Fewcott Healthcare Limited

Fewcott House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service
Fewcott House is a residential care home which also provides nursing care and is registered to support up to 40 people aged 18 and over with varying support needs. These included older people living with dementia; people with a physical or learning disability and people with mental health support needs. At the time of our inspection there were 40 people living in the home.

People's experience of using this service and what we found
People were at the heart of the service and staff were clearly committed and compassionate, striving to provide excellent care at all times. The registered manager had developed an open, transparent and person-centred culture that was driven by a motivated and committed staff team. This motivation resulted in a whole team who were totally supportive and committed to providing high quality, individualised care. The staff team told us they were truly valued and respected. Staff were skilled, motivated and knowledgeable.

People received exceptionally personalised care and support which met their needs, reflected their preferences and promoted their self-worth. The provider upheld people's human rights.

There was a homely, welcoming atmosphere at the service and we observed very positive and caring relationships between people using the service and the staff who cared for them. Staff worked hard to promote people's right to make their own decisions about their care, where possible, and respected the choices they made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was exceptionally well-led. The provider and the registered manager were clear about their expectations relating to how the service should be provided and led by example. The registered manager demonstrated how their open and listening management style and robust quality assurance systems had sustained continual development and improvement at the service. They were supported by the provider who was passionate about providing people with high quality care and supported staff fully to enable them to deliver this. The provider and registered manager had developed positive links with the community which benefited those living in the service.

People had many opportunities to participate in a variety of social and recreational activities and occasions. These included activities important to people and reflected their interests and hobbies. People received positive end of life care where they were fully supported in how they received care and support at the end of their life. Effective, personalised steps were taken to ensure people who lacked capacity to make decisions received care that was in their best interest and met their needs.

People told us they felt safe. Systems were in place to ensure that risks to their health and safety were reduced. We found that sufficient staff were deployed to safely meet people's needs. Staff had received

training to ensure they had detailed knowledge to protect people from the risk of avoidable harm or abuse. People were protected from the risk of an acquired health infection, as there was appropriate infection control and prevention policies and procedures in place.

Rating at last inspection; The last rating for this service was Good (published 15 February 2017).

Why we inspected: This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Fewcott House Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Fewcott House 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, deputy manager, senior care workers, training co-ordinator, activity co-ordinator, chef and a member of housekeeping staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed three people's care records and medication records. We also reviewed a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one healthcare professional.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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. Comments included, "Safe enough, can talk to them [care staff] easily if ever there are any problems" and "Yes safe because nothing dangerous has ever happened."
- People were cared for by staff that knew how to raise and report safeguarding concerns. The service had a safeguarding champion who provided additional support to staff. One staff member said, "I would speak to nurse in charge then [deputy] or [registered manager] or if necessary, CQC. I know that they (management) would deal with it".
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. These included risk assessments for bed rails, moving and handling, allergies and choking. There was clear guidance for staff of how to manage these risks. For example, bed rails were checked monthly to minimise the chance of people becoming accidentally trapped.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The home had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. Comments included, "Staffing is good. When there are issues [deputy manager] will always help" and "We do have enough staff. Increases if people's needs change. We tell them (management) and they get it done."
- People told us there were enough staff to support them. One person said, "Use my bell, never any wait and people are there in no time at all."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely.
- People received their medicines safely and as prescribed. One person said, "Pills every time on time, never late."

● The register manager ensured people's medicine were administered by trained and competent staff.

Preventing and controlling infection

● People said the home was kept clean. Comments included, "In every way all is nice and clean. Very happy with the cleaners. All very well looked after" and "Laundry done well. Very happy with that."

● Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons. We observed staff following safe, infection control practice.

● The environment was clean and well maintained.

Learning lessons when things go wrong

● The registered manager ensured they reflected on where things could be improved and used these opportunities to improve the service for people and staff.

