



Making Social Care  
Better for People

Inspecting for better lives

# Key inspection report

## Care homes for older people

<b>Name:</b>	Mary Feilding Guild
<b>Address:</b>	103-107 North Hill Highgate London N6 4DP

The quality rating for this care home is:

three star excellent service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

<b>Lead inspector:</b>	<b>Date:</b>
Susan Shamash	0 4 0 9 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

**Outcome area (for example Choice of home)**

**These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:**

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

**This is what people staying in this care home experience:**

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Older People can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

## Reader Information

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## Information about the care home

Name of care home:	Mary Feilding Guild
Address:	103-107 North Hill Highgate London N6 4DP
Telephone number:	02083403915
Fax number:	02083410295
Email address:	mfjp19@dsl.pipex.com
Provider web address:	www.maryfieldingguild.co.uk

Name of registered provider(s):	Mary Feilding Guild
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Type of registration:	care home
Number of places registered:	43

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
old age, not falling within any other category	0	43

Additional conditions:
The maximum number of service users who can be accommodated is 43
The registered person may provide personal care (excluding nursing) and accommodation to service users of both sexes whose primary needs on admission to the home are within the following category:- Old age not falling within any other category (Category OP)

Date of last inspection								
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Brief description of the care home
Mary Feilding Guild is a care home registered to provide accommodation for 43 people over the age of 65. The home's brochure states that the service dates back to 1877, but has undergone many changes since 1985. The home is located in Highgate, North London, within easy access to local shops, places of worship, health centres and public transport. The home consists of two interconnected buildings, a large Edwardian house and a more modern house. The majority of the rooms have en-suite and kitchenette

### Brief description of the care home

facilities. The rest will have en suite facilities added as and when they become vacant. The home also provides several bathrooms, shower rooms and toilet facilities. The communal areas consist of a large dining area, three sitting rooms, one of which is a large library room, an activity/meeting room and alcove seating areas along the corridors with views of the surrounding gardens. The home provides a laundry room and fully equipped kitchen on each floor. The General Manager and Assistant Manager's offices are situated in the basement, and the Care/Registered Manager's office is located on the Ground floor, in order to be easily accessible to residents. There are well looked after gardens in front and at the back of the building. A summerhouse is also available as an additional facility for service users. The home is fully accessible to people with a mobility difficulty.

Information about the home including service users' guide and the CQC inspection reports are available from the home by contacting the registered providers or the manager. The weekly fees depend on the assessed needs of the people who use the service and currently range from 520 - 745 GBP as at September 2009.

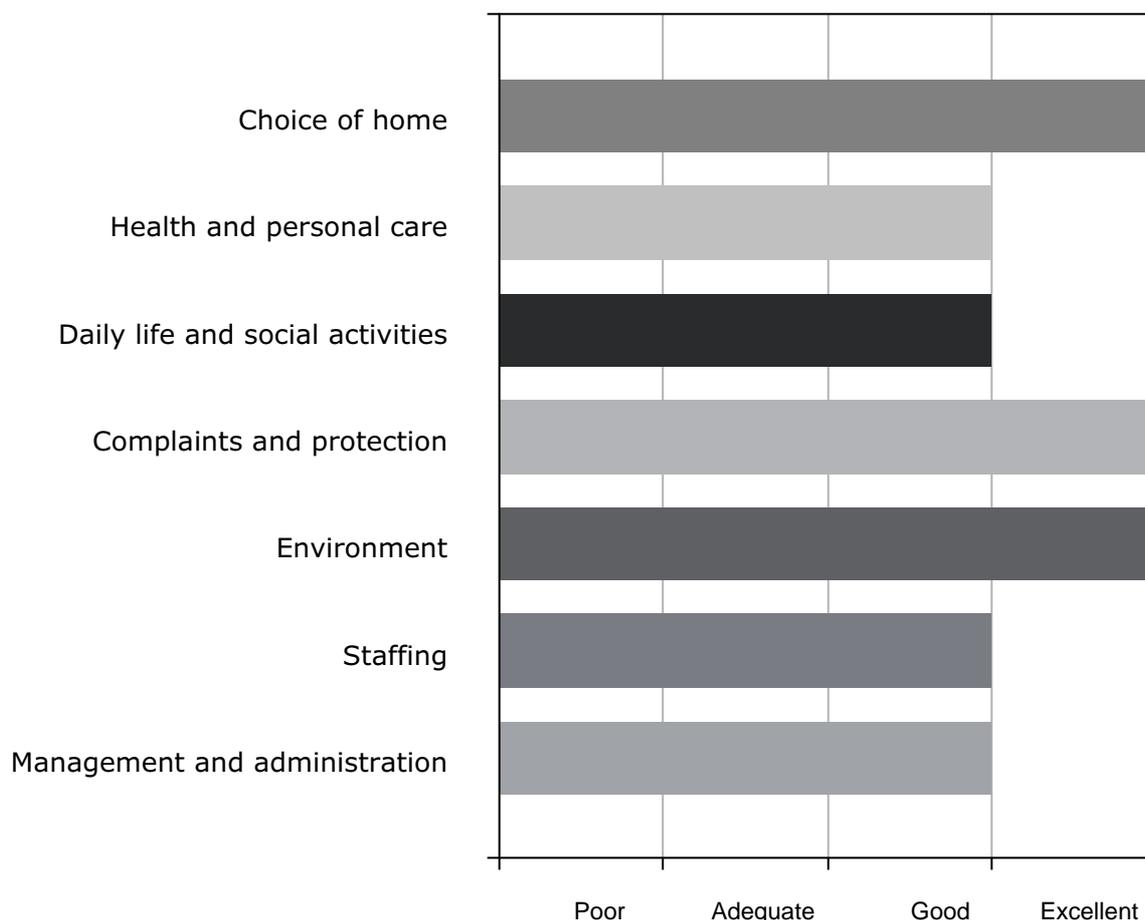
## Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

