

Grey's Residential Homes Ltd

Felbury House

Inspection report

Felday Road
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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

Felbury House is a care home without nursing for a maximum of 30 older people. There were 27 people living at the home at the time of our inspection. The home is operated by Grey's Residential Homes Ltd. The provider also operates another care home without nursing for a maximum of 24 older people in Woking, Surrey.

The inspection took place on 3 August 2017 and was unannounced.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At the last inspection on 16 September 2015, we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessments had not been carried out to determine whether people had the capacity to make decisions about their care. Where decisions had been made by others about people's care, there was no evidence that an appropriate process had been followed to ensure decisions had been made in people's best interests.

Following this inspection, the provider submitted an action plan telling us how they would make improvements in order to meet the relevant legal requirements.

At this inspection we found that insufficient action had been taken to ensure that people received their care in line with the Mental Capacity Act 2005. The tool used to assess people's capacity to make decisions was not suitable for this purpose. As a result, the tool was not effective in determining whether people had the capacity to make decisions about their care.

Applications to deprive people of their liberty had been made inappropriately. Applications for DoLS authorisations should only be made where people have been identified as lacking capacity to make decisions about their care and treatment. However applications had been submitted incorrectly for five people who had capacity to make decisions about their care. Although people were not being unlawfully restricted, the registered manager's lack of understanding of their responsibilities under the MCA meant there was a risk that people's legal rights could be breached.

Suitable steps were not always taken to minimise risks to people. Many people were independently mobile and staff respected their wishes to remain independent. Risk assessments had been carried out that identified many people were at risk of falling. However there was no evidence that effective action had been taken to address these risks, such as the development of falls prevention care plans. When falls or accidents had occurred, the provider had not taken prompt action to minimise the risk of further incidents. Accidents were recorded but not reviewed to ensure that measures were put in place to reduce the risk of similar

incidents occurring again in the future.

People's medicines were not always managed safely. Medicines requiring refrigeration were not stored appropriately and there were no protocols in place for people who had been prescribed medicines 'as required' (PRN).

Following the inspection, the registered manager contacted CQC to advise us of the action they had taken to address the concerns regarding falls prevention and medicines management. This included collating details of falls in order that themes could be identified and improving the documentation used to record incidents and accidents. The registered manager also confirmed that they had returned the medicines that had not been stored appropriately and developed individual protocols for all people prescribed PRN medicines.

Some people had needs that were not reflected in their care plans, which meant staff did not have guidance to follow about how to meet these needs. For example one person had been diagnosed with epilepsy but there was no care plan in place to inform staff how they should manage this condition. Two people had been identified as being at high risk of developing pressure ulcers. There was no care plan in place to guide staff about the care these people needed to maintain the integrity of their skin. One person had been identified as being at risk of depression but there was no evidence that action had been taken to address this risk.

The provider's quality monitoring systems were not effective in identifying shortfalls. For example quality audits had failed to identify that there were no protocols in place regarding medicines prescribed 'as required' or that there was no suitable storage for medicines requiring refrigeration. The audit of accident records had failed to identify that no action had been taken following accidents to reduce the likelihood of similar incidents occurring in the future. People's care was not being comprehensively planned.

People were cared for by kind staff who showed compassion towards them and their families. People, relatives and professionals all praised the care provided by staff. However we found that people's overall experience of care was affected by the provider's failure to identify where improvements were needed.

There were enough staff deployed on each shift to meet people's needs. People told us they felt safe at the home because staff were available when they needed them. Relatives said staff responded to people's care needs promptly and had time to provide people's care in an unhurried way.

People were protected by the provider's recruitment procedures. The provider made appropriate pre-employment checks to ensure that only suitable staff were employed. Staff understood their responsibilities in terms of safeguarding and knew how to report concerns if they suspected abuse. They had attended safeguarding training and were able to describe the different types of abuse people may experience.

The provider maintained appropriate standards of safety in the home, including fire safety. There were plans in place to ensure people would continue to receive care in the event of an emergency.

People were supported by staff who had received the training they needed to carry out their roles. Staff received regular one-to-one supervision which gave them opportunities to discuss their training and development needs. People were supported by a consistent staff team. Agency staff were rarely used which meant that people were supported by staff who were familiar to them and who understood their needs.