●The registered manager had a process to evaluate incidents in order to reduce these reoccurring. For example, a person went missing for short time. Actions taken included investigating how the person had left the building. Once this was found, extra security was placed on a window. Staff had also identified why the person may have wanted to leave and had a better understanding of when distraction may be helpful to avoid distress to the person.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The provider ensured people's needs were assessed before they came to live at Fewcott House to ensure those needs could be met. People were involved in the assessment and care planning process. A relative said, "First of all [person] seen at the house by the manager. Step by step without forcing or rushing, care plan was drawn up."
- The initial assessment gathered information on people's care needs. Information on likes and dislikes was also sought, and this was built upon once the person was living in the home. This included gathering information about their families and past careers and how they expressed their gender and other preferences. The service understood that respecting people's choices heightened self-esteem and people felt more comfortable.
- Assessments took account of current guidance, including information relating to National Institute for Health and Care Excellence (NICE) guidance, data protection legislation and standards relating to communication needs. The Care Home Support Service was informed when people moved into the home. This meant referrals were made to the necessary professionals such as the falls team or speech and language therapists.
- People's expected outcomes were identified, and care and support was regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff completed an induction and shadowed experienced staff before working alone.
- The service had a training co-ordinator who had a robust overview of training needs. This meant people were supported by skilled staff that had ongoing training relevant to their roles. A member of staff said, "[Training co-ordinator] always follows up any training due."
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I have regular supervision. It's an opportunity to say when things are wrong, and they always resolve issues."

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- Throughout the inspection, people were offered refreshments including hot drinks and biscuits. It was a very hot day and jugs of iced water and ice lollies were offered and care staff ensured people had access to drinks in their rooms and in communal areas.
- People were supported with their meals appropriately. One person said, "'Enjoy the food, very good choices and can have different things if you tell the cook when she comes around. Food is good. The chef

comes in every day. Something in the choice which is good. A lot of it is what I like."
● Where people were at risk of weight loss a malnutrition universal screening tool (MUST) was used to manage the risk and monitor the person's weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician. A relative said, "Anything that needs to be looked at, like her sore eye or ongoing heart condition, GP comes in and checks."
● The system also enabled a hospital pack to be provided in the event of an admission to hospital which meant information could be immediately provided when necessary.

Adapting service, design, decoration to meet people's needs
● The provider has made improvements to the environment. This included dementia friendly flooring and sensor lightning on corridors to increase lighting levels to minimise falls. Corridors had been painted in bright colours to help people find their way around better.
● People's rooms were personalised with memorabilia including family photographs and ornaments.
● The outdoor environment was fully accessible with a large patio overlooking the peaceful garden and lake with geese on it. Wheelchair accessible planters enabled people with an interest in gardening to follow their previous interest. A resident said, 'I like to sit out on the patio. Good to get outside."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff worked to the principles of the MCA. We observed staff seeking people's consent in a routine fashion. One person said, "[Staff] Always listen to what you want to do, asked to make choices." A staff member said, "Always ask for consent before supporting. If they can't communicate then might involve family. You can read facial expressions and interactions to see if they are happy."
● Records relating to the MCA were reviewed, accurate and up to date. Where people were being deprived of their liberty, appropriate applications had been submitted to the local authority.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

● People were supported with exceptional kindness by staff who treated them with respect, demonstrating their understanding of people's individual care needs. This promoted a strong, visible person-centred culture. People's comments included, "Carers very good. You can buy skills, but you can't buy kindness and patience" and "Like it here? I'm going to be here forever." Staff in all roles were highly motivated offering care and support that was exceptionally compassionate and kind. Relative's commented, "Knows how he likes things to be arranged. Everything in its place. Important everyday little touches" and "Never seen one visit where [name's] face has been anything but happy."

● Throughout the inspection, we saw numerous examples of warm, kind, caring and positive interactions between people and staff. For example, we observed a member of staff holding a person's hand and walking along the corridor reassuring. They looked like friends, chatting and laughing together. A member of staff commented, "[Person] who used to be in the [arts world] and I use singing. It makes her eyes light up." We saw another member of staff sat with two people, singing and chatting about their lives. The staff member clearly knew the people well and engaged in a very person-centred conversation, including music, soft toys and the person's special cushion. A relative said, "Wonderful people with a culture of respect and admiration."

● Another person with a severe sight impairment, who was waiting for transport, was offered reassurance and was engaging and laughing with care staff. People were supported at their own pace, with staff being kind and gentle. For example, a person was taken their food at lunchtime. The person was woken by care staff gently stroking the person's hair.

● Where people wanted to and were able to assist others living with them, staff facilitated this. This helped people to maintain close relationships with each other. A relative said, "They are asking him. Not making decisions for him. Encourage independence. Every day he wheels [person] from their room to the dining room. This is important to him."