### Our judgement for each outcome:



### How we did our inspection:

This inspection is based on two visits to the home on 2nd and 4th September 2009, the first of which was unannounced. It includes discussions with the management, approximately eight staff members, and twelve residents alongside feedback forms completed by four staff members and fifteen residents and returned to the CQC. Individual and group discussions were held with the people who use the service and the staff.

The premises and the facilities of the home were inspected through a guided tour, and I had the opportunity to join staff and residents for lunch in the dining room.

A number of residents' and staff files were randomly chosen and examined. Other records pertaining to the home including staff rotas, menus, programmes of activities, records of people's finances and health and safety records, were also inspected.

### **What the care home does well:**

This is a home where people have privacy while enjoying companionship. The home is clean, tidy and spacious, with well furnished and decorated private and communal facilities, and gardens maintained to a high standard. It includes a library, and access to a computer with internet access.

People are encouraged to live as independently as possible. The admission procedure ensures that people are admitted on the basis that their needs can be met. A high standard of support is provided with supporting people to attend routine medical appointments. The arrangements in place for people to exercise and engage are satisfactory, and meet their expectations.

People who live at the home are involved in decision-making about the meals. Their concerns are listened to and addressed, and they speak highly of the support provided to them by the staff team. People privacy and dignity is maintained to a high standard. They are confident in the management of the home and feel that the ethos is open, cheerful and friendly.

Satisfaction with the home remains very high, as one resident advised 'it is an excellent home in every way, and I feel very fortunate to be here.'

### **What has improved since the last inspection?**

Care plans have been updated to reflect the needs of the people who use the service and how these are met. The staffing level was being monitored to ensure that the level of care staff on shift reflects the number and needs of people who use the service. There had been an improvement in management input at weekends although this remains an issue of concern to some residents. The home is working towards Gold Standards Framework accreditation with regard to end of life care for people living at the home, and all staff have been trained in advanced care planning accordingly.

### **What they could do better:**

Some minor improvements should be made with regard to documentation of medication administration, and financial transactions on behalf of people living at the home, to ensure that people are further safeguarded. Further consultation is needed with residents regarding the provision of supper and management support at weekends. Finally improvements are needed in monitoring staff training profiles, and a small number of issues regarding health and safety documentation.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website [www.cqc.org.uk](http://www.cqc.org.uk). You can get printed copies from [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk) or by telephoning our order line -0870 240 7535.

## Details of our findings

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Requirements and recommendations from this inspection

## Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who are considering moving into the home can be confident that their needs will be assessed, to ensure that the home is able to meet their needs appropriately. They are provided with sufficient information about the home, and have the opportunity to visit, and stay on a trial basis, prior to moving into the home on a permanent basis.

