

Fewcott Healthcare Limited

Fewcott House Nursing Home

Inspection report

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Date of inspection visit:
27 October 2021

Date of publication:
31 December 2021

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 Nursing Home is a residential care home providing personal and nursing care to 30 older people at the time of the inspection. The service can support up to 40 people.

People's experience of using this service and what we found

People were truly respected and valued as individuals and were the heart of the service. 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 dedicated 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.

The service worked very closely with healthcare professionals and provided excellent end of life care. People experienced a comfortable, dignified and pain-free death. Management had undertaken 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. The service had been awarded the Gold standard. Staff had the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. Records showed staff had attended end of life care training. Staff told us they were supported by the management team with empathy and understanding.

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 and maintained, through the pandemic, positive links with the community which benefited those living in the service. There was a strong commitment from the provider and management team to ensure there was equality and inclusion across the staff team. Staff were highly satisfied working in the service.

People and relatives told us staff were extremely caring. Staff did all they could to promote people's independence and we saw examples of this. People received highly effective personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment.

Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to meet their nutritional needs and complimented the food at the home. People had a pleasant well-presented dining experience which offered a variety of appetising food choices available at times that suite people's preferences. Staff supported people to maintain food and fluid intakes, including, through the use of snacks, and making people hot drinks to help them relax and maintain their comfort.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

Rating at last inspection

The last rating for this service was Outstanding. Published 5 October 2019.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of three inspectors 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.

Service and service type

Fewcott House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. We visited the service location on 27 October 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection

We spoke with eight people and one relative. We looked around the home and observed the way staff interacted with people. We looked at three medicine administration records (MAR). We spoke with eight members of care staff, the registered manager, operations director, head of care, the chef, kitchen assistant, and a member of the house keeping team. We looked at three recruitment and training records as well as health and safety processes.

Following the inspection

We contacted number of external health and social care professionals and commissioners to obtain their views about the service and continued to seek clarification from the provider to validate evidence found.

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 living at Fewcott House. Comments included; "It's fine. You call and they come and get you" and "I am safe, staff are always washing their hands, always keeping their mask over their faces, always doing their very best and wearing the aprons."
- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff told us, "I would go direct to my manager with any concerns, plus I can call the police and CQC (Care Quality Commission)".
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, nutrition and pressure area management. Staff anticipated people's risks, were familiar with them and followed risk management plans.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. The provider told us, "We are fully staffed, we don't use agency staff at all". Staff confirmed this, their comments included; "Yes, plenty of staff, we have a good team" and "We are lucky, plenty of staff, no agency that I can recall."
- People and relatives told us there were enough staff to meet their needs. One person said, "I have never noticed a shortage of staff here."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. The service used an electronic medicine management system that monitored medicine administration in

real time giving the registered manager up to date information. This reduced the chance of errors and allowed daily monitoring and oversight.

- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked. One staff member said, "My competency to administer medicines is checked."
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules. Measures were in place throughout the service, in line with government guidance.
- We were assured that the provider was admitting people safely to the service. People were supported to isolate on arrival, and screening checks were in place.
- We were assured that the provider was using PPE effectively and safely. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Risk management plans were in place where there were limitations on space such as in the people carrying lift and stairways. People were supported to access spacious, communal seating areas, while maintaining social distancing for example, at the dining table.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date and reflected best practice.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. A visiting policy was in place and people had individual visiting risk assessments.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.

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

- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at Fewcott House.
- People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, and did not work unsupervised until they and their line manager were confident they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. Staff told us they had enjoyed the induction process and said, "The training is very good, I've been able to have further training to progress my career".
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings.

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

- Mealtimes were not rushed and were supported by enough members of staff who provided personal support. The dining environment was pleasant, and food was well-presented. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and said, "I can have an omelette or a snack if I choose."
- We spoke with the chef who told us, "I try to match their preferences, I can always provide an alternative if that's what they want".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.

- Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were several sitting areas around the home where people could spend their time.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had landscaped gardens with several sitting areas. The outside space had quiet areas for people to see their visitors.

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.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. If they did not have capacity to make specific decisions, these had been by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives. People told us they were offered choices and their decisions were respected.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.