● Staff recognised when people needed physical or emotional support through a mixture of observation and reading peoples' body language. A relative told us, "Getting to know her from her facial expressions. This is a real gift because staff care" and "Staff know residents very well, know the best way to speak to the individual in a way they understand."

● People were supported to celebrate special events including birthdays and to have parties. Families were invited to attend these, maintaining social contact with those important to them. Family members were always made to feel welcome and could stay for lunch or dinner with no restrictions on timing or length of visits. When people's families were unable to visit on a regular basis, the service made all attempts to maintain contact via email or telephone.

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

● The service was exceptional at helping people to express their views so that staff and managers at all levels understand their views, preferences, wishes and choices. Staff used creative ways to involve people in running the home.

● People were involved in ways that reflected their previous lifestyles. For example, people were encouraged to be involved in tasks around the home. A member of staff said, "People like to be involved in daily life such as tidying and cleaning. The activity staff get to know people and share that with care staff. A staff member said, "[Person] gets very agitated and shouts out a lot. So, I go to the laundry get a pile of towels, ruffle them up and say [name] can you help me sort these? She loves re-folding the towels which reduces the agitation and she feels useful." Another person was involved in painting external woodwork and was provided with tools for the job. We heard that this person was due to complete health and safety, infection control and food hygiene training in relation to their roles in the service.

● Staff were skilled at resolving conflict and tensions. This was assisted by staff having a good understanding of dementia. We saw a person was distressed; staff were able to de-escalate the situation by using distraction. For example, staff knelt down, established eye contact, spoke calmly and smiled. The person was soon happy and smiling. The relative said, "[Person] has dementia and can be aggressive. They always deal with [person] with kindness, never retaliate, aggression level goes down, laughing and relaxed with [name]. They love her very much."

● Staff used a variety of tools to communicate with people according to their needs. A person was supported in their home language by a member of staff. The registered manager told us that staff had learnt some words in the person's home language to support the person. A relative said, "[Name] is [nationality] as are several of the carers. So, if they can't make her understand in English they talk to her in [language]."

● Staff were knowledgeable about people's likes and dislikes. For example, staff clearly explained how the inspection team should approach someone that had a severe sight impairment and another person's hearing loss. This enabled us to engage with them positively.

● People were enabled to continue voting in elections. The registered manager liaised with the local council to ensure people were on the electoral roll to participate either by post or in person, supported by a member of staff if needed.

● The service ensured that people were supported by advocates where needed. The role of an independent advocate is to speak or ask questions on someone's behalf. When an older person is living with dementia, an advocate can ensure the person is listened to and represent the person's views and interests when considering specific decisions. We heard of various examples of how advocates were used to promote people's choice. For example, one person's medical condition deteriorated quite quickly, and the advocate was able to assist in ensuring the person's best interests were met in that Fewcott House was the best place for them to receive palliative care.

● People said that they could do things that they wanted to, such as going out, with support of the staff, choosing how they spent their day and where they wanted to be in the building. Comments included, "Independent, choose what I want to do. If I want to stay in my room or go in to the garden I can."

● Staff provided support in ways that encouraged people to make decisions and be as independent as possible. We saw a member of staff offering a choice of when someone would like support with their personal care. This showed the member of staff valued the person and encouraged them to make the choice. One person said, "[Staff] know I need help getting about and how to help me."

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was at the heart of the service's culture and values. Staff treated people in a respectful way and ensured their human rights were met. People and their relatives told us they felt respected and listened to. Relatives commented, "Relaxed that she is being looked after. They treat her with respect and dignity" and "Wonderful people [staff] and there is a culture of respect and admiration."

● People's protected characteristics were recognised and respected whilst living at Fewcott House. A person had daily fluctuating views on how they wished to express their gender. We heard that the person was fully supported and respected by all staff. At the end of their life, they had expressed the gender appropriate clothing they wished to be buried in and staff liaised with the relevant services to ensure the person's wishes were fully respected.

● People's spirituality was respected. One person was on a holiday visiting a place of religious importance. Staff had arranged this with the person who was able to independently go on the holiday with safeguards in place.

● People's self-esteem had been considered. We heard that a makeup artist from a film studio had visited the service to do hair, make up and nails for all that wanted it. We heard that people really enjoyed this activity and it was hoped to be repeated again soon.

● Staff recruitment was undertaken using a value-based interview process. Once staff were employed they had regular supervision to identify any areas of concern or improvement.