Evidence:

I had the opportunity to speak to a number of residents who had moved into the home since the previous inspection. They confirmed that they had had the opportunity to visit the home, and had completed self-assessment forms as part of their application for admission to the home. In most cases they had heard of the home by recommendation from friends and relatives. They confirmed that they had given permission for their medical information to be provided by their general practitioners as part of the application process. They also advised that they had had the opportunity to stay at the home on a trial basis, and had been provided with sufficient

Evidence:

information about the home.

The responsible individual explained the process of admission. She said that the General Manager and Assistant General Manager meet with all prospective residents to discuss their general situation, and health and reasons for interest in the Guild. They are then shown around and given the opportunity to meet a current resident. At that stage an initial assessment is made regarding their suitability. If and when a suitable room becomes available and accepted, then a full assessment from the Head of Care and GP report are requested. She advised that this process ensures that the most up to date assessment is available, and also promotes people's respect and dignity in ensuring that they retain control of personal information about their care. New people are admitted to the home only if the home believes that their needs can be met. I inspected five people's initial assessments, and these were generally found to be sufficiently detailed to ensure that the home could meet people's needs. However two of these had not been dated at the time of completion, and a recommendation is made accordingly.

A comprehensive statement of purpose, and service users' guide is available for the home, including photographs of the home. Contracts had also been completed for all residents at the home, and I viewed two of these in the general office.

In feedback forms completed by residents, and returned to the CQC, a number of people who use the service stated that they actively chose the home. One person wrote: 'It is an excellent home in every way, and I feel very fortunate to be here.'

The home does not generally provide intermediate care, however it does provide respite care and more intensive care for people whose needs increase during their stay at the home.

## Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at the home are confident that their health needs are met by the service, and commend the staff for respecting their privacy and dignity. An adequate system of care plans and assessments is in place, but there is room for improvement in the recording of medication administration. The service is commended for significant improvements in the provision of sensitive end of life care for people living at the home.

Evidence:

Five residents' care files were inspected, and these were found to contain evidence that people's needs assessments and care plans are updated on a regular basis. The home's assessment format is sufficiently detailed to provide important information about each person's needs. However there is room for further development of care plans so that they show support provided in assisting people to achieve goals, and people's progress with regard to goals and health or social care support needed. The management advised that they were considering implementation of a new care planning system that might be better suited to the home's setting. A significant number of people who live at the home continue to be independent in travelling to

## Evidence:

places of their choice including arranging and going on holidays abroad. In conversations people spoke highly of the level of support provided by staff, particularly with regard to the respect shown to them in maintaining their privacy and dignity. This was echoed in feedback cards completed by residents.

I was able to sit in on a handover meeting between members of the morning and afternoon shifts, which was comprehensive in covering issues relating to each individual resident. Incidents and accidents were recorded appropriately, however it is recommended that 'near misses' should also be recorded, to enable prevention of more serious incidents. A recommendation is made accordingly under standard 38. Risk assessments were in place for each person, and these had generally been reviewed within the last month.

Medication is stored in a dedicated locked room, so that there is little distraction to staff. The storage temperatures of medicines at room temperature, and those requiring refrigeration were being monitored as appropriate. The majority of medicines are provided in blister packs by a local pharmacist. In the one case where medicines are secondarily dispensed into a dossett box by staff from the home, to enable self-medication by an identified individual, this was being witnessed and recorded by two staff members. No controlled drugs were being stored at the time of the inspection, although the home does have the facility to do so should the need arise. Medicines received by the home, were recorded as appropriate, alongside those returned to the pharmacy. However there were a small number of gaps in the recording on medication administration records (MAR charts), although it appeared that medicines had been administered, but staff may have forgotten to sign for them. This could be avoided by more frequent monitoring of the MAR charts by all staff concerned, and improved communication when gaps are noted. At the time of the inspection, a separate book was being used to record administration of homely remedies. However it was agreed with the new manager advised that this would be better recorded on the MAR charts, so that these provide a complete record of all medicines administered, to prevent the possibility of mistakes. The home is commended for enabling a large number of residents to self-medicate with appropriate support as necessary. Discussion with the management indicated that each person's case is assessed individually, however this is currently undertaken on an informal basis. More formal recording of risk assessments should be undertaken for each person who is self-medicating, to ensure that people's medication needs are met safely.

