Fewcott Healthcare Limited

Fewcott House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out this unannounced inspection on 10 January 2017.

Fewcott House provides nursing care for up to 40 people over the age of 65. At the time of our inspection 34 people were living at Fewcott House. Some people were living with conditions such as dementia or Huntingdon's Chorea or had a learning disability.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was being managed by a manager who had applied for registration with the Care Quality Commission.

We had previously carried out an unannounced comprehensive inspection of this service on 31 May 2016 and identified a number of areas where improvements were needed. We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. This was because there had been a failure to protect people from the risks of abuse and to report when people had been put at risk. Safe recruitment procedures were not followed when recruiting staff. People had not been protected by the safe management of medicines. Staff had not completed the necessary training to ensure they had the skills to undertake their roles and responsibilities effectively. Staff had not received regular one to one meetings with their managers to ensure they were supported and were being monitored to ensure they undertook their roles correctly. People did not always have appropriate assessments in place when they lacked capacity to make decisions. Policies were not always up to date and accurate with current best practice and terminology. Records had not been kept as required to monitor aspects of people's health. The service was rated as inadequate in the well led domain.

We undertook this inspection to check the service had made the required improvements from the inspection on 31 May 2016. We found considerable improvements had been made in all areas of the service. The provider had ensured safe recruitment procedures were followed. The service had implemented a new care planning system and electronic system of managing medicines. This had improved the systems and processes to allow an effective overview of people's care needs and their medication. Appropriate risk assessments were in place to manage any identified risks and people in the service and relatives we spoke with felt the service was safe.

Staff had completed the necessary training to ensure they had the skills to undertake their roles and responsibilities effectively. Staff had received regular one to one meetings with their managers to ensure they were supported and were being monitored to ensure they undertook their roles correctly.

People had appropriate assessments in place when they lacked capacity to make decisions.

People in the service and their relatives described the service as caring. We saw many examples of staff providing a warm and kind approach to those they supported on the day of the inspection. People were treated with dignity and respect and appropriate privacy. People were encouraged to maintain their independence skills.

Care plans had been implemented into an electronic system where staff were able to input the care given immediately and this meant the information was accurately recorded and where concerns were noted these were flagged up so that prompt action could be taken if needed.

Staff knew the people they were supporting well and activities were being arranged and future activities considered in line with people's interests.

There had been no complaints since the last inspection but the service had systems in place to manage these. People and their relatives were confident they could discuss any concerns without delay.

The service was well managed. The manager had made significant improvements to the service and staff spoke highly of their effectiveness and support. Policies had been updated where needed and were in line with current best practice and terminology. We saw these were circulated to staff to ensure they understood their relevance to their roles.

The service had implemented effective quality assurance systems. Information had been audited to ensure it was current and changes had been made where necessary to reflect the audit findings.

The service had been implementing a weekly action plan since the last inspection to evidence action taken to address the improvements needed. This had been received as required and we saw that the actions in the plan had been addressed during this inspection.

Relevant notifications had been made for all notifiable events to the Care Quality Commission.

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.

People were protected from harm. The manager and staff had completed safeguarding training and knew how to recognise and report any concerns.

Safe recruitment processes had been completed to ensure staff were suitable to work in the service.

Medicines were administered as prescribed and were stored safely.

People had been assessed for any risks and records were in place for these.

Is the service effective?

Good

The service was effective.

Staff had received training, supervision and professional development to enable them to deliver safe care and treatment to people in the service and to an appropriate standard.

Staff had completed training in the Mental Capacity Act 2005 and understood how to apply the principles in their role. Care plans contained mental capacity assessments in relation to specific decisions.

People's dietary needs were carefully monitored and people enjoyed the food.

Is the service caring?

Good

The service was caring.

People and their relatives said the staff were caring.

Staff had a caring approach to their role and treated people with dignity and respect.

People were encouraged to maintain their independence where possible.

Is the service responsive?

Good

The service was responsive.

Care plans were kept up to date to reflect people's needs.

Staff were knowledgeable about how people preferred to be supported.

Activity opportunities had been improved so that people could participate in more activities.

People and relatives knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Requires Improvement

The service was well-led.