People enjoyed the food provided at the home and their views were taken into account when menus were planned. People told us they always had a choice of meals and could have alternatives to the menu if they

wished. Relatives said their family member's nutritional needs and preferences were known by the chef. They told us staff encouraged their family members to eat and drink to ensure they maintained adequate nutrition and hydration.

Staff monitored people's healthcare needs and supported them to access medical treatment if they needed it. People told us they were able to see a doctor if they felt unwell and relatives said their family members' health was monitored effectively. Care plans demonstrated that healthcare professionals were involved in people's care where necessary.

People were supported by kind and caring staff. People had positive relationships with the staff who cared for them and enjoyed their company. They said staff treated them with respect and supported them to maintain their independence. Relatives praised the caring nature of staff and highlighted the friendly and welcoming atmosphere in the home, which they said benefited their family members.

People were supported to maintain relationships with their friends and families. There were opportunities for people to take part in meaningful activities and to go out into their local community. People were protected against the risk of social isolation because they were encouraged and supported to engage with others.

There were appropriate procedures for managing complaints and people knew how to raise concerns if they were dissatisfied. There had been no complaints received since the last inspection.

People told us the registered manager and senior care staff were approachable and they could always speak to the registered manager or a senior member of staff if they needed to. Relatives said the registered manager and staff maintained good communication with them about their family member's care. They said their views about the home and the care their family members received were listened to and acted upon.

Staff told us the registered manager provided good support to the staff team and listened to any concerns they had. They said the registered manager valued them for the work they performed. The registered manager had established links with health and social care professionals and was aware of their responsibilities in terms of submitting statutory notifications when notifiable events occurred. Staff communicated information about any changes in people's needs effectively and maintained daily records of the care people received.

During the inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Suitable steps were not always taken to minimise risks to people.

Medicines were not managed safely.

There were enough staff deployed to meet people's needs.

People were protected by the provider's recruitment procedures.

Staff understood safeguarding procedures and knew how to report any concerns they had about abuse.

There were plans in place to ensure people would continue to receive care in the event of an emergency.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's care was not provided in accordance with the Mental Capacity Act 2005.

People were supported by staff who had received the training they needed to carry out their roles.

Staff had an induction when they started work and access to one-to-one supervision.

People enjoyed the food provided at the home and their views were taken into account when menus were planned.

Staff monitored people's healthcare needs and supported them to access medical treatment if they needed it.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People's overall experience of care was affected by the provider's failure to identify where improvements were needed.

Staff were kind and demonstrated a caring approach in their work.

People had positive relationships with the staff who supported them.

The home had a friendly atmosphere that people valued highly.

Staff treated people with dignity and respect.

Staff supported people in a way that promoted their independence.

Is the service responsive?

The service was not always responsive to people's needs.

Some people had needs that were not reflected in their care plans, which meant staff did not have guidance to follow about how to meet these needs.

People had opportunities to take part in meaningful activities and to go out into their local community.

People were protected from the risk of social isolation because they were encouraged and supported to engage with others.

There were appropriate procedures for managing complaints.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The provider's quality monitoring systems were not effective in identifying shortfalls.

The registered manager was approachable and accessible to people.

Relatives said their views about their family member's care were listened to and acted upon.

The registered manager provided good support to the staff team and valued them for the work they performed.

The registered manager had established links with other professionals and had notified CQC of any significant events.

Requires Improvement ●

Felbury House

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 was 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 3 August 2017 and was unannounced. Three inspectors carried out the inspection.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We reviewed information submitted by relatives and healthcare professionals. We had not asked the provider to complete a Provider Information Return (PIR) on this occasion as we were following up a breach of regulation identified at the previous inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 10 people who lived at the service and a visiting relative. We spoke with seven staff, including the registered manager, care staff and the chef. We observed the care people received and the interactions they had with staff. We looked at the care records of six people, including their assessments, care plans and risk assessments. We checked records of accidents and incidents, including falls. We looked at how medicines were managed and the records relating to this. We checked four staff recruitment files and records relating to staff supervision and training. We also looked at records used to monitor the quality of the service, including the registered manager's audits.

After the inspection we received feedback about the home from a relative via email.

Is the service safe?

