

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Mary Feilding Guild

North Hill, Highgate, London, N6 4DP

Tel: 02083403915

Date of Inspection: 07 August 2014

Date of Publication:
September 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mary Feilding Guild
Registered Manager	Ms Janet Gilder
Overview of the service	Mary Feilding Guild is registered to provide accommodation and personal care for up to 43 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	6
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	9
Safeguarding people who use services from abuse	11
Requirements relating to workers	12
Assessing and monitoring the quality of service provision	13
<hr/>	
About CQC Inspections	15
<hr/>	
How we define our judgements	16
<hr/>	
Glossary of terms we use in this report	18
<hr/>	
Contact us	20

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 August 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. The focus of the inspection was to answer five key questions: is the service safe, effective, caring, responsive and well-led?

We met with several people who were staying in the home and spoke with 15 people, five visitors including relatives and seven members of staff. The director and the registered manager were present at the time of our inspection.

This is a summary of what we found:

Is the service safe?

People felt involved in making decisions about their care and treatment. The care plans were detailed and reflected their needs and preferences as to how they wanted the care to be delivered. A person said, "They look after us wonderfully well. We get as much care as we require."

The provider had an effective recruitment and selection process. This had ensured people were safely cared for and supported by skilled and experienced staff.

People were cared for in a clean and comfortable environment, which was well maintained and secure. A visitor said, "The place is always fresh and clean." Another visitor commented, "The front door is always locked and we have to press the doorbell each time we visit and a member of staff lets us in."

Equipment had been appropriately checked and serviced. Fire equipment had been serviced regularly. Each person who used the service had a personal evacuation plan which had been regularly reviewed and updated as their needs had changed.

Staff understood what constituted abuse and had received training on the protection of vulnerable adults. They knew the procedures they would follow if they had concerns about safeguarding issues.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which apply to care homes. Staff had received training on the Mental Capacity Act 2005 (MCA) and DoLS and had an understanding of when an application under DoLS should be made and how to submit one to be authorised by the local authority. There had been no DoLS applications since the last inspection.

Is the service effective?

People we spoke with confirmed they led independent lives and staff gave support and assistance when needed. A member of staff said, "Most of the people here are able to do things for themselves. We encourage them to lead an independent lifestyle."

Staff interacted well with people. They had knowledge of people's care needs and assisted them accordingly. Staff had received appropriate training to enable them to meet people's needs and had ensured people's personal, social and healthcare needs were closely monitored and met. Reviews of people's care needs and risk assessments had been carried out regularly, where appropriate.

A person commented "They look after us extremely well. When you are ill, they are there for you."

Is it caring?

People we spoke with were all complimentary about the staff and the care provided. One person said, "All the staff are very good." One person's visitor commented, "The staff are attentive; they are quick to help and they are always respectful." Another person's friend commented, "Staff are excellent in what they do and they really care for the people here."

We observed the interaction of staff with people throughout the day, including during mealtimes and during activity sessions. The staff we spoke with had a good knowledge of people's needs, their daily routine and their preferences and were therefore well able to meet their needs. A person remarked, "The staff are gentle, patient and respectful, as always." Another person said, "The staff are kind and warm."

One person's visitor said, "Every time I visit, the staff are friendly and polite. They check on my friend in their bedroom every so often to make sure my friend is all right. The staff are very good."

People's well-being had been promoted by taking account of their physical needs, including nutrition and hydration. There was a selection of soft drinks, desserts and fresh fruits for people to help themselves. A person said, "The food served is satisfactory; I must say the food is quite good today. It's rice with sweet and sour pork and a dish of mixed vegetables. It's so nice I can help myself to a second helping."

Is the service responsive?

People were treated with respect and dignity and were encouraged to get involved in making decisions. They had been encouraged to attend residents' meetings, where views and opinions had been welcomed and discussed and action had been taken to improve

the service. The weekly activity records were detailed and reflected each person's preferences and lifestyle.

People's care plans reflected their wishes and preferences as to how they wanted care to be delivered. The care records showed people's needs had been assessed and regularly reviewed. This enabled staff to provide appropriate care and treatment.

Is the service well-led?

People and relatives were complimentary about the service and the care provided. Annual surveys and monthly audits had been carried out as part of the provider's quality monitoring process. Shortfalls had been promptly addressed to improve the service.

Staff had a good understanding of the provider's ethos in providing a care service. There was a clear reporting structure and staff had clearly defined job descriptions, with clear responsibilities. Staff were well supported through staff appraisals, supervision meetings and monthly team meetings. Each member of staff had a personal development plan.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Before coming to live in the home, people had been provided with information about the service and the care to be provided to meet their assessed care needs. This had enabled the person to make an informed decision about moving into the home. A senior member of staff said, "People are given a tour of the place and offered a trial period of stay before a contract is drawn up." People we spoke with confirmed they had been involved in planning their care and their wishes and preferences had been respected. A person commented, "Staff don't interfere; they always give us a choice. I join in group activities if I want to."