● Staff were monitored in their day to day interactions with people to ensure staff were promoting equal opportunities, dignity and respect. A zero-tolerance policy on disrespectful behaviour from staff towards people was in place and was displayed. The service had 10 dignity champions whose role was to ensure they knew people well. They promoted dignity to other staff members through supervisions, regular training and were always on hand to help. The role of dignity champions was to ensure all human rights were upheld, independence promoted, choice was provided, and people were listened to and treated individually. People were aware of who the dignity champions were. An example of this, was that a person spoke in private to one of the dignity champions to request a male carer on that day as they were feeling particularly low and wanted their personal care carried out by a male member of staff instead of female. This request was granted.

● When people received personal care, staff were mindful to ensure people's dignity was observed. One person said, "Staff aware of privacy. Knock on the door but stay out until invited in." A member of staff said, "I use a towel to keep them covered" and "Offer a flannel and support a person to do as much as they can themselves."

● Staff were also treated with respect and dignity and equality. A member of staff with a disability was experiencing difficulties completing particular shifts. Therefore, the registered manager made reasonable adjustments, so they could continue working at the home. This meant the person could remain in the job they enjoyed with the appropriate risk assessments in place.

● People's confidential information was kept secure. The service had set up secure email accounts when exchanging information with external professionals. This ensured they were compliant with the General Data Protection Regulation (GDPR). This is a regulation that ensures people's data and information is protected to ensure privacy.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People received individualised high quality care that was planned to meet their individual preferences and care and support needs. Care plans reflected people's likes and dislikes and described their interests and information about their lives and family relationships. We saw care plans in place in respect of sexuality and gender expression. Staff knew people well and we observed during the inspection how the care provided met people's needs as stated in care plans.

● The activity coordinators held one to one meetings with people to help them complete life history books which provided social interaction. The co-ordinators worked with people to help them record important information such as former careers, family information, likes and dislikes and any new things they would like to try such as visit new places or try new activities. This meant people were able to have maximum opportunities to live a full life doing what they enjoyed.

● Opportunities were provided to support people do what they had enjoyed in the past. For example, one person was taken on a motor cycle ride. A member of staff told us, "A person loves dressing up and shopping, so we have made a small clothes shop for her. She takes the outfits to her room to try them on. She loves it."

● People and their relatives were involved in care planning and the service ensured that people were at the heart of the process. People and relatives told us that they were all supported to be involved in their care decisions and attended regular care reviews with management. We saw individual reviews had been held with families, IMCA and advocates to ensure people's wishes continued to be met. One record of an individual meeting showed discussions had taken place about a Do Not Resuscitate decision. It showed the family were not in agreement with this and that staff would perform resuscitation if required. The electronic care plan system had a facility for relatives to access which assisted them to view activities and photographs in a shared folder. The relevant permissions were gained for this.

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

● Fewcott House had forged strong links with the village they were located in to reduce people being socially isolated and to integrate people into the community. For example, the home sponsored the local cricket and football team. This sponsorship enabled people to be invited to watch the local cricket matches and they were kept updated of the cricket club's success. The service was also a member of the local 49rs club which created contacts including the local church arranging carol singers to visit the home every Christmas to sing and enjoy mulled wine and mince pies with people. People in the home were supported to attend the local beer festival. This was welcomed by people and helped them to feel part of their community

and less isolated.
● The home had forged a relationship with a local school and developed a project under which final year students, as part of their curriculum, attended the home to carry out a range of tasks, driven by the people in the home. For example, one person who was bed-bound was a [football club] fan. The students offered to decorate the person's room with the football club memorabilia. Students also planned to provide computer skills training to people.
● A local nursery group visited regularly, and we heard that this had a very positive impact on people in the service. We were told and saw photographs of people engaging with the children, smiling, singing and clapping. One member of staff said, "Two people one of whom was a former [profession], often get upset and can be reclusive. You should have seen them. They remembered their childhood, singing along and enjoying the interaction. It has had a lasting impact on both people."
● We saw appeals to the community for assistance were responded to. For example, the home had asked if local people had any wool to donate to make some 'twiddle muffs'. People with dementia often have restless hands and like to have something to keep their hands occupied. Twiddle muffs provide a source of visual, tactile and sensory stimulation. After the appeal, a box of twiddle muffs appeared at the door already knitted. These continue to be supplied by a person in the village which was greatly appreciated.
● A recent open day had taken place which people, relatives and local people had attended and were entertained during the day. We saw photographs of people of all ages enjoying the bouncy castle.