Our findings

People were not adequately protected from the risk of falling. Many of the people living at the home were independently mobile and staff respected their wishes to remain independent in this area of their lives. Staff had carried out risk assessments and identified that many people were at risk of falling. However there was no evidence that effective action had been taken to minimise the risks identified. For example one person had been consistently rated as being at high risk of falling since their first assessment on 27 January 2016. Despite the high risk of falling, there was no falls prevention care plan in place containing guidance about how to reduce this risk. In the section of the risk assessment entitled 'How is the risk to be managed?' staff had entered, "Doctor aware", which did not constitute an effective plan to minimise the risk. Following an accident in July 2017 involving another person identified as at high risk of falling, staff had entered on the person's care plan, "Doctor has been informed of her falls." There were no further actions recorded to reduce the risk of falling and there was no falls prevention care plan in place for the person.

The provider had notified CQC of six serious injuries in 2017. Four of these notifications related to falls, two of which resulted in fractures. We found that the provider had not always taken sufficient action following incidents to minimise the risk of further falls. For example one person's care plan recorded four falls between August 2016 and February 2017. On each occasion staff had recorded on the accident form, "No action required."

The provider sent us further information after the inspection about how falls were managed and responded to. This information demonstrated some actions had been taken after people had fallen to minimise the risks of similar events recurring. Some people had been referred to their GP to identify any underlying health issues. Equipment had been obtained for some people to reduce the risk of falls. However effective actions had not always been taken following accidents or when risks had been identified. One person chose to use a single bed when they moved into the home but slipped from the bed. Following the first slip, the provider ordered a double bed but the supplier failed to deliver the bed as quickly as agreed. The measures put in place to mitigate the risk of falls whilst awaiting the double bed were not effective as the person slipped from their single bed three further times before the double bed was obtained. Accidents and incidents were not reviewed to establish any themes or identify preventative measures that could be implemented. Accidents and incidents were recorded on people's individual care files but were not collated and analysed by the registered manager to ensure appropriate action had been taken to prevent a recurrence.

Following the inspection the registered manager contacted CQC to advise us of the action they had taken to address these concerns. This included developing a central falls record, the purpose of which was to collate information about all falls in order that any themes could be identified and action taken to minimise the risk of further falls. The registered manager had also improved the documentation used to record incidents and accidents, including a section for plans to prevent further incidents.

People's medicines were not always managed safely. Medicines requiring refrigeration had not been stored in an appropriate environment as the medicines fridge was broken. Staff told us the fridge had been broken for some time and an external medicines audit had highlighted this issue on 4 July 2017. The provider could

not be sure that medicines stored in this fridge were effective, as they had not been stored in appropriate conditions. A replacement medicines fridge was delivered during our inspection.

Medicines prescribed on an 'as required' basis (PRN) were not managed appropriately. In some cases, there were no protocols in place to guide staff about why and when they should administer PRN medicines. Instructions issued by healthcare professionals regarding the administration of PRN medicines were insufficiently detailed. For example one person had also been prescribed anti-anxiety medicines on a varied dose, the administration of which depended on their mental state. There was no PRN protocol to guide staff about the specific circumstances in which the medicine should be used. Another person had been prescribed PRN medicines by a healthcare professional. There was a handwritten note attached to the person's MAR chart which read, "Dr 'phoned on 30 June 2017 to say if [person] has a bad night to give her two [tablets] in the morning. Stick with one if they have a good night." There was no PRN protocol in place or further information to guide staff about the circumstances in which the medicine should be used.

Medicines audits were carried out by the registered manager but were not sufficiently detailed to ensure the safe management of all aspects of medicines. The audits checked stocks of medicines but did not address the wider aspects of medicines management such as storage, ordering, dispensing and disposal of medicines.

Failure to provide care in a safe way was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We informed the registered manager about our concerns regarding medicines management during feedback at the end of the inspection. Following this feedback, the registered manager contacted CQC to advise us of the action they had taken to address these concerns. This included returning the medicines that had not been stored safely and developing individual protocols for all people prescribed PRN medicines.

Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. None of the people living at the home received their medicines covertly or managed their medicines independently.

People told us they felt safe at the home because staff were available when they needed them. One person told us, "The staff are wonderful. I do feel safe with them around." Relatives said they and their family members' had benefited from knowing staff were always available if needed. One relative told us, "I feel much better now mum is here rather than on her own. She's well looked after and I know she feels safe." Another relative said, "I feel very confident in the care that mum receives."

There were enough staff deployed on each shift to meet people's needs. People told us staff were available when they needed them. They said they did not have to wait for care when they needed it and that staff responded promptly if they used their call bells. One person told us, "I just press the button and they are with me straightaway." Another person said, "If I call, the staff come straightaway. It's never been a problem." Relatives said staff were prompt to respond to people's care needs and did not rush people when providing support. A survey returned by a health and social care professional commented that the home had a "Good staff to resident ratio."