We observed the interaction of staff with people throughout the day, including during activity sessions and at lunchtime. The majority of people had their lunch together in the dining room. We observed lunch being served by five domestic staff trained to serve and assist people at mealtimes. Designated care workers and senior managerial staff interacted with people and assisted as required. Mealtime was unhurried. There was a selection of soft drinks, desserts and fresh fruit for people to help themselves.

The staff we spoke with had a good knowledge of people's needs, their daily routine and their preferences. A member of staff said, "Most of the people here are able to do things for themselves. We encourage them to lead an independent lifestyle."

One person remarked, "The staff are gentle, patient and respectful, as always." Another person said, "The staff are kind and warm." A relative said, "The staff are attentive; they are quick to help and they are always respectful."

A regular contract worker commented, "Each time we visit, the place is immaculately clean. The staff are approachable and very helpful. They know what they are doing; if a resident is sitting on their own, a member of staff gives them attention as they walk past. People are well cared for."

Staff confirmed they had attended training on equality and diversity. This had helped them

to recognise the diversity, values and preferences of the people using the service. We observed a religious service in session in one of the communal rooms for people who wished to attend. We saw a member of staff assisting a person who wanted to attend the service. This showed us staff had appropriately met people's diverse social and cultural needs.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The service provided care for people whose care needs varied from independent living to high dependency. On the day of our inspection, there were 42 people living in the home. The majority were able to do things for themselves. They lived an independent lifestyle, and were able to organise their daily routine, including preparing their own breakfast and participating in social activities. They were able to leave the premises when they wished with access by the front door using a key-code. There were some who were in the intermediate care category who were able to do most things for themselves and staff gave them assistance when required.

We were told seven people were in the high dependency category and required full personal care. A member of staff showed us a smaller lounge used by these people, where they also had their meals. This overlooked an attractive garden. We met three of them. They had restricted mobility and needed assistance with personal care and during meal times. A member of staff had been assigned to assist them.

We observed all the people being encouraged to drink plenty. We saw a variety of soft drinks provided in all communal areas for people to help themselves. This showed us staff had ensured people's hydration needs were being met.

People's needs had been assessed and their care and treatment had been planned and delivered in line with their individual care plan. We looked at four care plans and case-tracked one. The care plans covered all aspects of each person's personal, healthcare and social care needs. Each person who used the service had a personal evacuation plan, which had been regularly reviewed and updated as their needs had changed. The care plan also included up to date risk assessments and action plans. For example, in the case of a person who had been recently diagnosed as suffering from dementia, new risk assessments had been done to reflect the risk involved. As the person was prone to wandering, an extra member of staff had been deployed to provide one-to-one care. This had ensured the person's safety until more suitable accommodation could be arranged, with the involvement of their relatives.

In the case of a person with restricted mobility, their risk assessment had included moving

and handling, as the person had to use a walking aid. Another person, who was prone to falls, required supervision when walking and an alarmed floor mat had been placed in their bedroom appropriately. This alerted the staff and enabled a member of staff to assist the person promptly to prevent a fall incident. This showed people's healthcare needs had been identified and met appropriately.

A person commented "They look after us extremely well. When you are ill, they are there for you."

We observed people's care needs included therapeutic activities. For example, we were shown various gardening sites where people who were keen on gardening had been involved in planting and tending to their own patch of garden. A variety of attractive flowering plants were in bloom. We were told the rows of indoor plants and orchids were being looked after by another person. This showed people's recreational needs and preferences had been taken seriously and had been provided for.

We were given a copy of the activity programmes, which had been planned with people's involvement. A person said, "We have a Shakespeare reading group every two weeks led by a board member. Another person added, "There are other activities, such as a weekly musical exercise session, an art group and a library for those who love to read." We observed a group of people enjoying group exercise to music. This showed people's welfare and social needs had been met.

A person's friend commented, "Staff are excellent in what they do and they really care for the people here."

The care plans and daily care records were detailed and reflected people's lifestyles, their daily routine and their activities for the day. We were told care plans had been reviewed regularly and, for those with high dependency needs, the review was monthly and in some cases their relative was involved. These reviews had been documented in the care plans we examined, which had been kept up to date. We noted there was also a nightly progress report. Staff we spoke with said they had had access to the care plans, which had formed the basis of the care delivered. This meant staff had had the information they required to deliver safe and appropriate care and treatment.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Staff were able to give us examples of what constituted abuse. They were able to give an account of the procedures they would follow if they had concerns about safeguarding issues. They were aware of the whistleblowing policy and felt they would be able to raise concerns with the local authority safeguarding department and the Care Quality Commission (CQC) if necessary.