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.
● We observed people's communication needs were identified, recorded and highlighted in care plans. Any identified needs were followed up with relevant referrals to professionals. For example, a person had been assessed as having only 10% hearing but would not tolerate a hearing aid. The service contacted the sensory team for advice. Following this, other equipment was put in place to assist communication and we saw guidance in care plans about ways to approach the person to avoid startling them, such as hand on the shoulder. This meant people's communication needs were optimised as the service worked closely with the relevant professionals to achieve this.
● Another example of striving to improve communication was with a person from an overseas country with very limited English language skills particularly in relation to spoken English. Staff tried various methods in an attempt to improve the effectiveness of communication. For example, an image book was used as an aid to communication, enabling the person or care staff to point to images to aid communication and comprehension. Staff had also learnt some words in the person's home language and we heard staff using these on the day. Staff also tried a translation application which translated the spoken from and to English and the person's home language. This proved to be of limited practical use. So, staff identified a more professional device that translates the spoken word and have been trying to incorporate this into the daily routine interactions with this person. This evidenced the staff's commitment to remove any barriers so that the person was able to communicate as easily as possible to ensure their needs continued to be met.
● Technology was used as the service had recognised the importance of social media in connecting with everyday life outside the home. Wi-Fi coverage throughout the building had been improved as some people had laptops or iPads they used to communicate with families and social media. People responded well to a voice-controlled speaker which enabled their favourite songs to be played around the home. Portable phones were available with adjustable sound to ease communication with families and ensure privacy.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure clearly displayed. The service also had a pictorial complaints procedure for those that may struggle to put their concerns into words. A suggestion box was also in place so that anyone including people, relatives, staff and visiting professionals could drop any ideas into for consideration. People told us concerns raised were addressed by staff. People commented, "Very happy with things. I have no complaints" and "Enjoy living here, no problems, no complaints, don't worry at all." Relatives commented, "Can't find fault with anything at all" and "Manager has had a real impact. No complaints at all."

● The provider's records showed where concerns had been raised, these were investigated, and the service could demonstrate where improvements had been made. For example, a complaint had been made about clothes missing after being laundered. Therefore, a new head housekeeper was recruited and was implementing a new laundry system to prevent any further issues.

End of life care and support

● No-one was being supported with end of life care at the time of the inspection. However, we saw information was obtained in respect of what people wanted at the end of their lives. This information was held in people's care plans and was regularly reviewed and updated when required. If special equipment was required, this was arranged promptly by staff. One person had no medicines prescribed in line with their wishes. This was respected but staff were aware that a best interest process may be needed to ensure the person was pain free. We saw this was kept under review.

● When people were being cared for at end of life, where appropriate, one to one staffing was provided. In addition, the registered manager ensured they were always available for contact by families and to support staff at this time. Relatives were offered a recliner and drinks and food, so they could stay with the person and they were never rushed.

● Management were undertaking training on the Gold Standards Framework (GSF) programme on End of Life Care. This framework enables earlier recognition of patients with life-limiting conditions, helping them to plan ahead to live as well as possible right to the end. On successful completion of the course, the service will be able to apply for membership of the Gold Standard Framework Centre. This is recognised as the leading provider in the UK on end of life care. A member of staff said, "A [person's relative] had expressed they would like to be at Fewcott for their own end of life care". This was because the person had felt reassured by the way their loved one was supported. The member of staff was emotional and clearly had empathy and compassion for this area of their work.

● When death occurred, nurses treated the person with dignity in all care tasks following death. Families were invited to visit before the undertaker arrived so that they could be with the person. Pictures were kept in the home of people who had died.

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. Although no concerns were found we needed to ensure that the improvements that had been made were sustainable. At this inspection, we saw that they had maintained Good characteristics but had also continued to improve. This meant the findings at this inspection met the characteristics of Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Management and leadership within the home were exceptional. Since the last inspection, we noted that the leadership at Fewcott House had continued to improve markedly with characteristics that made the service exceptional and distinctive. This was due to the provider and management team evidencing strong and effective leadership which led to a highly positive culture. We saw in the caring and responsive domains of this report how people received highly individualised care. This respected people's protected characteristics and preserved their dignity and independence, enhancing their sense of wellbeing and self-worth. The atmosphere of the home was very positive with happy staff and people. A member of care staff said, "I love the family feel. Our own little Fewcott family."

