

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

## Fessey House

Brookdene, Haydon Wick, Swindon, SN25 1RY

Tel: 01793725844

Date of Inspection: 06 September 2013

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September 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard

## Details about this location

Registered Provider	Care & Support Partnership Community Interest Company Limited
Registered Managers	Mrs. Emma Jones Mrs. Valerie Timms
Overview of the service	Fessey House is a care home that provides care and support for up to 39 elderly people. The accommodation is arranged over two floors and the home is situated on the outskirts of Swindon.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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*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 6 September 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.

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### What people told us and what we found

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People who lived in the home we spoke with told us they were well treated by the staff and were happy with the care and support they received. We were told that staff were friendly and respectful.

The home provided good quality meals that met people's dietary needs. People were provided with choice and variety in the menus.

The home was clean and hygienic throughout.

The home provided sufficient staff on duty to meet peoples needs. Staff undertook regular training and received good levels of supervision.

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

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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

### 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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### 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 sample of care plans and all were detailed and gave a range of information about peoples care needs. Information was also recorded about personal histories, likes and dislikes and interests that people had. We saw that in the individual rooms there was a brief outline of people's personal care requirements, providing basic guidance to the care staff. People's consent to their plans, or that of their relatives, was recorded in their file. An audit was done every month of the care plans to ensure they had all been reviewed and updated where required.

We observed staff interacting with people in a polite and caring manner. We observed that people appeared well cared for, wearing freshly laundered clothes and appearing well groomed. People we spoke with who received help with their personal care told us this was provided in a caring and unhurried manner which promoted their dignity. Everyone we spoke with said the staff treated them with respect. We spoke with two people who were staying in the home for a few weeks after leaving hospital. They told us the staff were, "second to none, I cannot fault them" and "excellent carers, they always make sure I am alright".

Relatives we spoke with were also positive about the staff, who were described as friendly and caring. One relative said they were pleased that the staff encouraged their mother to maintain her independence. We were told staff "recognise that even though she is confused she needs to make own mind up about everything".

We observed staff asking for consent before starting any care tasks and explaining what they were going to do. We saw that staff knocked on doors before entering people's rooms. We observed that staff would acknowledge and communicate with people when they passed them in a corridor or came into one of the communal areas.

People were provided with sufficient occupational activities. The home had a designated person for overseeing the organisation of activities. This included entertainment, trips out

and events. We saw that care staff also undertook activities with people in the communal areas. People we spoke with told us they enjoyed the activities and were given a choice of whether to join in or not. Two people said they would like to have more trips out into the community.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People's food and drink met their religious or cultural needs. At the time of our visit there were no special dietary needs to be met in regards to people's religious or spiritual needs. We spoke with the cook who told us how they would accommodate any requests that were made. They told us how they would always meet with anyone newly admitted to the home. They would ask about any likes and dislikes and explain how they could choose their meals.

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw that the home completed a nutritional assessment on people once they came to live in the home. Staff were required to complete training in nutritional assessments before they undertook this task. The assessments were updated every month. We saw that some people had their fluid and food intake monitored and recorded by the staff and that any concerns were recorded. The home had a "nutritional lead" staff member who oversaw this aspect of care.

People were provided with a choice of suitable and nutritious food and drink. People who lived in the home told us they knew they could always have an alternative to what was on the menu. At every main meal there was a choice of two main courses. In the kitchen there was an information sheet on every resident that outlined their dietary needs and preferences. We saw people were regularly offered drinks throughout the day and that jugs of drink were refilled.

We saw evidence that the kitchen had recently had an inspection from the local environmental health department. We saw the report that had been supplied giving the service its maximum rating. The kitchen appeared clean, well maintained and organised.

All the people who lived in the home we spoke with made positive comments about the food and the choice available to them. We were told the "food is excellent" and "the food is very good and they will cook you whatever you ask for". We saw one person being offered a cooked breakfast. They told us "I have a cooked breakfast when I feel like it but sometimes I just have cereal". We asked two relatives who were visiting about the food and were told they thought it was "excellent." One person told us how their relative had put on weight and appeared healthier since being admitted to the service.