There were five care staff on duty on each daytime shift plus catering and cleaning staff. Care staff confirmed that this was sufficient to enable them to provide the care and support people needed. One member of staff told us, "With five, it's perfect." Another member of staff said, "We have plenty of time to spend with the residents. I don't feel rushed at all." The registered manager was on duty Monday to Friday and the assistant manager was the senior member of staff on duty at weekends. The registered manager said staff always had access to on-call management support, including at evenings and weekends.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with details of employment history and qualifications achieved. The provider carried out appropriate checks before staff began work, including obtaining references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate. The DBS helps providers ensure only suitable people are employed in health and social care services.

Staff understood their responsibilities in terms of safeguarding. They were able to describe the different types of abuse people may be subjected to and knew how to report concerns if they suspected abuse. Staff told us they had attended safeguarding training in their induction and regular refresher training in this area. They confirmed they would feel confident in sharing any concerns they had with the registered manager and that they knew how to raise concerns with other agencies if necessary.

The provider maintained appropriate standards of fire safety. A fire risk assessment had been carried out and a personal emergency evacuation plan had been developed for each person, which detailed the action to be taken to keep them safe in the event of a fire. The fire detection system and firefighting equipment had been serviced by an engineer within the last 12 months and the home's electrical, gas and water supplies had been certified as safe. The provider had developed a business contingency plan to ensure people would continue to receive care in the event of an emergency.

Is the service effective?

Our findings

People told us that staff asked for their consent before providing their support and respected their preferences about their care. However we found people's rights under the Mental Capacity Act 2005 may not be fully protected.

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. The application procedures for this in care homes and hospitals are 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 were being met.

At our last inspection on in September 2015 we found the provider was breaching Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessments had not been carried out to determine whether people had the capacity to make decisions about their care. Where decisions had been made by others about people's care, there was no evidence that an appropriate process had been followed to ensure decisions had been made in people's best interests.

At this inspection we found that insufficient action had been taken to ensure that people received their care in line with the MCA. The registered manager told us that the capacity of all the people living at the home had been assessed using a tool designed for this purpose. However we found that the tool used was not designed to assess mental capacity but to determine whether people were displaying symptoms of dementia and required a referral to their GP for this reason. As a result, the tool was not effective in assessing whether people had the capacity to make decisions about their care.

We also found that applications for DoLS authorisations had been made to the local authority inappropriately. Applications to deprive people of their liberty should only be made where people have been identified as lacking capacity to make specific decisions about their care and treatment. The registered manager told us that applications for DoLS authorisations had been submitted to the local authority for some people who had the capacity to make decisions about their care. The registered manager told us that these applications had been refused by the local authority on the grounds that people with mental capacity cannot be subject to DoLS authorisations. Information submitted by the provider after the inspection acknowledged that applications for DoLS authorisations had been submitted for five people assessed as having the capacity to make decisions about their care.

Where a person lacks mental capacity to make an informed decision, or give consent, staff must act in

accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. Although people were not being unlawfully restricted, the registered manager's lack of understanding of their responsibilities under the Mental Capacity Act 2005 meant there was a risk that people's legal rights could be breached.

Failure to act in accordance with the Mental Capacity Act 2005 was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said staff asked for their permission before providing their day-to-day care. They told us staff knew and respected their preferences about their care. Staff understood the importance of gaining consent before providing people's care and enabling people to make choices about their day-to-day lives. Staff explained that they always presented people with options to promote choice and decision-making. One member of staff said, "We always ask what they want to wear each day and what they want to eat. We encourage them to make choices."

People said the staff who supported them were competent and well trained. One person told us, "They're all very well trained." Another person said, "They are very skilful in what they do. They have had good training." Staff told us they received all the training they needed to carry out their roles. They said they received mandatory training in their induction and had access to regular refresher training. Mandatory training attended by staff included first aid, moving and handling, infection control, fire safety and safeguarding. Staff told us the provider arranged face-to-face training rather than online training, which they preferred. One member of staff said, "It gives you a chance to ask questions if you're not sure about something." Staff told us they were regularly asked if they needed any further training and the registered manager arranged additional training if they requested it. One member of staff said, "We can ask for training if we need it. We asked for epilepsy training and we got it." Another member of staff told us, "We are asked what we think we need at our supervisions." Staff told us they attended regular one-to-one supervision sessions and had an annual appraisal. They said supervisions were useful opportunities to discuss their work and to seek advice.