People felt the management of the home was good. The manager had applied to register with the Care Quality Commission.

The service had an effective system to audit and evaluate information to improve the quality of care.

Policies and procedures were up to date with current legislation and staff understood these.

The service had submitted an action plan after the last inspection and we saw evidence of these improvements had been made.

We could not improve the rating to Good from Inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Fewcott House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 January 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist advisor and an 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.

Before this inspection we reviewed all the information we held about the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service

During the inspection we spoke with the provider, manager, clinical lead manager, team leader, a nurse, seven care staff, chef and a housekeeper. We spoke with 10 people and six people's relatives. We looked at seven people's care records and reviewed medicine administration records.

We observed how staff interacted with people who used the service and monitored how staff supported people during the day by using 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 to us.

We looked at how the service implemented the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We also looked at documentation relating to the management and running of the service including policies, records of accidents and incidents. We also looked at staff rotas, three staff files, supervision records, recruitment procedures, training records and team meeting minutes.

Good

Is the service safe?

Our findings

At the last inspection on 31 May 2016 we found medicines were not always managed in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection on 10 January 2017 we found improvements had been made.

People received their medicines as prescribed and on time. A person commented, "No real problems get my inhalers on time". Since the last inspection, the home had implemented an electronic medicines administration system (EMARS). All of the staff spoken to stated they "Liked the new system" and said "It is much more secure" and "You can't forget to sign for medication as the system won't let you". Staff were able to describe how the system worked and we observed the medication round which confirmed the staff's competence in using the system. Staff advised that they had been supervised over a number of medication rounds by the Deputy Manager before being deemed competent in medicines administration. The provider had a medicines policy and procedures in place and there were systems in place to manage medicines safely.

We looked at the management of controlled drugs and found them to be up to date and correctly calculated. Current medication was stored securely in a trolley kept in the medicines room. Fridge temperatures were being recorded and were within the appropriate measurements.

People said they felt safe living at Fewcott House and relatives we spoke with said that they were confident that staff knew how to care for people in a safe way. Comments included, "Very safe and I'm not worried. My third home and this is the best" and "Well looked after. Feel 100% safe". Staff had received training in safeguarding vulnerable adults. The home manager ensured safeguarding was an agenda item on the weekly team meetings to ensure staff were constantly reminded of their responsibilities in relation to identifying and reporting any concerns. Staff had a clear understanding of safeguarding adults and were confident to report any concerns to the management team. Staff knew the outside agencies they could report to if they felt their concerns had not been addressed. Staff comments included; "It is my job to take care of the residents. If I see anything I would report to the nurse or manager. I could go to the safeguarding team if I needed to" and "I would report to the nurse, then the manager. I can go to CQC (Care Quality Commission) or the local authority".

People's care records contained risk assessments including: use of call bell; nutrition; mobility and behaviour. Where risks were identified risk assessments were used to ensure the care plan guided staff in how to manage the risks. For example, one person was at risk of neglect in relation to their personal care. The person's care plan guided staff in how to approach the person, how to communicate and to return later if the person declined support. Staff told us in detail how they supported this person. Daily records confirmed the person was approached to accept personal care but staff returned at a time that suited the person.

People and relatives said there were enough staff to support them and they arrived quickly when called. Comments included, "Help is on hand when you need it. Good at night if you need help it is there quickly"

and "Never have to wait long for help". During the day there were enough staff to provide safe levels of personal care. We saw that people in their rooms had access to call bells or wrists alerts if appropriate. People nursed in bed or people who preferred to remain in their rooms, received regular visits from nursing and care staff and call bells were answered promptly. Staff had time to sit and talk with people. Staff told us there were sufficient staff to meet people's needs. Staff comments included: "Staffing levels are good. The home is very calm"; "There are enough staff. It's not just about the numbers, it is about the quality. We have a good team" and "We have good staffing levels, we have enough staff".

The provider had safe recruitment systems in place. Staff records showed checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks included Disclosure and Barring Service checks (DBS) and references from previous employers. These checks enabled the provider to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

There were systems in place to check equipment regularly. For example, settings on pressure mattresses were checked daily by staff. Staff we spoke with knew how to check mattress settings using people's current weight. Staff made a visual check of bed rails to ensure they were secure and safe to use.