About half of the people who live at the home are independent in making appointments and visiting their health professionals. Discussions with staff, residents and management and an assessment of residents' files showed that people are seen

## Evidence:

regularly by health professionals such as chiropodists, district nurses, opticians, dentists and general practitioners. One person noted that staff 'always keep track of our medical appointments - I usually have about three a month.'

A detailed swine flu prevention and protection plan had been prepared for the home in the event of such an outbreak. All the people who completed the CQC questionnaire and who were spoken to were positive about the staff. They said the staff are considerate, kind and respectful. They confirmed that staff always knocked on the doors for permission to enter bedrooms, and this was also observed during the inspection visit. Observations and discussions with the staff confirmed that they interacted appropriately with the people who use the service.

The home's management advised that the home was currently working to gain 'Gold Standards Framework' accreditation in 'End of Life Care' with the purpose of providing excellent end of life care for residents according to their wishes, involving regular contact with residents, their families and a range of health professionals. All care staff had recently undertaken training in Advanced Care Planning, from St Christopher's Hospice and new advanced care plans were to be drawn up for all residents at the home. The home is commended for the commitment it has shown to addressing this (often difficult) subject.

## Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A range of activities are available for people living at the home to ensure that their social, cultural, intellectual and emotional needs are met. The home is commended for encouraging people to make decisions for themselves, and maintain their independence skills and contacts with the local community as far as possible. People are encouraged to maintain contact with friends and family members. They are consulted about the food provided in the home and are generally satisfied with the standard of meals served.

Evidence:

People's social, cultural, intellectual and emotional needs are recorded in their care plans. The majority of residents are independent in these areas. A number of people are independent in travelling and accessing community based facilities, and the home's ethos encourages this community involvement as far as possible. All residents are registered on the electoral roll and many exercise their voting rights either by postal voting system or by going to the polling station. Most people make their own decisions about their finances, and all are provided with keys to their private rooms.

The activities provided at the home are discussed in meetings and through satisfaction surveys undertaken by the home. The list of activities provided at the home is

## Evidence:

displayed on the residents' noticeboard. Records and discussions with staff and residents indicated that people participate in a range of activities including art classes, exercise and tai chi classes, a scrabble group, concert trips, daily tea in the library, a weekly Anglican communion, and regular pet visits. In addition lectures from time to time, most recently relating to films. Recently a storyteller provided a session for residents at the home, and this event was very popular. Discussion with residents in addition to information provided in feedback forms indicated that although the majority of residents are satisfied with activities available to them, a small number felt that they would benefit from more outings being arranged for people wishing to visit local parks, places of interest, the seaside, cinemas and theatres. Over the summer, trips had been arranged to the Pond Square Fair, and a concert, and a talk from Highgate Climate Action Network, and a garden party were held in the home. The management advised that they intended to recruit an activities organiser to be involved in this area. All residents have telephone lines in their rooms and can contact their families and friends. The people who were spoken to said visitors can see them privately in their rooms or in one of the common rooms. One person explained how they enjoyed visiting their son and daughter over the weekend. People who do not have relatives are visited by members of the house committee, which is set up by the home for this purpose, among others. Service users have an opportunity to have meal at the home with their guests. The home has dedicated rooms for overnight stays for guests who travel long distances to visit service users.

The home continues to use a four weekly rotating menu, which is regularly reviewed with residents' consultation. People spoken to confirmed that they have been consulted about the food and the menu, and some residents are involved in the home's Catering Forum. As a result of the consultation, changes such as the provision of more local ingredients, some organic produce, and increased varieties of food items have been introduced.

The majority of the people spoken to and who completed the CQC feedback cards were happy with the meals provided at the home. However a significant minority commented that they sometimes found the suppers served at weekends to be insufficiently substantial, mainly consisting of sandwiches. Discussion with the chef indicated that this was because there are no catering staff working in the evenings at weekends, so the meals have to be prepared in advance. The responsible individual for the home advised that she has recently introduced a regular buffet meal to be provided monthly on Saturday evenings, to address this issue but that further consideration will be brought to addressing these concerns. Discussions with residents and observations showed that they have an opportunity to request what they want for lunch. The chef was aware of people's preferences and dietary needs including those

Evidence:

who were diabetic, vegetarian, needed soft food etc. and was clearly making an effort to address the feedback received after each meal. I had the opportunity to have lunch at the home and was satisfied with the standard of food provided.