People enjoyed the food provided at the home. They said the food was of high quality and their preferences were included on the menu. One person told us, "The food is superb." Another person said, "The food is very good, delicious." A third person described the food as, "Lovely." People told us the chef knew their likes and dislikes and any dietary needs they had. They said there were plenty of alternatives if they did not like the dishes on the menu. One person told us, "They know what I like." Another person said, "We always have a choice."

Relatives also provided positive feedback about the quality of the food. They said the menu catered for their family member's needs and preferences. One relative told us, "The food is always very good, well presented and homemade." The relative said the quality of the food meant their family member ate well, despite their appetite diminishing as they had aged. The relative told us, "She eats extremely well, especially at lunch."

Any specific dietary needs people had, such as texture-modified diets, were met. The chef had a good knowledge of people's dietary needs and preferences and planned the menu to ensure these were met. For example the chef knew which people required texture-modified diets and which people had diabetes. The chef explained how sugar alternatives were used in meals for people with diabetes and how they provided alternatives for people who disliked particular ingredients. For example the chef was aware that one person did not like onions and that another did not like garlic. The chef told us that care staff notified catering staff if people began to lose weight. The chef said they spoke with people who were losing weight to find out what their favourite meals were. The chef then prepared these meals for people to encourage them to eat well and maintain their weight.

People had opportunities to give their views about the food and these were responded to. A comment book was available for people to leave feedback and the chef often spoke with people after meals to hear their views. The chef explained that they visited people when they first moved into the home to hear their food likes and dislikes. A new menu was about to be implemented. The chef advised that they had spoken to people to establish what their favourite meals were and had included each person's favourite meal in the new menu.

People were supported to stay healthy and to access treatment if they needed it. People told us staff supported them to see a doctor if they felt unwell. One person said, "The doctor comes here whenever I need." Relatives said staff monitored their family member's healthcare needs and ensured they had access to any treatment they needed. One relative told us staff supported their family member to maintain "good health." People's care plans demonstrated that healthcare professionals had been consulted about their care where necessary, including GPs, dieticians and hospital consultants.

Is the service caring?

Our findings

People received their care from caring staff. People told us staff were kind and that they enjoyed their company. They said staff demonstrated a caring approach in their work. One person told us, "We are very well looked after." Another person said, "I like the staff. They are lovely girls. They are like my own family." A third person told us, "They are nice people. They are marvellous."

Individual staff were very caring and showed compassion and respect towards people and their families. People, relatives and professionals all commented about how caring staff were. We also observed this during the inspection. However we are concerned that people are not truly at the centre of everything this provider does because they are not being fully protected from falling and injuring themselves. People's rights may not be fully protected through the correct understanding and use of the Mental Capacity Act 2005. People's care had not been appropriately planned to meet all their needs. The provider and registered manager had not identified areas of the service that needed improvement. We have made requirements that the provider improves these aspects of the service in other areas of this report and they have already taken some actions since our inspection. We are unable to rate this domain as good until improvements have been made to the overall care people receive.

People received their care from a consistent staff team. Staff told us that vacancies due to leave or sickness were usually covered by permanent staff, which meant agency staff were rarely used. Staff said that if they did need to use agency staff, they were able to request a member of agency staff who had worked at the home previously. One member of staff told us, "We have the same agency staff, she knows the residents. We can ask for her by name." This meant that people were supported by staff who were familiar to them and who understood how they preferred their care to be provided.

People told us staff were attentive to their needs. One person said, "The staff are so good, they're wonderful. If you need anything, you only have to ask." Another person told us, "The staff are all very nice. If you want anything they will get it for you." People said staff had provided good support if they were worried or anxious. One person told us they had been anxious about moving into a care home but the approach of staff had allayed their concerns. The person said, "The young people here [staff] really helped. They made me feel so welcome. It made me feel wanted." Another person told us, "I have had terrific support from the staff emotionally. I have had nothing but kindness here."

Relatives told us staff genuinely cared about the people they supported. One relative said of the staff, "They are very caring people." Another relative told us staff had worked hard to support their family member to settle in and to form relationships with other people. The relative said, "Although mum found it difficult at first to settle in, with the perseverance and support of the team, she now seems reasonably happy and certainly enjoys the companionship of meal times and the social events that are laid on."