Premises and equipment were regularly checked to ensure their safety. Water quality and temperatures had been tested and we saw a recent legionella test certificate. Electrical equipment had been tested. Fire safety inspections had been carried out by the fire service and issues noted in the last inspection had been addressed. Fire extinguishers were in date and were in the correct locations. Weekly alarm tests had been documented. Equipment such as lifts, hoists and bath lifts had been serviced. An emergency evacuation plan was in place.

People were protected by a clean environment and safe infection control processes. A person said, "Always clean but seems to be even better". Another said, "They're not just cleaners but stop and chat. It is very clean". Infection control was well managed. We saw hand gels located throughout the building and infection control posters were displayed in toilet areas and hand wash areas. We observed staff following good hygiene practice, washing hands before preparing drinks and food and placing bagged materials in the correct containers. We also saw colour coded cleaning equipment to prevent cross contamination. Gloves and protective aprons were available to staff providing personal care. The manager had arranged the rota so that there was always a cleaner during the day to attend to rooms and dining areas.

Housekeeping staff were aware of COSHH regulations and were familiar with the cleaning materials that they were using and ensured no people could access them during cleaning. For example, products that were being used were kept in locked compartments built into the trolley. This meant people with advanced dementia, who chose to move around were kept safe because they could not access harmful materials.

Improvements had been made to improve the levels of lighting. Flooring in a number of areas were due to be replaced and were scheduled for the middle of January 2017.

Good

Is the service effective?

Our findings

At the last inspection on 31 May 2016 we found people were not always cared for by suitably skilled staff that had been kept up to date with current best practice. This was because there were gaps in staff training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 10 January 2017 we found improvements had been made.

People we spoke with were confident that staff had been well trained. Comments included, 'Carers know what they are doing. Never have any worries about the quality of my care". A relative stated that staff had received the training to support their family member's care needs. They commented, "You couldn't get a better staff team anywhere else in the county".

Staff had the skills and knowledge to meet people's needs and access to a range of training which included: Moving and handling; food hygiene; safeguarding; medicines; health and safety and caring for people living with dementia. Staff completed training via e-learning, workbooks and face to face training sessions. The Team leader was responsible for monitoring staff training to ensure staff had completed training appropriate to their role and was given protected time to support staff with training. The team leader told us, "It is a big improvement as it means I can concentrate on training. Staff sometimes worry about the workbooks but with support they are surprised at how much they know and can do".

Staff also had access to training which gave them additional skills and knowledge to support people with specific conditions. For example, staff had recently completed training in supporting people living with Huntingdon Disease. Staff were positive about the impact on the person of staff attending the training. A member of staff told us, "It was really good. It helped me understand [person] better and know how to help them".

Staff were supported through regular supervision and annual appraisals had been planned. The manager had introduced an observation tool that enabled staff competence to be monitored and assessed. We saw that where issues were identified staff were supported through supervision to reflect on their performance and supported to improve. Staff were positive about the support they received. Staff comments included; "Supervision is good. I can talk to [team leader] about everything; any concerns I have" and "I have supervision every two months. They are very helpful. We can discuss anything".

People's care plans ensured people were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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's records included information relating to people's capacity to consent to their care. Where people were assessed as lacking capacity to make specific decisions care plans identified how staff should support people in their best interest. For example, one person's care plan stated, "Staff to continue to support

[person] with activities of daily living. Support him to make decisions and always act in his best interest". We noted that people with limited mental capacity were encouraged to make decisions and were supported in their choices. For example, throughout the day we saw a person with limited mental capacity, was gently approached by members of staff who spoke to the person sensitively and encouraged the person to make decisions and choices.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people had restrictions in place and were assessed as lacking capacity to consent the manager had made DoL's applications to the supervisory body.

Where people had an individual with legal authority to make decisions on their behalf this was not always clear in their care plans. The manager showed us that where the service had a copy of the legal document giving legal authority this was available. However, this information did not form part of the person's care plans. We spoke to the manager who told us they would take action to make sure this information was clear on people's care plans.