A large number of people prepare their breakfast and supper in the kitchenettes in their rooms. People are supported with food shopping at a local supermarket once monthly. Fresh fruits continue to be available in the dining hall for people to help themselves. Adequate numbers of staff were available during lunchtime to support people.

## Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The people who use the service feel confident that their concerns can be addressed by the home's complaints procedure. The home has robust systems in place to ensure that people are protected from abuse.

Evidence:

People living at the home and their relatives confirmed that they know how to make a complaint and who to speak to in order to do this. The management advised that residents and their relatives are given information about the home's complaints procedure alongside the service users' guide.

Inspection of the complaints record indicated that people's concerns were being taken seriously, and that appropriate action was taken to address issues raised. Descriptions of complaints or their resolutions had been dated, and it was thus possible to confirm that these had been addressed within the home's set timescales. People who were spoken to said the management and the staff are always very approachable and they can talk to them about any issues of concern. One person described their experience of raising a complaint with the management, advising that they were impressed at how seriously their concerns were taken, and how swiftly the issue was addressed.

The home has a policy on safeguarding adults and the majority of staff have attended training on protecting people from abuse. The members of staff who were spoken to had an understanding of the actions they would take if there is a suspicion or

Evidence:

allegation of abuse. The home has obtained a copy of the local authority's policy on Safeguarding Adults.

## Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is commended for providing residents with a home that is spacious, clean, safe and well-maintained, to meet their individual needs.

Evidence:

Residents that I spoke to were very satisfied with the facilities provided to them within the home. They and their relatives also indicated in their feedback forms to the CQC that they were very satisfied with the home. One person noted 'The atmosphere feels very homely and friendly but still very professional,' another noted 'The standard here is very high - beautifully kept,' and a third person advised that the home 'provides a very pleasant and secure environment, while protecting and respecting one's privacy.'

Large and attractive gardens are available to the rear of the home, and these were maintained to a very high standard.

The home was clean, bright and appeared to be spacious on the day of the inspection. Handrails are provided in the corridors, and call alarms are fitted in the bedrooms, toilets and bathrooms. Laundry and washing facilities are provided on each floor. Large items such as bed linens and curtains are sent away for washing and cleaning. The home is conveniently located for shops, public transport, places of worship and other local amenities. One person noted that the 'housekeepers and cleaning staff are

Evidence:

particularly good.'

## Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at the home are safeguarded by appropriate recruitment procedures, and commend the staff team for the sensitive support provided. Staff are appropriately experienced, however there is room for improvement in current staff training, to ensure that people's needs are met in line with best practice.

Evidence:

The staff team is made up of care staff, domestic assistants, kitchen assistants, housekeepers, chefs, a handy man, head of care (to apply for registration as registered manager with CQC), an assistant manager, book keeper, office secretary, and general manager (the responsible individual).

The rotas continue to be organised on a flexible basis allowing the number of care staff on duty to be increased when needed. The management advised that the number of staff allocated reflects the needs of the people who live at the home at all times. Normally, there are five care staff in the morning and three care staff in the evening. Domestic assistants are available seven days a week and the handy person lives on site.

The home's recruitment procedure requires applicants to undergo interviews, enhanced Criminal Records Bureau disclosures and to provide two written references. Assessment of six staff member's files indicated that they had all undergone the

