

Felbury House Limited

# Felbury House

## Inspection report

Felday Road  
Holmbury St. Mary  
Dorking  
RH5 6NL

Tel: 01306730084  
Website: [www.felburyhouse.co.uk](http://www.felburyhouse.co.uk)

Date of inspection visit:  
01 August 2022

Date of publication:  
18 October 2022

### 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

### About the service

Felbury House is a residential care home registered to provide personal care to up to 30 people. People living at the service have a range of needs including physical disabilities and needs associated with older age and frailty. At the time of our inspection there were 29 people using the service.

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

There was a lack of robust provider oversight and governance of the service. Aspects of leadership and governance were not effective in identifying some of the concerns found on inspection related to medicines management and recruitment systems. Measures put in place by the provider to address what some staff perceived to be a culture of unfairness and favouritism within the home, were ineffective.

We received mixed feedback about activities. Whilst people who were able to participate in activities out of the home spoke positively about this, those who were less able or who chose not to go out, told us there was little provision for them. We have made a recommendation about how activities are provided.

People received safe care and support. The provider had systems and processes in place to safeguard people. Staff were trained and knew how to report any concerns they may have. People were happy with the care they received and felt safe with the staff that were supporting them. They told us there were enough staff to ensure their needs were met in a timely way. Staff undertook training to ensure they were suitably skilled and knowledgeable for the role.

Assessments were completed in response to any risks identified to people's health, safety and wellbeing. Guidance was in place for staff, so they knew the actions they needed to take to reduce potential harm. Any incident, accident or untoward event that occurred at the service was investigated by the registered manager.

People spoke of the kindness of staff and told us they were treated with respect and dignity. We observed how staff interacted with people in a very kind and caring manner. 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.

People had access to healthcare services and staff supported them to attend appointments. Where needed, staff engaged with healthcare professionals to promote good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 14 June 2021 and this is the first inspection. The last rating for the service at the previous premises was good, published on 14 December 2018.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Felbury House

## 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 Health and Social Care Act 2008.

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 was carried out by 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

Felbury House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Felbury House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We looked at all the information we held about the provider including information they sent us when they registered with us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 10 people who used the service and two family members about their experience of the care provided. We also spoke with 10 members of staff, including the registered manager, deputy manager and care staff. The nominated individual joined for the latter part of the inspection feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed four people's care plans, three pre-admission assessments and 10 medicine records. We also reviewed five staff records in relation to registration, recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- A new electronic medicines system (E-MAR) was introduced on the day of inspection. We confirmed that all relevant staff were trained to use this new system in advance of it being introduced.
- We found that eye drops, body creams and medicine room temperature checks were not recorded in line with good practice. No opening dates were recorded on body creams and eye drops and there were periods of times when medicine room temperatures were not taken. There was no indication that people's health was adversely impacted by this. Following inspection, the provider offered assurances that improvements were implemented. We have reflected on this in the well-led key question of this report.
- People told us they received their medication in accordance with their prescription. One person told us, "They come around with the medication, that's all done on time."
- There was a 'missed medication and errors protocols' in place on each trolley and risk assessments were in place for people who administered their own medicines. We saw that staff recorded when, for example, a person's medicine was administered to alternating parts of their body.
- We observed how staff approached people in a discreet and respectful manner to administer medicines. They answered people's questions and offered 'as required' pain management medicine when requested.

### Staffing and recruitment

- People and their relatives told us staff were available when they needed them. Where agency staff were required, consistent agency staff were booked. One person told us, "I haven't been here for very long but there seem to be enough staff. I do have a call-bell and staff respond quickly." And another said, "I have got a call-bell and when I use it someone always comes along quite quickly. You don't have to wait very long."
- We received mixed feedback from staff about their workloads. They told us they were responsible for doing all of the laundry in the home. In addition, since there was no cleaner employed at weekends or cover provided for when the current cleaner was on annual leave, care staff told us they were responsible for doing the cleaning during these times. One member of staff said, "This is a lot of extra work on top of our caring role, especially as we usually have 30 residents."
- Whilst we did not observe any impact on the care people received, we spoke with the registered manager and nominated individual about this. They acknowledged that there were times when staffing levels were stretched and at such times, they supported people with their personal care.
- Appropriate checks were made of staff suitability, which included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risks of abuse and ill treatment. People we spoke with told us they felt safe and protected at Felbury House. One person told us, "It's very safe here because I'm surrounded by people." Another said, "I've never thought about feeling safe. I suppose I do [feel safe]. The staff pop in during the night but I'm usually asleep – sometimes I'm aware of someone looking in on me."
- Staff received training in safeguarding and were confident any concerns they raised would be taken seriously and acted upon. One member of staff told us, "I'd report it. I wouldn't hesitate to report it to the manager. I would go above the manager and the owner. If it was the owner, I'd go to CQC or the council."
- The provider had systems and processes in place to help protect people from the risk of harm and abuse and made appropriate referrals to the local authority, in order to keep people safe. Information regarding safeguarding and how to report concerns was displayed in the service.