Staff had received training in MCA and told us it was discussed at the weekly team meetings to ensure they understood how they should support people who may lack capacity. Staff demonstrated their understanding throughout the inspection by giving people choice and supporting them to make decisions. One member of staff told us, "We have to do the best we can for the residents. They have rights like everyone else. I always respect their choices and make sure I do what is in their best interest".

People had access to food and drink to meet their needs. Comments included, "Food first class. Small portions which I like and at 8.30pm they come round with sandwiches and biscuits", "Food lovely. What I like, hot tasty meals, cup of tea when you want one – great", "Lovely liver and bacon today. Very much enjoyed". People could also make other choices. One person said, "Chef will do me an omelette instead if I ask". A relative said that the food was "Excellent".

Care plans identified people's specific dietary requirements and how these should be met. People who required support were supported at a pace that suited them and we saw staff encouraging people to drink on numerous occasions. People's weight was monitored monthly and where there was a loss of weight action was taken to improve the person's dietary intake. One person's care plan showed the person had lost weight when weighed in December 2016. A weight loss care plan had been introduced identifying the person's food and fluid intake was to be monitored and that they were offered fortified food and increased assistance when eating and drinking. The person had gained weight when weighted in January 2017. We saw this person being supported to eat their meal and food and their fluid intake was being recorded and monitored.

People had their nutritional needs assessed when they moved to the service. The chef would meet people and their families when they arrived at Fewcott House to gather information about nutrition needs. We saw on the day of the inspection, a new person had arrived. The chef met with the person and their relatives to discuss any specific dietary needs, likes and dislikes and the persons preferred size of meal portions. This was recorded on a nutritional requirement assessment sheet. This meant the chef was able to identify those people at risk, such as people losing weight and was able to take steps to ensure their nutritional needs were met. Information was clearly displayed in the kitchen and a written nutritional record ensured that if the chef was absent then residents would still get their correct meals.

The chef went round daily to meet people and show pictures of the day's meal to see what people would

like. Meal choices for the day were displayed outside the dining room and included pictures of the meals. During lunchtime people were given a choice of food from the menu and the food looked appetising. Morning coffee and afternoon tea was served from trolleys and a choice of snacks were available. Snacks were available throughout the night. This is particularly important for people living with dementia who could experience low sugar levels. Staff were able to access snacks for people, as cakes, sandwiches and puddings were stored in the kitchen. People had drinks in their rooms and in communal areas and we saw that staff were encouraging people to drink. Drinks machines dispensing chilled juices were situated throughout Fewcott House. People could choose where they ate their meals. Most ate in one of the two dining rooms but others had meals brought to them in their rooms.

People were supported to access health professionals when required. This included GP, dentist, chiropodist, tissue viability nurse, care home support service and speech and language therapy (SALT). Where people had been referred to speech and language therapy, care plans detailed the guidance given. For example, one person had been assessed as requiring 'fork mashable' food and thickened fluids. Staff were knowledgeable about this person's needs and we saw the person was supported with food and fluids in line with their care plan. People were supported to attend hospital appointments. During the day we spoke with professionals from a dental clinic who were visiting some people. They told us they were keen to offer support to care staff responsible for day to day oral hygiene.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the staff describing them as kind, caring and hard working. People's comments included, "Nice people, very gentle with me"; "Feel that carers are so good"; "People are kind and caring"; "Well looked after. Always help around if I need it". Relatives also commented about the caring staff. One said, "Looking after [name] so well. Staff are very approachable.' Another said, "Couldn't get better staff. Better here than it's ever been".

We saw many kind and caring interactions. Staff showed empathy and compassion when supporting people. For example, one person had been feeling cold earlier in the day. A member of staff approached the person, knelt down to speak with them, putting their hand gently on the person's arm. The member of staff smiled at the person and asked if they were now warm. The person smiled back and held the member of staff's hand telling them they were warm. We also saw one person who was distressed was given constant reassurance by staff that stopped to talk to as they passed the person's room.

There was a relaxed, cheerful atmosphere throughout the inspection. People and staff laughed together clearly enjoying each other's company. Staff addressed people by name and engaged in light-hearted banter if appropriate.

