# Inspection Report

***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: 21 May 2013

Date of Publication: June 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

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| **Respecting and involving people who use services** | ✓ Met this standard |
| **Care and welfare of people who use services** | ✓ Met this standard |
| **Supporting workers** | ✓ Met this standard |
| **Assessing and monitoring the quality of service provision** | ✓ Met this standard |
| **Complaints** | ✓ Met this standard |

## Details about this location

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| Registered Provider | Fewcott Healthcare Limited |
| Overview of the service | Fewcott House is a care home with nursing, which can accomodate up to 40 people. |
| Type of service | Care home service with nursing |
| Regulated activities | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>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'.*

## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection to check whether Fewcott House Nursing Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

This was an unannounced inspection.

### How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

### What people told us and what we found

During this inspection we spoke with five people who used the service two relatives and five members of staff.

We found that care plans and assessments contained detailed information about people's preferences and choices. One person told us "I can choose when I go to bed and when I want to get up, I choose what to wear".

We found that people were treated with care and respect and received care in a way they preferred. One relative told us "the staff here are wonderful, they cannot do enough for you". A person using the service told us "the staff are very caring".

Staff were supported and trained to enable them to deliver good care One care worker told us " I have supervision every two months, I find it really helpful with my role."

We found the service had quality assurance methods in place, which involved people, to make sure they maintained and enhanced the quality of the service they were providing.

People we spoke to were happy with the service they received and knew how to complain if they had a concern. One person we spoke with told us "I could complain if I needed to but there is nothing to complain about here".

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

## More information about the provider

Please see our website 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** ✓ Met this standard

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

### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

### Reasons for our judgement

When we previously inspected Fewcott House Nursing Home on 1 February 2013 we found them to be non complaint with Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010. The practice of a member of staff was not respectful of a person wishes, and did not meet the person's needs. There was limited evidence that people could influence the care and services provided.

The provider sent us an action plan. This detailed that the provider would take appropriate action to prevent any re-occurrence of the practice towards a person that did not respect their wishes and develop better ways for people to influence the care and services provided.

We saw records of meetings with staff that had been undertaken to fully address and resolve the staff matter.

We found that people's privacy was protected. For example we observed staff knocking on people's doors before entering their rooms. We observed that people received personal care in the privacy of their bedrooms, in shared rooms a screen was available and staff informed us this was always used. One care worker we spoke with told us " privacy and dignity is important, when giving personal care we always close the persons door, close the curtains, use the screens if they share, make sure the person is covered and talk to them, explain what we are doing and ask if they are ok" .

Staff supported people to make choices and decisions about their daily life. For example people made decisions about food and drink choices. One person told us "I like a nice glass of wine in the afternoons and they will get me the wine of my choice, not like other places I have been". We looked at four peoples care plans and saw records of people's preferred choice of the time they went to bed or got up. One person told us "I can choose when I go to bed and when I want to get up, I choose what to wear".

Care workers and nurses we spoke with demonstrated an understanding of the Mental

Capacity Act (2005) (MCA) and Deprivation of Liberty safeguard (DoLS) they had an understanding of how this applied to their practice. Eight staff had attended MCA and DoLS training further training was booked for 26 June 2013.We saw examples of care plans which included an assessment which would have identified if a formal mental capacity assessment was needed. The service had made one recent DoLS referral, we saw the robust process was followed, an extension and subsequent review of the DoLS had taken place and the DoLS had been removed.

**Care and welfare of people who use services** ✓ Met this standard

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

## Our judgement

The provider was meeting this standard.

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

## Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four care plans. People who used the service were diverse in terms of their ages and individual needs. This was reflected in the detail of the pre admission assessment which was completed for each person prior to entering the home. Examples of assessment information included communication, nutrition, safety and mobility. We spoke with one relative who informed us they had been fully involved in the admission of their relative. One relative told us "I was fully involved in discussions about mum's care and how it would be delivered, mum was involved as much as possible". We spoke with five people who used the service One person told us "I was involved in all the discussions about my care before I came in, it was marvellous".

Each person had a life history chart and "this is me" form which demonstrated how staff had got to know more about each person and understood their preferences .One person told us "they know what is important to you here". A nurse told us "we look at their social history and get to know the people, this helps us to tailor care plans to each individual's interests and preferences". This demonstrated that the home concentrated on the person and the delivery of person centred care. One relative told us "the staff here are wonderful, they cannot do enough for you". Another person using the service told us "the staff are very caring".

Care and treatment was delivered in a way that ensured people's health, safety and welfare Each individual care plan had a risk assessment which detailed how to minimise risk for the individual. Individual risk assessments included for example choking, we saw measures in place such as food consistency and assisted feeding to minimise this risk for the person. We saw that risk assessment reviews were completed within the monthly care plan review and evaluation. The provider may like to note that two of the four care plans we looked at had not been reviewed since March.

The four care files we looked at included health care records. Records showed that referrals were made to dentists, chiropodists, GP's, community psychiatric nurses (CPN's) and speech and language therapists (SALT).Professional visits were recorded on each person's file and we saw medical support was provided on a regular basis.