## Evidence:

appropriate checks prior to recruitment, and had also received appropriate induction training at the home. This was confirmed by staff members spoken to. Discussion with the management indicated that occasional use is made of agency workers and that some of the kitchen staff are recruited through an external organisation with whom the home have a contract. It is recommended that the home should maintain copies of enhanced Criminal Records Bureau Disclosures obtained for agency staff, and catering staff employed separately, to ensure the safety of people living at the home as far as possible. Discussions with the registered person revealed that all relevant staff have recently attended fire training, and training in advanced care planning as part of the home's initiative to develop excellence in end of life care. Inspection of eight people's training certificates, indicated that there was some room for improvement in the home's recording of the training needs of individual member of the staff team. It is acknowledged that some staff members may have undertaken more training than the certificates in their files suggested, and this was certainly the impression given by staff members spoken to. In addition the management advised that they had experienced significant difficulties in obtaining local authority training for staff members, and that many staff had poor experiences of support provided by local colleges in working towards their National Vocational Qualifications (NVQs) in care. Two staff are working towards NVQ level 3 qualifications, and further staff have been identified to undertake relevant level 2 qualifications in care. IN addition housekeeping staff had been supported to undertake relevant NVQ qualifications in this area. Pharmacist training had been booked for all staff, and the majority of staff had undertaken all the mandatory training courses including infection control, manual handling, safeguarding adults, first aid, food hygiene and health and safety. Further training was booked for the staff team in infection control and the management advised that they were currently sourcing further training for staff members in all mandatory areas including the Mental Capacity Act 2005. A training profile must be produced for the staff team, so that any gaps in staff training, or updates due, can be highlighted and addressed promptly.

People living at the home were very positive about the staff support provided, both in conversation and in written feedback to the CQC. One person noted 'The staff are well chosen, we are looked after with respect for our privacy and for individual needs. There are members of the Committee who visit often and volunteer to help those residents who require shopping etc... I would like particularly to emphasise the friendly atmosphere, which is, I think, quite special to this place.' Another person stated that the home: 'treats residents as individuals - the staff remember our names and address us by them always. Those of us who can help actively - in the garden or library, for instance, are encouraged to do so.'

## Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

**This is what people staying in this care home experience:**

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living at the home are confident about the management structure and quality of management of the home, although their confidence in the management at weekends could be improved to increase reassurance. The home has appropriate quality assurance systems to ensure that people's views are taken into account. People are supported with their finances appropriately, however there is room for improvement in recording, to further protect them from financial abuse. Rigorous health and safety procedures ensure that people are protected from harm.

Evidence:

Since the previous inspection, the registered manager for the home who had been in post for many years, had left employment with the home. The home is currently managed by the responsible individual, and a new Head of Care has recently been recruited. The Head of Care will be applying to register with the CQC as registered manager of the home. I had the opportunity to meet with her (and the responsible individual) in addition to the assistant manager, book keeper, and office secretary. Discussion with her indicated that she had appropriate experience and training with a

Evidence:

relevant Registered Manager's Qualification at NVQ level 4.

The management are accountable to the management committee. Several residents spoken to or in feedback forms, felt that the home would benefit from more management presence at the weekends. At present the manager, assistant manager, head of care and book keeper continue to work Monday to Friday predominantly during office hours. However the responsible individual advised that she is now working on at least one Saturday monthly, and that the home is also in the process of training Senior Carers to be more accountable over the weekends. This issue should be kept under review, to ensure that people living at the home are confident about the management in place at weekends.

Following the inspection, the home carried out its own survey regarding management cover, with 30 residents (79 percent) responding to questionnaires. Of these 77 percent were satisfied with management cover at weekends. Those who were not satisfied, the majority described worries about medical cover which was addressed with them, with only one person specifically wishing for more management presence, and one person wanting more activities. The responsible individual advised that both the Head of Care and herself, now work at some weekends, so that the home has more management cover at weekends than ever before.

The majority of the people who live at the home, or work for the home, were spoken to and were satisfied with the way the home is run. One staff member wrote: 'the atmosphere feels very homely and friendly but still very professional.' Another noted 'I am proud to be part of the MFG, it shows so much warmth.' Asked what the home does well, one resident replied: 'As far as I am concerned, everything.' This was echoed by a number of other residents. One person noted: 'A great feature of the place is its compassionate flexibility for residents and staff, which must make its running more complicated, but is so valuable.' Another person noted 'The place is well managed. The staff are well chosen, we are looked after with respect for our privacy, and for individual needs..I would like particularly to emphasise the friendly atmosphere, which is, I think, quite special to this place.' The staff and the people who use the service all commented that the management staff are very approachable.

The management confirmed that service users, staff, families and friends, and professionals have been consulted as part of the home's system of quality assurance. A Catering Forum remains in place and emerged as a result of the home's quality assurance exercise. Discussions with residents indicated that they are able to attend residents' meetings and give feedback about the quality of services and facilities. The management advised that they have an open door policy for people to talk to them if

Evidence:

they have concerns.