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 Outstanding. At this inspection this key question has remained the same. 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

- There was a strong, visible person-centred culture. Staff were highly motivated demonstrating kind and compassionate care.
- People and their relatives told us about the positive, caring attitude of the staff. Comments included; "Everything I've seen is good. They work very hard to maintain their high standards," "Whole attitude of all the staff, whose top priority was to care for the residents. It's been awesome," "I like all these people (staff). They're lovely," "They're amazing (staff). I can't fault them at all," "It's like a family here" and "They (staff) all know me. They make me welcome. It's a pleasure to go there and visit. They (staff) make a fuss of (person) and treat us as a family"
- The registered manager told us about how one person was supported by staff, even when they were off duty. She said, "[Person] was admitted to us with a medical history of Dementia in Alzheimer's Disease, severe Learning Disability and Schizophrenia. The staff at Fewcott House started straight away to learn that [person] has an affinity for clothes and specially coloured tops and shoes, and she would always mention their appearance and show staff with pride the outfit she is wearing every day. For that, even though the staff are off and in their free time, if they are shopping or see something which they think [person] might like, they always think of her and when they come to work they bring her a nice top or a new pair of slippers, or a colouring book (as she loves colouring books) because they know that this gesture will put a smile on her face and they want her to live a full happy life."
- Throughout the inspection we observed staff talking to people in a very polite, respectful manner and friendly. Staff were kind and compassionate and their interactions with people were warm and caring and people responded extremely positively. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. It was clear people and staff knew each other well and that a tangible level of trust was evident. People's body language demonstrated that they were happy in the presence of staff and other residents. For example, staff consistently stopped to talk to people as they worked. One staff member crouched down and held a person's hand whilst softly speaking to them. This person made eye contact and smiled. Another person reached up to touch the staff member's face as they chatted. These numerous, caring interactions were clearly an integral part of people's everyday routine.
- People's diversity was championed by staff enabling people to freely express their diversity. For example, one person's care plan highlighted details of how they liked to express their sexuality. Staff supported this person to show their feelings which helped them to live comfortably, 'within their body' in an open yet inclusive atmosphere. Records confirmed this 'greatly enhanced' the person's self esteem.
- Staff were passionate about the care they provided and went the extra mile to support people. For

example, one person was slowly recovering from a complex illness and was interested in owning a goldfish. One staff member took this person to a pet store so they could buy one. They then supported the person look after the goldfish which not only promoted their independence but had a positive effect on their well-being, eventually allowing this person to return to their home.

- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. One healthcare professional told us, "The care staff treat residents with kindness, dignity and respect and compassion. The carers understand the needs of their residents very well and respond with compassion and with kindness."
- The service also championed rights for staff. The registered manager told us, "We are in the process of implementing a Miscarriage Policy to make sure our staff feel more comfortable and their rights and responsibilities are clear. We want staff to understand that there is always support available for them even when they think they don't need it or they are afraid to speak because they think that it might affect their employment."

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative told us there was a pre-admission assessment of the person's needs. This comprised liaison between the service and the home where the person lived previously. The person's needs could not be met effectively in the previous setting and they now benefited from the support of nurses as well as care staff. They went on to say, "It is fabulous, they know exactly what is going on." This meant staff were able to effectively support this person from the time they moved into the home.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- It was clear that the provider had ensured staff had the learning, information and support they needed to provide consistent care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity were at the heart of the home's culture. People were treated with dignity and respect at all times and were not discriminated against. The service supported and encouraged staff to notice and challenge any failings in how people were treated at the home.
- The service and staff placed high emphasis on people's dignity to ensure they were respected as individuals. The registered manager told us, "We constantly monitor and supervise our staff and hold discussions in staff meetings related to the subject. These topics are also included in the staff regular supervisions." The registered manager had appointed eight 'dignity champions' who ensured people's rights were promoted and followed. For example, one person identified as transgender and staff supported this person to express themselves. These staff were a point of reference for other staff and relatives in relation to people's rights.
- We observed one staff member promoting and encouraging a person's independence in a sensitive manner. The person used a wheelchair to mobilise and was navigating around the home. Due to their condition this was clearly a difficult task. A member of staff was in attendance, encouraging the person but refraining from assisting until the person requested this. The staff member was saying, "You've got this, well done" and the person replied, "I can do this, let me do this". We also saw there was a strong, long term bond between the two of them as eye contact and smiles were seen throughout the episode. Both the person and member of staff engaged in humorous banter which included lots of 'in jokes' only they understood. It was clear this was an uplifting and positive experience for both the person and member of staff.

- Relatives told us staff treated people respectfully and maintained their privacy. One relative said, "I can't speak highly enough of them (staff). They treat (person) with such dignity and respect."
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in secure offices and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