Detailed daily records were completed for each person at least twice a day .Entries we saw included details of activities undertaken, any appointments attended, visitors and general wellbeing of the person.

We found that care workers were familiar with people's healthcare needs and how to meet those needs. People had their personal care and hygiene needs met, we saw for example people had clean hair and nails and their clothing was clean.

People's social needs were met. We saw a range of activities including a film afternoon where some people chose to watch a film and discuss this with care workers and other people, we saw it was a social occasion for people. Photographs showed that activities and trips out were organised. Some people we spoke with chose not to join in any activities preferring to read or watch television in their own room, they were aware of the activities on offer. Care workers told us they had been given dedicated shifts to undertake activities. One care worker told us "it is lovely to have the opportunity to spend time doing activities you really get to spend quality time with people". One relative told us "they always try to encourage and support mum to get up and join in but she can choose not to if she wants".

We saw flash cards (cards with simple pictures and words on) had been produced with relatives to assist in the care and support of people for whom English is not their first language. We observed care workers working using this effectively in practice to support a person to make choices about their care.

**Supporting workers** ✓ Met this standard

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

## Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

## Reasons for our judgement

We found that supervision arrangements were in place. We looked at the services supervision policy, the manager informed us this was in the process of being reviewed and updated with other policies and procedures. The policy states that staff should receive six supervisions throughout the year. We saw that the supervision matrix demonstrated the service was working towards achieving this. The provider may like to note some staff had not had a supervision recorded on the matrix. Supervision sessions that had taken place were recorded, dated and signed .One member of staff who was due to have supervision showed us the supervision format which was completed prior to and during supervision. The supervision format contained topics such as strengths, areas for improvement, training and an action plan. One care worker told us "we have had supervision more regularly lately and we discuss and arrange training at these sessions".

We looked at the training opportunities for care workers .We saw the training matrix in place. We saw evidence that care workers and nurses had been on training since the last inspection and further training had been booked throughout the year. Upcoming training was on display at the nurse's station. We saw examples of where care worker training had been evaluated, for example a safeguarding training questionnaire which tested nurse and care workers knowledge. We spoke with five staff. One care worker told us" we have plenty of training. I like to keep up to date". Another team member told us "There is a good response to requests for training, recently I went on introduction to stroke training". A relative we spoke with told us "Often when I come in I see staff undertaking a short course of one thing or another".

We saw records of monthly team meetings which covered all aspects of the running of the home such as dignity, resident issues, training and personal care. Team meetings were recorded and agendas produced prior to the meeting. We saw a notice which informed staff of the next meeting displayed at the nurse's station. A nurse we spoke with informed us "in addition to team meetings the nurses and senior care workers have regular meeting to looks at issues, for example care plans".

Staff told us that they felt valued and were able to contribute to improving the quality of care in the home. They told us it was a good staff team and they gave good care to the people who lived there .One person we spoke with told us "the staff here are very good". A

relative told us "the staff here are always very professional".

**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**

## Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

## Reasons for our judgement

We found that the service send out a survey to families at least annually. We looked at the surveys and saw that they contained compliments and positive comments about the service. Any survey returned that raised issues or concern was followed up by the manager. This was follows up by the manager sending an invite to attend a meeting to discuss the matter. Following the meeting a letter confirming the resolution was sent. We noted that points raised were also included in the discussions held in the team meeting, this demonstrated that the service responded to feedback.

Since the previous inspection the service had developed a new survey format in easy read and pictorial formats to assist people who used the service to be more involved in sharing their opinions of the service. The manager informed us the survey was due to be shared with people in the next week. Advocates, relatives and keyworkers will assist people to complete the surveys.

An annual development plan was undertaken in September 2012, this is an on-going development plan and related to the CQC Essential Standards. This manager monitors this as part of the on-going improvement plan for the home.

**Complaints** ✓ Met this standard

**People should have their complaints listened to and acted on properly**

## Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

## Reasons for our judgement

There was an effective complaints system available. We saw the complaints procedure in the staff policy folder. We saw a summary of the complaints procedure on display in the entrance hall for all visitors. It gave detail of internal and external contacts and expected timescales for complaints to be responded to

We also looked at complaints records. There had been three complaints recorded in December 2012. We saw that the complaints procedure had been followed for each complaint. There had been an investigation undertaken and recorded and a letter sent to each complainant, this was in accordance with the complaints policy. Care workers and nurses described what actions would be taken to investigate and resolve a complaint in accordance with these policies and procedures.

People who used the service and their relatives told us they had no complaints, but would talk to staff or the manager if they had any complaints or concerns. One person we spoke with told us "I could complain if I needed to but there is nothing to complain about here". A relative told us "I have no complaints, I have direct access to the nurses, they always find time to talk to me and respond quickly to any worries I have".

## 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 other services less often. 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.

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.

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| ✓ **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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**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.

**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.

**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

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:

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| 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)

### (Registered) Provider

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'.

### Regulations

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

### Responsive inspection

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

### Routine inspection

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

### Themed inspection

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

## Contact us

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