Professionals who had returned surveys giving their feedback about the home also commented on the caring nature of staff and their professionalism. One professional reported, "Carers appeared professional both in appearance and attitude." Another professional noted, "I have observed a very caring and attentive

staff group." A third professional commented that staff were, "Accommodating, friendly and supportive" and a fourth said people received their care from a "Wonderfully kind team."

Several people highlighted the friendly atmosphere as an aspect of the home that they valued. One person told us, "Everyone is made to feel welcome; it's a very friendly atmosphere." A health and social care professional described the home as "Very welcoming." Relatives told us the friendly atmosphere was a factor that had contributed to them choosing the home for their family member. One relative said, "When we were looking for a care home for mum we were immediately taken with the friendly, family atmosphere that Felbury has and felt this would definitely suit mum." Another relative told us, "We looked at a lot of homes before deciding on this one. We kissed a lot of frogs before finding our prince!" Staff also identified the friendly atmosphere as a strength of the home. They said the consistency of staffing meant people's relatives knew the staff who cared for their family members. One member of staff told us, "It's very welcoming and friendly. All the family members know us."

People were supported to maintain relationships with their friends and families. Relatives told us they could spend time with their family members whenever they wished and were made welcome by staff when they visited. They said they were invited to events at the home and that they could join their family members for meals at the home if they wished. People's spiritual needs were met. Church services were held regularly at the home and some people were supported to attend church on a weekly basis.

Staff supported people in a kind and caring way during our inspection. They were attentive to people's needs and took time to ensure they were comfortable. Staff spoke with warmth and affection about the people they cared for. They engaged with people in a friendly yet respectful manner, sharing jokes and conversations.

People told us that staff treated them with respect and maintained their dignity when supporting them. One person said of staff, "They are very respectful." People told us they could have privacy when they wanted it and that staff respected their decision if they chose to spend time alone. Staff provided care in a way that maintained people's privacy and dignity during our inspection. For example they discussed people's personal care needs discreetly and ensured that any personal care required was provided in private.

People said staff treated them as individuals and respected their choices about their care. Relatives told us their views about their family member's care were listened to by staff. They said the registered manager or a member of staff was always available if they wished to discuss any aspect of their family member's care. They told us staff communicated any changes in their family member's care to them promptly. One relative said, "We are always told if there's a change in mum's condition. They are straight on the 'phone".

People told us staff supported them to be as independent as they wished to be. They said staff respected their wishes if they chose to do things for themselves. Relatives told us staff encouraged their family members to do as much for themselves as they could to maintain their independence. One relative said, "The manager is very keen that people try for themselves. They told a carer who was doing something for my mum to let her do it herself so she stays as independent as she can be." People's care plans recorded which aspects of their care they could manage themselves and in which areas they needed support. We observed staff encouraging people to be independent where their care plans indicated they could manage aspects of their own care, such eating and mobilising.

People had access to information about their care and the provider had produced information about the service people could expect to receive. Information about safeguarding, activities, meals and how to make a complaint was displayed in the home.

Is the service responsive?

Our findings

The service was not always responsive to people's needs. People's needs had been assessed before they moved into the home. However some people had needs that were not reflected in their care plans, which meant staff did not have guidance to follow about how to meet these needs. For example one person had been diagnosed with epilepsy. The person was receiving the care they needed as staff understood their needs and had received training in epilepsy. However there was no care plan in place to provide guidance about how staff should manage and monitor this condition.

Two people had been identified through assessment as being at high risk of developing pressure ulcers. There was no care plan in place to guide staff about the care these people needed to maintain the integrity of their skin. One of these people had developed a pressure ulcer. Although staff had notified appropriate professionals of the ulcer, there was no evidence that a wound care plan had been put in place.

Failure to plan care or treatment with a view to achieving service users' preferences and ensuring their needs are met was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had opportunities to take part in meaningful activities. There was an activities programme which was publicised in the monthly newsletter distributed to people living at the home. The programme included a range of in-house activities, including visiting entertainers, and trips to places of interest, such as National Trust properties. The home had a vehicle which enabled people to go shopping with staff and attend events such as boat trips and theatre visits.

People told us they enjoyed the activities provided. They said they valued the opportunities to take part in varied activities and to attend outings. One person told us, "There is a lot of entertainment." Another person said, "There's a list of things you can join in if you want to. I like it when people come in and sing." Relatives told us staff encouraged their family members to participate in activities to ensure they had opportunities to engage with other people. They said this prevented their family members from becoming socially isolated. One relative told us, "The carers often encourage mum to participate in some of the events which she does benefit from."