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 Outstanding. At this inspection this key question remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's care and support was individually tailored to each person's individual needs. This reflected choice and offered continuity of care. The service understood the needs of different people and groups of people, and delivered care and support in a way that met those needs and promoted equality. Staff knew people extremely well and understood their individual needs. We saw some very caring and meaningful interactions between people and staff.
- As we reported under the safe domain of this report, agency staff were not used and this meant that people in the service were supported by a stable staff team who had formed an excellent knowledge of individuals and provided people with continuity of care from staff they knew.
- People expressed their opinions on the personalised care they received. Comments included; "I get up when I choose, it's my choice" and "Fewcott is absolutely fantastic."
- Where people's needs changed, the service responded extremely quickly and effectively to meet those needs and effect positive outcomes for people. For example, one person had a stroke which resulted in the loss of their eyesight. The service worked with healthcare specialists and the blood clinic to devise treatment strategies to support this person. We saw that after months of treatment and sustained support this person's eyesight was returning.
- Another person was admitted to the home with long term medicine dependency issues and other, related and complex needs. This person was unable to live in the community. The service sought, and followed specialist advice and implemented an intensive care regime of reablement designed to support the person over a period of time. Following months of support and care we saw the person had recently left Fewcott House and was successfully living independently in their own home. The deputy manager told us, "Our long term aim was always to get (person) back in their own home, (in line with their wishes) and we did it."
- The care and support plans were regularly reviewed and updated as people's needs changed. These changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. The electronic care plan system allowed any changes to people's conditions to be uploaded in real time. This ensured important information was available, up to date, could be acted upon where necessary and recorded to ensure constant, real time monitoring of people's progress. For example, a relative told us how quickly staff responded to a person who contracted an infection. They said, "Staff keep in contact with me constantly. When (person) developed a UTI (urinary tract infection) staff knew immediately because of (person's) mood change." This meant medical interventions could be implemented as soon as possible.

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

- The registered manager told us the activity coordinator has been given the task of having one to one meetings with our people and their families in order to complete life history books. This was to ensure each person could live a full a life as possible. The activity coordinator also held one to one meetings with people to determine their likes and dislikes and see if they would like to do anything in particular, places they would like to visit or different activities.
- People had access to a wide programme of activities which were overseen by staff. These included both indoor and outdoor activities such as games, music, gardening, painting, animal feeding and craft work. One staff member regularly brought their dog into the home and we saw people petting the dog. This generated lots of smiles and conversation. The service had strong links with the community and had previously been praised for its connections with local schools, football and cricket clubs, churches and community groups. Sadly, the pandemic restrictions curtailed the majority of this activity. However, links were maintained, and the service made good use of technology, such as electronic i pads, to help people stay in touch and we saw planned events for the near future once restrictions are lifted.
- People told us they were involved with the activities and said, "There's always something going on". One relative said, "I know they are good with regular entertainments and my (person) gets one to one time with staff as well, which they love."
- A healthcare professional told us, "They have an amazing selection of activities and the activity coordinators are exceptionally good with the patients (people)."
- Some people chose not to attend activities and staff respected their wishes. They told us that they were not put under pressure to attend activities if they did not wish to. They were supported with 'in room' entertainment as they wished.
- The service had a proactive approach to using technology. The management team and staff used technology to engage with people and their relatives during the lockdown period. The service provided people with laptops and other electronic devices and staff supported them allowing people to stay in touch. A member of staff told us, "We arranged a video link with the local church so that [person] could take part in the service." These measures maintained people's links with communities and families and raised people's morale and wellbeing during very difficult times.

End of life care and support

- Management had undertaken 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. With the successful completion of the course, the service was able to apply for membership of the Gold Standard Framework Centre and this was awarded in April 2021. This is recognised as the leading provider in the UK on end of life care.
- Following the award, staff realized that there was a gap in the information provided to relatives in terms of registration of death. The registered manager explained, "Therefore, we created a leaflet called 'And now what happens next?' to be given to relatives in paper or digital format, that has clear and consistent information about what are the relatives' duties towards a resident that died. We explain the process of the bereavement services, how to register a death and the documents required. Since the relatives are psychologically overwhelmed in that moment about their own grieving process, we found this relieved some of the pressure towards what they have to do document wise."
- People's advanced wishes were recorded in their care plans and staff told us these wishes were, "Always respected".

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.

- The provider had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standards.
- The provider proactively sourced electronic devices which were specifically set up for people's individual communication needs" This included iPads with a language translator to be used for people whose first language was not English. For example, one person spoke three languages but felt more comfortable speaking in [chosen language] only. In addition, there was always a member of staff on duty who could communicate with the person's preferred language.
- The provider proactively arranged for multidisciplinary teams such as occupational therapy and speech and language therapists, to review people. Where needed, the provider went on to proactively source electronic devices to aid communication. For example, one person's ability to communicate had deteriorated whilst living at the service. The provider had proactively engaged health professionals to source eye gaze technology so that this person could perform activities independently, such as making calls, texting and communicating with staff. This hugely increased their independence in communicating and expressing choice, which improved the person's overall mental state.
- People had communication needs assessments completed as part of the care planning process. For example, guidance was provided for staff in relation to people's sight and hearing needs.
- Information was accessible to people in different formats. We also saw staff showed people meal choices during lunch.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place, clearly displayed around the home. We saw evidence that the registered manager carried out comprehensive investigations when these were received.
- People and their relatives told us they knew how to make a complaint. One relative told us, "Any concerns I raise with them and they'll do something about it." Another said, "Any issues are addressed right away, and I've never had any major issues".
- Complaints were dealt with compassionately, in line with the provider's policy.
- The service also received and recorded numerous compliments praising the home and the staff. One relative praised two staff who enabled a person to attend a wedding. They stated, 'Their (staff) planning was superb and they carried it out with care and attention to every detail.' They also said, 'This made (person's) day.' Another relative wrote about the services 'excellent' work keeping people safe during the pandemic. They wrote, 'I am certain you will be striving to keep all your residents safe and I am confident my (person) is assured excellent and gentle care.' It is to the services credit that no one living at the home contracted COVID 19 during the pandemic.

