to build raised beds. This would enable to people to garden more easily if they wished.

Waste was appropriately bagged and stored in containers with lids. This prevented contamination and reduced the risks of pests.

The laundry was in an outbuilding that was not ideal in terms of layout or design. The area was cramped and not easy to maintain. Staff had managed well in a space that was not purpose-built. The manager explained that there were plans to refurbish the laundry, which would also give more capacity as the home's occupancy increased.

The kitchen had been inspected by environmental health and had been awarded five stars. This meant that the home was providing excellent standards of food safety.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

The manager and deputy manager reported that they had enough staff on duty to meet the needs of people using the service. They described how there were five carers, one senior and one nurse on duty from 8am to 2pm for 31 people. This reduced by one carer from 2pm to 8pm. There was one nurse and three carers on duty at night. A dependency tool was being used to judge how many carers were needed. This meant that staffing was being based on people's needs rather than just numbers of people.

Staff described times of the day that were busier. The Chief Executive Officer explained that the senior on duty could have a more 'hands-on' role to support the care team and assist people's needs to be met.

Staff on duty said that there were enough people on duty to meet peoples' physical needs but they would like more time to be able to sit and talk with people using the service. Staff were aware that more people were in the process of being recruited.

The care team was supported by people working in the laundry, maintenance, gardening, catering and administration departments. This meant that care staff could focus on the care needs of people using the service: Their time was not compromised by fulfilling other duties. The team was also supported by an activities assistant, as well as an occupational therapist and art therapist who visited the home each week. This showed that the service was seeking to offer activities to promote the wellbeing of people using the service.

Staff described the manager and deputy manager as being 'fantastic'. All staff that spoke with us said that they would feel comfortable to raise any concerns. All staff had confidence that their concerns would be acted upon.

Staff described how they had a key worker system, which ensured continuity for people using the service. One relative described staff as being 'kind and respectful' and said that 'the regular people are very good.' They described how weekdays were better for continuity. They said that they had confidence in the manager and the deputy was 'very helpful.' One relative commented on the turnover of staff, although they acknowledged that they were able to visit infrequently. Another relative said that staff 'do everything that they possibly can.'

We spoke to a new member of staff who was completing an induction programme. They described how they had been assigned a 'buddy' and had a documented training programme that they were working through. They said that they felt supported. This showed that the induction of new staff was planned and that they did not work without supervision until being assessed as competent to do so.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

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### Reasons for our judgement

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The manager described how she spends time 'walking the floor' each day and uses observation to make a judgement about care being provided. The manager explained that she had observed that people's clothes 'weren't looking as nice as they should'. As a result, she had appointed a head housekeeper to oversee the laundry. It was reported that this had resulted in improvements being made.

A survey was sent to people's families twice each year. It was reported that the people using the service had been unable to use surveys as a way of giving feedback. There were no other formats for seeking people's opinions e.g. pictorial or easy read versions. This meant that people were excluded from the formal quality assurance process unless their families sought their opinions. The CEO said that some people that had recently been admitted would have the capacity to complete a survey. The manager and CEO also said that they would develop a variety of different formats to meet people's needs. This would enable the quality assurance process to be more inclusive and assist more people to share their views.

The surveys included many positive comments from families and they were appreciative of the care and services being provided. One survey, which was less positive, had been followed up by the manager. The manager had met with the relative and agreed a number of actions, which she confirmed in writing. This showed that the manager not only asked for people views, but also listened to the responses and acted upon the feedback that was given.

The manager had completed a through review of the service during September 2012. A judgement was made in relation to compliance with CQC's Essential Standards and an action plan had been documented. This showed that the manager was fully aware of the standards that needed to be met on a daily basis. It also meant that there was an ongoing development plan, which evidenced the intention to continually improve the service provided.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care	<b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Respecting and involving people who use services</b>
Diagnostic and screening procedures	<b>How the regulation was not being met:</b> The practice of a member of staff was not respectful of a person wishes, and did not meet the persons needs. There was limited evidence that people could influence the care and services provided.
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 23 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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