The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. People and their relatives were issued with information about how to make a complaint. None of the people we spoke with had made a complaint but all said they would feel comfortable raising concerns if they were dissatisfied. We checked the complaints record and found that no complaints had been received since the last inspection.

Positive feedback from people and relatives was also recorded and 16 people had submitted compliments about the care provided since the last inspection. Comments made by relatives submitting positive feedback included, "You filled the close of someone's life with love, comfort and warmth and in doing so made a real difference", "Thank you for the care, warmth and good humour and affection you have shown

my mother" and "Thank you for your care, concern and thoughtfulness."

Is the service well-led?

Our findings

At our last inspection we rated this service as good but with one breach of regulation 11 relating to the Mental Capacity Act. However at this inspection we have rated all areas as requiring improvement and found four breaches of regulations, including a continuing breach of regulation 11. This is because we examined different sources of evidence but also because the provider and registered manager had failed to maintain an effective system to identify areas that required improvement and to take appropriate action to improve.

The provider's quality monitoring systems were not sufficiently detailed or effective in identifying shortfalls or taking action to improve the service. The registered manager provided us with a list of the quality audits they carried out. This document indicated that quality audits should be completed each week but the most recent check was dated 14 July 2017, three weeks before our inspection. The audits carried out included infection control, medicines management and accident records. However the sole entry on each section of the audit was a tick to indicate that these areas had been checked. There was no detail about how these checks had been carried out or which aspects of these areas had been included in the audit. This meant the registered manager had not maintained an adequate oversight of quality standards at the home.

In some cases, we found shortfalls in areas that had not been identified through quality checks. For example the medicines management audit had failed to identify that there were no protocols in place regarding medicines prescribed 'as required' or that there was no suitable storage for medicines requiring refrigeration. The audit of accident records had failed to identify that no action had been taken following accidents to reduce the likelihood of similar incidents occurring in the future. The audits had also not identified that not everyone's care had been planned. Staff relied on their knowledge of people and training rather than on a comprehensive recorded plan of the care to be delivered to each person

Failure to effectively assess, monitor and improve the quality and safety of the services provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the registered manager and senior care staff were approachable and friendly. They said they could always speak to the registered manager or a senior member of staff if they needed to. One person told us, "They [management] are there when you need to ask them things." Another person said, "You can just walk in and see them." A third person told us, "The manager is lovely."

Relatives told us the registered manager and staff communicated well with them about their family member's care and provided good leadership for the home. They said their views about the home and the care their family members received were listened to and acted upon. One relative told us, "The manager is always around and the place seems very well run to me. I have no complaints about anything." Another relative said, "The team are always willing to listen to any concerns I may have and always encourage families to participate in regular feedback sessions. The monthly newsletter ensures families are aware of upcoming events."

People, relatives and health and social care professionals were asked for their views about the home

through satisfaction surveys. The surveys returned in 2017 indicated that the registered manager and staff responded positively to any suggestions people made or concerns they raised. One relative said, "I find the management in the office always prepared to listen if I have any concerns – they listen and I always feel that they really care." Another relative commented, "Whenever I have asked for something, the staff work really hard to try and make it happen."

Staff told us the registered manager provided good support to the staff team and valued them for the work they performed. They said the registered manager listened to any concerns they had and encouraged them to raise these issues at team meetings. One member of staff told us, "The home is very friendly and well run I think. That's down to the manager."

The registered manager had established links with health and social care professionals, including the GP surgery, district nurses and the local authority. The registered manager was aware of their responsibilities in terms of informing CQC when notifiable events occurred and had submitted statutory notifications as required.

Staff communicated information about any changes in people's needs effectively. They told us they always attended a handover before beginning their shift, which provided an update on all the people living at the home and any issues affecting their health or well-being. One member of staff said, "We always have a handover" and another member of staff told us, "Whatever time you start, you always get a handover."

Staff maintained daily records of the care people received. Where necessary, these included information about repositioning and food and fluid charts. One relative told us they checked these records when they visited. They said daily records enabled them to keep up to date about the care their family member received, including what they ate and drank and any appointments with healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had failed to provide appropriate care that met people's needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had failed to provide care in a safe way for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had failed to assess, monitor and improve the quality and safety of the services provided.