#### Assessing risk, safety monitoring and management

- Risk assessments were completed which identified individual risks and provided guidance for staff to follow to reduce risk. They were reviewed regularly and updated as their needs, interests and abilities changed.
- Staff had a good understanding of risks to people and were knowledgeable of actions to follow to reduce risk of harm and injury when providing care and support. For example, during the inspection, a person was observed walking unaided across the lounge area. A staff member noticed this and immediately offered their arm as support, whilst at the same time, moving their walking aid within reach.
- Risk assessments clearly identified the person's risk and included guidance for staff about signs to observe and how to mitigate or reduce the risk. They also included a referral pathway to relevant healthcare professionals. There were risk assessments in place for those who smoked.
- Health and safety checks were completed and recorded within the maintenance log. The provider maintained a 'live' online fire risk assessment which alerted them to when all aspects of fire safety checks and drills were due. Staff made regular checks of air flow mattresses, call bell pendants and equipment including hoists and wheelchairs.

#### Preventing and controlling infection

- Care staff were able to tell us how they applied good infection prevention control practices at times when they were responsible for doing the cleaning the home, as well as supporting people with their personal care needs.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The care homes approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting.

#### Learning lessons when things go wrong

- People, family members and staff told us that any untoward events, accidents or incidents were shared with them. One family member told us, "I am always telephoned whenever [relative] falls. I get a good



lowdown on how it happened and what safety measures are put in place."

- Staff completed records in relation to any accidents or incidents that occurred at the service. Records showed action was taken in response to improve people's safety.
- Lessons learned were shared with staff via handovers and team meetings. The registered manager told us they had identified that as a result of some recent falls, staff "could do with more learning around falls, which is arranged." They also told us they deployed staff differently which gave better oversight of those who were at risk of falling.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 needs were assessed by the registered manager before they moved into the service. Information gathered during the assessment formed the basis of their care plan and included their full medical history, skin integrity and levels of assistance required with personal care and mobility.
- Care, treatment and support were delivered in line with standards, guidance and the law, using evidence-based guidance, including that of the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- For example, people's weights were assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a nationally recognised tool used to identify people who are malnourished, at risk of malnutrition or obese. Other tools were used, including those to measure a person's skin integrity and their levels of independence.

Staff support: induction, training, skills and experience

- People and their family members told us they had confidence in the abilities of staff. One person told us, "Yes, they seem to be well-trained." A family member told us, "There are some outstanding staff working here."
- A healthcare professional told us they felt staff were competent in their roles and said, "Particularly in the last few years since [registered manager] and [deputy manager] have been in position, there has been a noticeably good standard of care and competency displayed by the staff members."
- Staff told us they completed a range of training the provider considered mandatory. We saw records of staff training were being maintained and monitored so refresher training could be booked when required.
- Some staff told us they felt they needed specialist training to better support one person's emotional and behavioural needs. We raised this with the registered manager and following this inspection, the registered manager confirmed to us that training specific to this person's needs was booked for all staff.
- Most staff had completed the Care Certificate and two were in the process of completing it. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they received supervision, however, we found that not all supervisions were recorded. The registered manager told us, "I haven't got supervisions logged [recorded] but I know I have done them." We have reflected on this in the well-led key question of this report.

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

- People were supported to eat and drink sufficiently to maintain a balanced diet. People told us they liked

the food and that their requests were accommodated by the chef. One person told us, "Oh yes, the food is good and there's plenty to eat. We get a choice and if you don't like something they will always make you something else." Another said, "What is good is that we don't have the same things week in, week out. There is a variety of dishes. There's always plenty to drink."

- When people needed additional support with food and drink, for example because they had lost weight staff had made referrals to dieticians. Some people were supported with fortified food, and others had taken supplements to maintain or increase their weight.
- The cook told us people's food choices and specific requests were discussed at resident's meetings and when a new resident arrived to Felbury House, they spent time with them exploring their food preferences, likes and dislikes. They set the menus and the nominated individual checked to make sure they provided good nutritional balance. Where necessary, support was sought from a dietitian or speech and language therapist.