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 Outstanding. At this inspection this key question remained the same. 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

- The leadership, management and governance of the home was of high quality and promoted person-centred care which provided an open and fair culture in the home.
- Healthcare professionals praised the service for its working practices and caring ethos. Their comments included; "My views are that they have excellent communication, excellent understanding of support for clients and they sometimes go out of their remit in making sure they offer good support. The support of care is highly person centred. I believe they are outstanding," "The management is excellent in working with other multi-disciplinary teams, working at meeting resident's needs and in achieving their outcomes" and "The services of Fewcott are exceptionally good. When I think of a care home to look to refer clients to for a care home placement, my first point of call is Fewcott Care home."
- People and their relatives told us the service was exceptionally well-led. They said, "The service is fantastic," "I am very satisfied and the owner is very approachable" and "I'm so glad we found this place, I can't speak highly enough of them."
- Staff were motivated and proud of the home and told us they had every confidence in the service and felt it was very well managed. Staff comments included; "She (registered manager) is friendly and nice, I can talk about anything to her. She is very supportive and encourages me to do my best," "She is really understanding, she listens, then does something about it" and "We are all just one big family."
- Management and leadership within the home were exceptional. This was due to the provider and management team evidencing strong and effective leadership which led to a highly positive culture. People received individualised care to a high standard that enhanced their well-being and self-worth and management monitored risks proactively. For example, the registered manager identified the risks associated with a pandemic before Government guidance was readily available. Management acted swiftly to create a robust infection control system, along with other measures, such as restricting and controlling visits to prevent infections. This, along with other measures meant people living in the home were able to remain COVID free throughout the pandemic.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management and staffing structure and staff were aware of their roles and responsibilities, were highly motivated, and expressed a lot confidence in the management team.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through the providers highly effective monitoring and audits systems. This provided

detailed oversight of what was happening in the service, meaning concerns were responded to in a timely way and allowed reviews of care to be completed consistently. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records. For example, a new, electronic medicine management system was in place. This allowed highly accurate and up to date monitoring of medicine management and included medicine review information for each person. The deputy manager told us, "This has really improved our medicine management and reduced errors."

- The registered manager was passionate about improving the service and used local initiatives to achieve effective outcomes for people. For example, Fewcott House was linked with Oxford Health Community Tissue Viability Service with a project called 'Skin Care Pathway'. This consisted of strategies to reduce the amount of skin tears within a care home environment, tailored to people's individual needs. Records showed since this was introduced into the home, there has been a reduction in skin tears and at the time of the inspection no one in the home was suffering from this type of injury.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.
- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.
- The registered and deputy manager continued to maintain 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, Oxfordshire Care Association and Oxfordshire Association of Care Providers (OCA and OACP). This further assisted the service in being updated on current practices and new legislation and contributed to the service continually improving.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "If there is an issue, they (staff) always ring me up. They are very good at keeping me informed." The service involved people and their families.
- Feedback from people and their relatives was sought through quality assurance questionnaires which were also provided in a picture version. All feedback received was evaluated. Reviews received on carehome.co.uk and from professionals were also taken into consideration and used to improve the service. For example, one person raised an issue relating to exterior lighting at the home. The provider installed LED lighting activated by motion sensors. This meant the person could go into the grounds in the evenings in safety.
- Management had regular informal meetings with all the staff, in groups and individually to improve morale, and provide the time and space to decompress from the high stress that the pandemic has exerted on them. Concerns could be heard and general support offered. Records confirmed the service was fully staffed and that staff retention was excellent. The provider said, "We have helped staff to move house and assisted them with car purchases to make it easier for them to get to work. We don't use agency staff." For staff who did not drive the provider had brought a mini bus and employed a driver to assist with the transport of staff to the home. One staff member said, "The culture here is supportive, it's like an extended family."
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working. The registered manager said, "My staff are amazing, a really brilliant team and I am so proud of them. I can't thank them enough."

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Working in partnership with others

- The service was transparent and extremely collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- The service has also researched and obtained a portable ECG machine that was able to provide a single-lead ECG in 30 seconds, recognising if the heart rhythm was normal or any changes. This allowed health professionals and emergency services to have instant accurate information upon their arrival to optimise the person's outcomes.