Staff spoke with genuine kindness when speaking about people. Staff comments included; "My reason for coming to work is the residents. It is all about them" and "People get good care and that is all that matters". Another member of staff when speaking about the improvements in a person's condition was clearly pleased they were improving. They said "It is so nice to see [person] eating".

People's needs and preferences were understood well by staff and were supported in line with the choices and decisions. . A person said, "Staff know me well. They do know I like to shower every day so they help me". Another person said, "We can go outside whenever we like. Weather too cold and wet at the moment" and "I go out to a day centre once or twice a week. Staff help me. I enjoy getting out". People were assisted in their choices in a way that did not compromise their dignity. For example, we observed a person with complex mental and physical needs who chose to walk around the lower floor. We saw that they were supported in a safe dignified way, with carers offering a supportive hand and even an arm around the shoulder when necessary. We evidenced, from staff and residents, that people have a choice of male or female carers.

Peoples' spiritual needs were met. Services were held at Fewcott House on a regular basis by visiting priests.

People were encouraged to become involved. For example, the dining room tables were laid by a person who saw it as very much part of their day and routine. People's contribution was valued. For example, one person said. "The girls are all brilliant. Some have given permission for me to correct their English. I am pleased that I can help them".

People were treated with dignity and respect. Staff knocked on doors and waited to be invited in and doors

were closed before care was delivered. We saw people who required help to eat their meals were supported in a dignified way by staff that ensured that people had finished their mouthful before asking if they would like to have more. People's dignity was considered when hoisting was required because transfers were carried out in peoples' rooms by staff who closed room doors. People told us they had a choice of male or female carers to provide personal care. One said, "I do have a choice but I don't mind who it is. They all seem pretty good".

People were encouraged to remain as independent as possible. We saw one person liked to be mobile. Staff that interacted with him were patient, spoke to him kindly and kept a watching eye from a distance only intervening if he was at risk. People using frame supports/ walkers were supported in a discreet way by staff that followed good moving and handling practice, with people being encouraged to stand by themselves. People who needed help with eating in their rooms received hot meals and were supported by staff that encouraged people to be as independent as possible. When support was given it was good. Staff explained the parts of the meal and offered small portions to the resident.

Good

Is the service responsive?

Our findings

At the previous inspection on 31 May 2016 we found people's care needs were not always documented accurately in their records. This meant the guidance was not always up to date and could not be effectively evaluated to see if changes were necessary. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 10 January 2017 we found improvements had been made.

The provider had introduced an electronic care plan system. Staff had a hand held electronic device that enabled them to see people's care plans at all times and to enter any support provided to a person at the time it was given. Staff were extremely positive about the new system. One member of staff said, "The new care plans system is very good. It lets you see everything. For example, at the end of the day I can see everyone's fluid intake to make sure they have had enough".

People's needs were assessed before moving into Fewcott House. Relatives told us they were involved in this. A relative said, "[Name] has been here a long time. If there is anything or I think that there needs to be a change to their care I discuss it with the carer or the nurse and don't wait for a review".

Care plans were detailed and included guidance for staff on the support people required for each element of their care. For example, one person's care plan detailed how their communication needs should be met. The care plan guided staff to speak slowly and repeat and rephrase questions if the person did not understand. The care plan highlighted the importance of using body language and facial expression to communicate. We saw staff following this guidance and communicating effectively with the person. The care plans also included information about people's life histories, their likes and dislikes. For example, one person's care plan gave details of the person's profession and where they had worked.

Staff knew people well and were responsive to their needs. For example, one person's care plan detailed how the person would indicate they wanted to go out for a cigarette. The person displayed actions that showed they wanted to go out. A member of staff immediately responded to the person's request and supported the person to go outside. The member of staff stayed outside chatting to the person until they were ready to come inside.

People had a range of activities offered. At the time of the inspection there was no activity coordinator in place so carers were delivering activities and were supported by a variety of specialists from the local area including, musicians/ singers, guitar music therapy and a Pets as Therapy (PAT) dog. On the day of the inspection we saw a number of small group activities organised by carers taking place. In the afternoon a guitarist and singer arrived, followed by a theatre group who involved people in a production of Cinderella. The PAT dog paid visits to people who were unable to leave their rooms. Peoples' opinions about the activities on offer varied. Comments included "Wonderful singer. Sang my favourite song today" and "We had a lovely activity person but she left. Not really enough to do here now" and "Would like to get out on trips. We had a bus but not now". Photographs displayed around Fewcott showed people taking part in a variety of activities.