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

- Records showed that staff were prompt to respond to any changes in people's health and they worked closely with professionals to ensure that people had access to a range of health services where needed.
- People told us, "You can see a doctor if you need to. You just have to go to the office to ask for an appointment to be made." Another told us, "The staff go with you if you have a hospital appointment."
- Care plans were amended and reflected professional advice and recommendations. Staff recorded people's weights, blood glucose levels and general health-related observations. A healthcare professional told us, "Yes they do, always contact in appropriate time and no concerns regarding any delays. After advice is given they follow this appropriately."

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

- Felbury House was well maintained and clean, with a conservatory which led to a level access outdoor space. Accommodation was arranged in individual rooms or apartments and decorated according to individual tastes. All areas were accessible, either by lift or level access floors.
- There was signage in place to guide people as necessary and areas such as lounge and dining areas were clearly differentiated.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records showed that the provider made suitable applications for DoLS where people were deprived of their liberty and staff understood their responsibilities regarding the MCA and DoLS.
- People told us staff asked for their consent before supporting them and providing their care. We heard

staff seeking consent and offering choices during the inspection. A member of staff said, "I am aware of this [MCA], we get training. I always let people decide or help them to decide what they want, when they want it."

- Care plans recorded guidance for staff around obtaining people's consent. This included how to ask for people's choice in relation to day to day living. The guidance also emphasised how staff must ask people for their choices each day and not to assume it was the same from day to day.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the staff and felt treated with dignity and respect. One person told us, "The carers are respectful and kind. They are very understanding," and another said, "Generally, the staff are good and respectful."
- Throughout the inspection we observed staff to be warm and friendly. We saw they had a good rapport with people, understood their communication preferences and respected people's individuality.
- Staff were knowledgeable with regards to the background and life experiences of people and understood how this may contribute to their current, and future, needs. One person's care plan recorded "Accept me as I am without judging." A member of staff told us, "This is applicable to all residents, it's about treating everyone with respect and absolutely no judging."
- A healthcare professional told us, "The residents are always well cared for, and treated with dignity and respect. There is a kind and happy atmosphere when visiting."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were involved in decisions about their care. We saw staff explaining things to people, offering choices and helping people in their daily decisions. Staff encouraged this and all observed interactions were calm, patient and focused on the person they were engaging with.
- People told us they felt respected by the staff, and their privacy and dignity was promoted. One person told us, "Staff respect our wishes," and another said, "The staff are very good to me, they're always respectful. They always knock before entering the room."
- People were encouraged to be independent and to do as much as they could for themselves. Care plans reminded staff to encourage the person to participate as much as possible during any activity of personal care or other task. One person told us, "I can do most things for myself, which staff respect; however, they are there for you if needed," and another said, "Staff have supported and encouraged me to remain as independent as I can."
- Staff told us they considered encouraging people to retain their independence was a key part of how they supported them. One member of staff told us, "[Person] likes to do their own personal care as independently as possible. There is always a carer with them to reduce the risk of falling but just knowing that this support is available gives them confidence to get on with the task."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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 provider and registered manager understood the importance of activities for people's physical and mental health. A senior carer was allocated to plan activities and produce a newsletter for people and family members.
- However, we received mixed feedback from some people about the in-house activities. For example, one person told us, "Exercise class is no longer happening, not enough people attended it. There is possibly not enough stimulation at times in the home."
- Others said, "They do have outings to various places but that is not convenient for me because of my [physical needs] situation. I'd really like to do something that was communal and challenging in the house, but they don't do things like that here."
- We raised this with the registered manager during the inspection and they told us they would seek further feedback from people about the quality of the activities and encourage suggestions about more specific activities to complement the current timetable. They also said that new members of staff were due to join the service in the weeks following this inspection. This meant that people would be supported with activities of their choice, either in the home or in the community.
- Other people spoke positively about the activities they engaged in. One person told us, "We have a monthly newsletter that tells you what is going on. We went to Worthing the other week. It was a nice day and it was good to get out."
- People told us they enjoyed the recent Jubilee party and the music played. Some told us they enjoyed the garden, one said, "I like to sit in the garden room." There was a cocktail making session taking place with a group of people on the day of inspection.
- People were supported to spend time with their family members, several people left the service to visit family and others were visited in the service. People told us they enjoyed that their friends and family visited whenever they wished. A family member told us they felt welcomed by staff when they visited, "Whether it is day or night."
- Other people spoke positively about the activities they engaged in. One person told us, "We have a monthly newsletter that tells you what is going on. We went to Worthing the other week. It was a nice day and it was good to get out."
- People told us they enjoyed the recent Jubilee party and the music played. Some told us they enjoyed the garden, one said, "I like to sit in the garden room." There was a cocktail making session taking place with a group of people on the day of inspection.
- People were supported to spend time with their family members, several people left the service to visit family and others were visited in the service. People told us they enjoyed that their friends and family visited whenever they wished. A family member told us they felt welcomed by staff when they visited, "Whether it is

day or night."