The home does not manage people's finances but keeps personal allowances for about eight people. Relatives of these people pay about 100 GBP at a time to the home for personal expenses such as hairdressing, toiletries, etc. Records and receipts of the transactions were inspected for three residents, and these were stored appropriately. However there was a minor discrepancy in one person's finances, which was rectified at the time of the inspection, as the person owed money to petty cash. It is therefore recommended that that regular checks be made of the amounts held on behalf of residents within the home's safe, to ensure that these match those recorded. The home also cashes some cheques on behalf of residents who required cash. This service is highly valued by people living at the home. However it is recommended that records be maintained of all cheques cashed for residents to safeguard both residents and staff at the home in the event of a mistake being made. Some items of jewellery were being maintained in the home on behalf of residents, particularly for those who had to go into hospital. Whilst a new system involving photographing all items had recently been put into place, items are recorded on people's care plans, but not on a central record of all items in the safe. It is recommended that a central record of all property held for safekeeping on behalf of residents should be maintained, to ensure that these can be audited on a regular basis, to ensure that no items are missing.

There is adequate lighting throughout the home, and appropriate adaptations in the corridors, bathrooms and bedrooms. Health and Safety documentation inspected confirmed that regular services and safety checks have been carried out on electrical appliances, gas and electrical installations. Passenger lifts and fire alarm systems and extinguishers are serviced regularly. Records showed that at the most recent environmental health inspection of the home's kitchen the service was awarded a five stars "excellent" rating, for which all concerned are commended. Hot water testing undertaken by the maintenance person indicated that the hot water temperature from some resident's outlets exceeded 43 degrees celsius, and might present a risk of scalding. It is therefore required that risk assessments should be undertaken regarding this issue, with thermostats adjusted where appropriate. There had not been a fire drill held at the home within the last calendar year, although a drill was scheduled for the week after the inspection. The management provided confirmation that this had taken place as scheduled. Weekly alarm call point tests were being undertaken as appropriate, however it was noted that these were undertaken in a random order. It is recommended that there be a set order for testing these call points to ensure that all are tested regularly and that none are forgotten for prolonged periods of time.

Are there any outstanding requirements from the last inspection?

Yes

No

## Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

## Requirements and recommendations from this inspection:

### Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

### Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	9	13	The registered person must ensure that there are no gaps in medication administration records, and that these include administration of homely remedies, and that risk assessments are completed for all residents who are self-medicating, to ensure that people's medication needs are met safely.	30/10/2009
2	15	16	The registered person must ensure that concerns raised about the provision of supper at weekends are addressed, to ensure that the dietary needs of people living at the home are met according to their preferences.	13/11/2009
3	30	18	The registered person must ensure that a training profile	20/11/2009

## Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
			is produced for the staff team, so that any gaps in staff training, or updates due, can be highlighted and addressed promptly, to ensure that they are fully trained to meet the needs of residents safely.	
4	37	13	The registered person must ensure risk assessments are undertaken regarding the hot water temperature provided to residents, with thermostats adjusted where appropriate, and that regular fire drills are held within the home on a regular basis including a night drill at least once annually. There should also be a set order for testing fire alarm call points to ensure that all are tested regularly (rather than at random) to further ensure the safety of people living in the home.	30/10/2009

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	3	It is recommended that all assessments undertaken

## Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		regarding people living at the home should include the date on which they are undertaken, or are reviewed, to ensure that these remain current.
2	12	It is recommended that more outings be arranged for people wishing to visit local parks, places of interest, the coast, cinemas and theatres, in accordance with people's wishes.
3	29	It is recommended that the home should maintain copies of enhanced Criminal Records Bureau Disclosures obtained for agency staff, and catering staff employed separately, to ensure the safety of people living at the home as far as possible.
4	31	It is recommended that consideration be given to provision of management staff or other appropriately trained individuals at weekends, as requested by a number of people living at the home.
5	35	It is recommended that a records be maintained of all cheques cashed for residents within the home's office, and that regular checks be made of the amounts held on behalf of residents within the home's safe, to ensure that these match those recorded. A central record of all property held for safekeeping on behalf of residents should also be maintained, to further protect staff and residents from financial abuse.

## Helpline:

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**Textphone:** or

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

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