People knew how to complain if necessary and were confident that any issues would be sorted out. The majority of people said they had not needed to complain but went on to say that they felt that staff would listen to them if they needed to. Comments included, "I can talk to staff as and when. I've no worries or concerns" and "Have mentioned a few small things and they have been dealt with straight away by carers". A relative commented that their parent had put on a lot of weight. They said "Arrangements have been made with the chef for more vegetables with the meal". Another relative said, "Excellent at sorting things out. Only little things and never a big issue". Copies of the Home's complaints procedure were clearly displayed.

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection on 31 May 2016 we found the service was not well led. The service did not operate effective systems and processes to assess and monitor and mitigate risks in the service. Therefore any risks were not able to be analysed, reduced or removed. People's care records were not always complete and accurate. An audit on medicines had not identified the issues found in the inspection. No plans were in place to identify when supervisions and appraisals needed to take place. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 10 January 2017 we found improvements had been made. The manager had made many improvements to the service and staff spoke highly of their effectiveness and support. The culture, atmosphere and staff morale in the home had greatly improved. Staff told us they enjoyed their work and were very positive and complimentary about the management of the service and the changes made since our last inspection. Comments included: "I am very much supported by [manager]. I can go to her at any time. We are on the right track", "The atmosphere has greatly improved. Obviously down to leadership and encouraging staff to work together", "Staff know issues will be taken seriously. Staff meetings help, we are working as a team and staff are not afraid of speaking up and feel listened to". "Everything is going well. We have weekly staff meetings which are really helpful. We can say anything, it is very nice", "[Manager] is very interested in everything. Even the little details like a person's toothbrush" "I like it here. We have really good team working. They (staff) are all lovely", "I like [manager], she is a very calm person. She is bringing us back to where we need to be" "Staff meetings are very helpful. We can talk about anything. We also talk about relationships between staff which is so important as it reflects on all our work. It is important to respect each other and work as a team", "Obviously a better atmosphere. [Manager] stays close to us so we can go to her with any issues" and "Management has got their act together. [Manager] has her finger on the button". Fewcott House had taken on a carer under the apprenticeship scheme. The manager played an active role in supporting this person.

People and their relatives felt the management was effective. Comments included, "I see the manager most days. She is very friendly and approachable" and "Manager and her deputy are on the ball, approachable and always there" and "Management are very responsive. Not had any real major worries but know that things would be sorted".

People and staff felt that communication was good and they knew what was going on in the home. A person said "Carers come round and let us know what is going on every day". A relative stated, "Constant communication". Relatives told us they used Fewcott's web site to access information.

The service had implemented effective quality assurance systems. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Regular audits were carried out by the manager to identify and action improvements to the quality of service. Audits covered areas such as care plans, medicines, nutrition, cleaning and catering. For example, an audit had identified some bed covers needed replacing and we saw this had been actioned. The manager and deputy

manager also monitored practice by on-going observation and seeking people's views on a daily basis. We advised the manager to ensure that audits were regularly evaluated on mattress settings and bed rail heights to ensure they were compliant with guidance and immediate action taken if needed.

We reviewed the service's policy and procedure file which was available to staff in the office. The file contained a wide range of policies and procedures covering all areas of service provision, with both people and staff taken into account. We saw the policies and procedures were up-to-date and regularly reviewed. This meant they reflected the current legislation and good practice guidance.

At the previous inspection on 31 May 2016 the provider had not notified the Care Quality Commission about an incident that affected the safety and welfare of people who used the service. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents. At this inspection on 10 January 2017 we found the home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

The service had been implementing a weekly action plan since the last inspection to evidence action taken to address the improvements needed. This had been received as required and we saw that the actions in the plan had been addressed during this inspection.

The service has now been rated as requires improvement in this key question. This is because this key question was previously rated as inadequate and the manager is still in the process of registering with the Care Quality Commission. Therefore we need to be satisfied that these changes are being sustained.