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

- People received personalised care that reflected their needs and preferences. A family member told us, "Staff understand [relative's] needs 100%. The care [relative] gets is personalised and is very, very good."
- Care plans were person-centred and included information in areas such as people's background history, likes and dislikes, health and care needs, and how they would like to be supported.
- Care plans detailed how people wished to be supported. For example, one person's 'emotional and mental needs' assessment identified how staff should support them at times of high anxiety. For example, through physical contact and holding hands. The expected positive impact for this person was also identified. Staff told us they had the information they needed to provide individualised care and support.
- People and their relatives were encouraged and supported to participate in their care planning, where possible. People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set. Records contained the most recent guidance for staff to follow in response to their changing needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated their needs and wishes. This included people's needs with regards to their hearing, sight and speech and any equipment they needed such as glasses or hearing aids.
- We saw how staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own pace.
- The registered manager confirmed that information was made available in various formats to allow it to be accessible to people, if this was needed.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and who to speak to if they had any concerns. One person said, "If I had a problem I'd go to the office to see someone. They're normally understanding about things." Another told us, "If I had any problems I'd go to see [registered manager]. They would listen. I have no complaints."
- There was a current complaints policy in place, and we saw evidence of the registered manager actively requesting feedback from people through 'resident meetings' and communication with relatives.
- Information on how to make a complaint or raise a concern was displayed within the service and this was also in an accessible format.

End of life care and support

- People were given the opportunity to express their wishes for the care they would like to receive at the end of their life, if they wanted this to be known. Care plans detailed the decisions and arrangements people had made so that staff had information to follow to ensure people's choices and wishes were met.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management team carried out required regular audits to quality assure all aspects of the service on an ongoing basis. However, quality monitoring processes failed to identify issues found at the inspection.
- For example, inspectors found that aspects of medicines management were not in line with good practice and staff supervisions were not regularly recorded. These were not identified in either of the registered manager's or the provider's audits.
- We established that no harm was caused to people and following inspection, the nominated individual and registered manager gave written assurances that an action plan was implemented to address these issues.
- Records kept demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Appropriate notifications were made to the Care Quality Commission in a timely way.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment. A healthcare professional told us, "We have always been very impressed by the care home leadership and associated staff working with them."

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

- There were staff working in the service who had close relationships with each other outside of work. This meant that conflicts of interest and a potential lack of objectivity could arise when matters of concern were investigated.
- Some members of staff told us that these various close relationships meant that the culture was not always one of fairness and that led to low staff morale.
- One person told us, "I don't always feel comfortable speaking up...those in senior positions can't be friends with everyone. You've got to have that distance to be able to do the job properly." Another told us, "We are not a team, a lot of the staff are linked and it does not work; you feel like you can't say anything because they all have each other's backs. The same certain staff always get to go out on trips with residents."
- Following inspection, the provider evidenced that they were aware of a number of these issues prior to this inspection and had taken some remedial measures. However, the measures put in place at the time were not effective.
- Other staff spoke positively of the culture at Felbury House. One told us, "I love it here. I'm proud of the



work I do." Another told us, "In general, I feel valued, I feel supported by the [registered manager]. They are a good listener, but very busy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their family members were engaged by the staff and management team which meant their views were taken into consideration. They were listened to and their wishes acted upon, where practicable. A family member told us, "There are Zoom meetings once a fortnight, I think. They do invite everybody. I don't go because I'm here at least twice a week."
- People told us they had regular meetings in which they discussed any matters of concern, as well as making suggestions about food and activities they enjoyed. One person told us, "There are residents meetings and I do attend but things run fairly well here so I don't see the point of them. I've not bothered to fill out any surveys."
- Family members said their visits and regular contact with the registered manager kept them informed on the well-being of their relative. There were monthly newsletters for people and their relatives which kept them up to date on what was happening at the service and what people had been doing.
- Staff worked in partnership with professionals from other health and social care agencies. Care records showed that health related advice and guidance provided was used to help with people's care planning. A health care professional told us, "Yes, staff are very good at keeping us informed of developments at the appropriate time. We feel we have a good relationship with them."
- The registered manager worked alongside people, relatives, hospital discharge teams and local authorities to ensure admissions and placements to the service were suitable. A local authority professional told us, "There is good communication and team-working with the registered manager. It is a pleasure to work with Felbury House."

Continuous learning and improving care; 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 provider understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. We were told that there had been no incidents which met the duty of candour threshold.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.