Staff we spoke with also told us they thought the quality of the food was excellent.

We saw that people had a choice of where to eat their meals. We saw the midday meal was organised to ensure that people who required support were provided with this. We observed support being provided in a caring and supportive manner. We observed that the staff promoted a relaxed atmosphere in the communal dining areas. We spoke with people who were eating in their rooms. We were told that the staff always gave them the option of eating in the dining areas if they chose to.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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There were effective systems in place to reduce the risk and spread of infection. We undertook an inspection of the home and found it clean and hygienic throughout. The individual rooms and communal areas were all well maintained and free from odours. People who lived in the home and relatives we spoke with told us that the standards of cleanliness were maintained. One relative we spoke with told us, "we come every week and it is always clean and fresh".

We spoke with domestic and laundry staff who confirmed they had completed training in infection control. Staff explained how they followed the cleaning schedules and recorded the work completed. We saw records that showed all domestic staff received formal supervision. The manager told us that they regularly checked the home to ensure that standards were maintained.

We observed that staff followed the guidelines in relation to the managing of laundry and that the correct protective clothing was worn. Domestic staff confirmed that they did not perform care tasks.

The manager and senior staff completed regular checks on the cleanliness of the home and the records kept by the domestic staff. An infection control audit was also completed by the infection control lead from the provider organisation.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We saw that medication was appropriately stored and administered. The provider had a designated room for the storage of the medication. We saw that this was well organised and maintained.

We spoke with people who lived in the home who told us they were happy with the way their medication was provided. One person, who was staying temporarily in the home after recovering from an operation, told us they felt happy that the staff took responsibility for giving their medication. People told us they received their medication on time.

We looked at one of the medication cupboards and found that the medication was correctly stored and labelled and that recording was up to date. We saw that medication was checked in and recorded appropriately. Recording was made of medicines to be disposed of and returned to the pharmacy.

The home had a designated person with responsibility for overseeing the ordering and auditing of the medication. We looked at a sample of audits and saw these were being completed regularly. Controlled medicines in use in the home were being correctly stored and the required administration process was in place. The home had a copy of the latest BNF (British National Formulary) which provided the latest information on medicines.

All staff undertook training before they administered medicines. Staff were observed administering medication as part of the training assessment. We observed part of two medication rounds being undertaken and saw that staff had a clear understanding of the homes procedures.

## Staffing

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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There were enough qualified, skilled and experienced staff to meet people's needs. On the day we visited there were sufficient staff to meet people's needs. Due to one person reporting in sick the team leader was providing additional support to the staff team. There were eight care staff, five domestic staff, two kitchen staff, an administrator and a maintenance person working in the home.

People who lived in the home we spoke with said their call bells were answered within a reasonable time and that they did not often have to wait for the support they required. We were told that that staff supported them to get up and go to bed when they chose.

Staff we spoke with told us they thought the staff levels were satisfactory but there were times when the home was very busy, particularly in the mornings.

Visitors to the home told us they could always find staff when they needed to. We saw the rotas which showed that the staffing levels maintained and that additional cover was organised when required. The manager explained how they calculated the staffing hours and that they could vary the levels when dependencies increased.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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Staff received appropriate professional development. We saw records that showed that staff were receiving regular formal supervision. These meetings were documented. Care staff and domestic staff we spoke with confirmed they received regular supervision and said they were well supported by the senior staff. Domestic staff we spoke with said they worked as a team and were supported by the care staff. Staff who undertook supervision were required to complete supervision training before they undertook this responsibility.

The manager had introduced a new matrix system for monitoring staff training. This showed that all staff had completed the required training in first aid, fire safety, infection control and moving and handling. The matrix showed when updates were required. We spoke with care staff who told us they did not undertake any moving and handling until they had completed their training. Staff we spoke with told us they were supported to complete training and that this was well organised. All staff we spoke with appeared knowledgeable about their work and the needs of the people they were supporting.

Staff were able to develop their professional knowledge. For example we saw staff had undertaken training in palliative care, dementia awareness pressure care and medication administration.

## 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.

**✓ 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. 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.

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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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