● People and relatives spoke about the positive impact that all management and staff at Fewcott House had on their lives. People's comments included, "Like the atmosphere, friendly and nice here", "See the manager and the owner, they come around and chat" and "[Name of manager] is very nice. You can talk to all of them." Relatives commented, "Registered manager dynamic, more involved. Can speak to the team in the office, very relaxed approach, very satisfied with the management", "Lots of dealings with [registered manager], very friendly, very helpful. The key to the management here is that there is such strong staff" and "Very well led, well organised, very good view of what's going on in the home."

● Staff were motivated and proud of the service and were strongly collaborative. All staff demonstrated ownership and loyalty to the home. One commented, "We want the staff to be the image of the home. All staff will help." This created a noticeably positive culture in the home. This was assisted by strong and supportive management that supported them in their day to day jobs, listening and acting upon their views to make improvements. This led to staff feeling proud and involved and a keen desire to make a difference to people they cared for. During Carers Week, the registered manager wrote individual thank you cards to each member of staff. They also left a treat each day. We heard that staff were delighted with their card and one proudly put theirs on social media.

● Staff commented on the kindness of the provider. We heard many examples of the provider going to great lengths to support staff in both their employment and in personal circumstances. For example, one member of longstanding staff was moving away from the area due to their partner's job. On enquiring about this, the staff member said they were sad to be going. Therefore, the provider offered to pay their fuel costs and support with accommodation so that they could continue working at the service. This was accepted, and

the member of staff said how happy they were to be able to continue working at the home. We heard of further examples of the provider giving staff financial assistance to support them during difficult periods of their lives.

● Staff spoke about the management. Comments included, "They (management) have been very supportive [described personal circumstances impacting]. It makes you feel respected and valued and then you want to help them out", "Management are brilliant. New ideas and things are happening. We all have a voice and [registered manager] listens", "Come a long way. Atmosphere is better and it's a happy place to be. Good team that works well together and supports each other" and "People's experience is enriched and that is down to the staff. Very caring and know residents well. They make interactions meaningful."

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

● Since the last inspection, the registered manager had continued to make demonstrable quality improvements to the service. These improvements had been well embedded into the governance of the home and had impacted on all areas of the service inspected as shown throughout this report. For example, we saw how risks had been monitored including improved performance management of staff and implementation of safeguarding champions. The service was effectively implementing best practice and current guidelines to shape their delivery of care, training of staff and improving the environment. We received nothing but positive feedback about improvements to the management of the service since the last inspection.

● The registered manager and senior team used effective systems to monitor quality and safety and drive improvements in the service. Regular audits were carried out on all areas with reference to national standards to ensure audits were providing an up to date overview of the quality of the service. For example, medicines were regularly audited, and national guidance had been incorporated into the audits. We saw details of a drug being reclassified as a controlled drug had resulted in actions to manage this safely. We also saw that the manager had been alerted to, and acted upon, medical equipment being recalled for servicing to make it safer.

● The electronic care plan system produced reports, so management could clearly review patterns and trends, for example, falls, incidents and accidents. The deputy manager had introduced systems to monitor chest and urinary tract infections (UTI). Other actions had been taken in respect of falls. A healthcare professional commented, "[Fewcott] managed to reduce the number of falls for residents, preventative measures are implemented with new admissions and working towards minimising weight loss. Residents with challenging behaviour are having input from CHSS Mental Health. The behaviour support has been very effective."

● The provider was very responsive when improvements were needed to keep the running of the home safe. For example, a recent power failure had affected the operation of the lift and the electronic care plan system. Therefore, they took immediate action to install a generator to provide back-up power in the event of further power failures.

● The registered manager submitted statutory notifications to CQC appropriately. These are notifications about significant events that providers must send us by law.

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

● Management ensured that staff were fully consulted on meeting people's care needs more effectively. Staff told us they were involved with coming up with solutions by providing suggestions. For example, staff suggested how working in a different way may help. The idea was trialled which saw staff deployment based on people's care needs rather than a particular area or floor of the home. This was noted to be more effective and staff were happy with the new arrangement. A member of staff said, "Management are brilliant.