Staff knew Haringey Local Authority would investigate any safeguarding incident. The service also had a copy of the London boroughs guidance document 'Protecting Adults at Risk: London Multi-Agency Policy' and 'The Procedure to Safeguard Adults from Abuse'. This showed staff had been prepared to respond appropriately and effectively to any safeguarding issues occurring in the home. The manager told us there were no safeguarding incidents pending.

The members of staff we spoke with confirmed they had received training on safeguarding procedures for the protection of vulnerable adults. We were shown the staff training programme, which included refresher training on the protection of vulnerable adults, the safeguarding procedures, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This training had been held in February 2014. Staff we spoke with confirmed they had received training on these topics. The registered manager told us there had been no DoLS applications to date.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

During our inspection, we reviewed four staff recruitment files. The contents included the application form, which contained details of the past employment history of the applicant and details of at least two referees. We saw written evidence the references had been followed up and interviews had taken place. The interview notes were detailed and had been signed and dated by the interviewers. We saw a copy of the passport for a member of staff stating "Right to remain" with the date of issue. The files we saw contained certificates relating to the qualifications and training of the staff.

The human resource officer stated new staff had only been permitted to commence work after enhanced Disclosure and Barring Service (DBS) clearance had been obtained. There was evidence DBS checks had been carried out for each new member of staff.

This meant the service had systems in place to ensure staff were of good character and were suitably qualified and competent to carry out their roles.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had sent out survey questionnaires to people who used the service. Information from respondents had been collated to produce a summary report. We were given a copy of the report for July 2014. In the survey, a large majority of the respondents were positive about the care and service provided. Positive comments received included, "All staff are very supportive", "We are treated as adults, which is very important", "The staff are admirable, always willing, cheerful and friendly" and "Everyone is always ready to help."

There was the odd negative comment such as "Communication is not always reliable" and "Suggestions at residents' meetings are not always adopted." The director said issues raised were being addressed to improve the service.

The registered manager confirmed monthly internal audits had been conducted by senior staff and had covered all aspects of care and the care plan records and medication. We saw a copy of the care audits for July 2014 which showed missed reviews and missing signatures. There was an action plan for staff to address the shortfalls with a timeline given for completion.

The medication audit for July 2014 detailed some medication errors. For example, in an incident dated 08 July 2014 a member of staff had transferred incorrect information on to the medication administration record (MAR) chart. On 22 July 2014, another member of staff had signed the MAR chart for a person who had not been given the medicine. In both cases, the persons who used the service had not been unduly affected. The registered manager had taken remedial action to ensure such errors did not happen again. For example, one person had been withdrawn from administering medicines and both members of staff were being retrained and supervised until competent. We were told a special staff meeting had been arranged to discuss medication procedures and to re-educate all staff responsible for the administration of medication.

The hoists used to manoeuvre people had been serviced on 20 February, 2014, portable appliance testing (P.A.T.) had been carried out in July 2014 and the fire alarm had been

inspected on 22 July 2014. There had been regular fire drills and health and safety checks to make sure the environment was safe and secure for people to live in. A visitor said, "The front door is always locked and we have to press the doorbell each time we visit and a member of staff lets us in."

Staff told us any issues raised had been addressed at team meetings, which also dealt with concerns raised by relatives and any lessons to be learnt to improve the service. The recent medication errors had been discussed.

People had been encouraged to attend residents' meetings, at which views and opinions had been welcomed and discussed and action had been taken to improve the service. People we spoke with confirmed they had attended residents' meetings, at which minutes had been taken. We were shown a copy of the minutes of a recent meeting, which were detailed and documented the discussions and suggestions.

One of the issues raised by several people had been the poor quality of cooked food provided by the catering service. As a result, the provider had advertised for in-house chefs to commence when the catering service contract terminated in October 2014. People said they were looking forward to the change. Also there was now a wider selection of fresh fruit and desserts for people to help themselves.

People said they were aware of the complaints procedure and felt able to speak to the manager if they had any concerns. One person said, "We are satisfied with the service and the care provided. We attend residents' meetings, at which we are able to give our views and express our wishes. The staff are very good. They do listen. I never feel the need to make a formal complaint."

The registered manager said any complaints raised would be investigated and responded to within 28 days, in accordance with the provider's complaints policy. We were told one formal complaint had been received since the last inspection and this was pending an investigation.

The service therefore had an effective monitoring system in place to ensure issues raised were addressed promptly to improve the service. This had ensured people lived in a safe environment, where staff provided safe and appropriate care and treatment.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