New ideas and things are happening. We all have a voice and [registered manager] listens." The deputy manager said, "Everyone is listened to. I value their opinion because they are on the floor."

● The registered manager continually evaluated what could work better. For example, they had noted that handovers were taking some time to complete which impacted upon people receiving care. Measures were taken to do this in a shorter period. Additionally, staff were encouraged to sit with people when they were completing records to maintain contact. A member of staff said, "We are observed and if we do anything wrong they will discuss with us. It helps with the culture. As a senior carer I will raise concerns too with the relevant individuals if needed."

● Staff were also supported if they had protected characteristics such as disability. One staff member had a physical disability, and a risk assessment had been completed and measures put in place to safeguard them. People at the home and staff supported the staff member to complete their duties with consideration of their disability.

● Feedback was gathered from people living in the home, their relatives and staff through quality assurance questionnaires. These were also provided in easy read format (where needed). This meant they were more meaningful as they provided maximum opportunity for people to respond. All feedback, either verbal, via suggestions box or through complaints and concerns procedures was evaluated. Positive feedback was noted, particularly about care. The results of the survey were displayed in the entrance hall. We saw things changed because of this. For example, the laundry management and colour of fences.

Continuous learning and improving care

● There was a culture of reflection and continuous learning in the home. The registered manager and deputy manager continuously developed their practice. An example of this was completing a Care and Leadership programme through Thames Valley and Wessex Leadership Academy in partnership with Oxfordshire County Council.

● Management sought out training opportunities for staff to enhance people's care. One member of staff was promoted to a senior carer within a year and through support and encouragement they applied for and succeeded in the promotion.

● The home had researched and implemented a system for monitoring the consistency of food using a syringe drop test on a weekly basis. They then devised a new monitoring form to record the findings. People experiencing swallowing difficulties were referred to SALT. They then advised of any dietary changes needed in line with the international guidelines.

● The service had researched and implemented oral hygiene improvements in Autumn 2018. In addition to this, the management had sought local input around training for staff. They approached a local community dentist to deliver some training which was planned for September 2019. The community dentist remarked it was positive to see the service proactively seeking out this training. This showed that the management was always considering ways to improve people's outcomes by using current guidance.

● Management were keen to improve hydration to reduce the incidents of UTI's. The management researched practical ways to do this in addition to the ongoing encouragement provided by staff. The manager came across a competition that was being run for care homes aimed at introducing new ways of making hydration more effective. The manager, after research, feedback and discussion with staff, introduced the use of different coloured drinking jugs. This proved extremely effective, with UTI's reducing as a result.

● Sepsis training had been provided to all nurses and senior carers. This gave staff a tool to implement which enabled the service and ambulance service to act on any concerns in a safe time frame.

● The registered and deputy manager maintained an overview of best practice such as using the National Institute of Clinical Evidence and Skills for Care. The home was a member of the Registered Nursing Home Association, and two Oxfordshire based organisations OCA and OACP. This further assisted the service in being updated on current practices and new legislation and contributed to the service continually

improving

Working in partnership with others

● Staff worked extremely effectively with professionals from agencies such as health and social care to ensure people's care needs were met. The management of the home had a strong relationship with the local authority's DoLS team. It was exceptional that all DoLS authorisations had been granted in extremely short timescales.

● The service had been a role model for other services. For example, a local care home was advised to contact the provider and registered manager at Fewcott for advice on dealing with new admissions. The other home then implemented some of the systems which were working well.

● The home offered rehabilitation to people who were in hospital but were unable to return home due to their needs. The staff team worked with other professionals such as physiotherapists and occupational therapists and we heard of two people who had recently returned to their homes. A relative we spoke with said, "[Deputy manager] was exceptional. They liaised with other professionals to get [name] the support he needed which helped me at a time when I was in shock. The other staff were also very good. Whenever we visited we were given tea and biscuits and were very well supported."

● The provider ensured that people who were not receiving nursing care were attended to by the home's nursing staff. This meant that the pressure on district nurses was reduced and people's care was immediately attended to.

● The mental health team had provided support for a person experiencing behavioural changes. Charts were provided so staff could document events that distressed to person. This helped to identify what may be distressing the person. For example, a noisy environment.

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 registered manager understood the duty of candour. They had been open and honest with people, their families or representatives when incidents occurred that may have caused, or had the potential to cause, harm or distress. Where appropriate an apology was offered.