Mary Feilding Guild

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 10 and 11 July 2018 and was unannounced. The service was last inspected on 12 April 2016, where we found the provider met all the legal requirements but was rated requires improvement in Well-led domain. Following the last inspection, we carried out a focused inspection on 21 August 2017 which was prompted in part by notification of an incident following which a person who used the service had died and the incident indicated potential concerns about the management of risks in relation to the safety of the premises. At the focused inspection, we found the provider to be in breach of a regulation in relation to good governance.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question Well-led to at least good. At the inspection on 10 and 11 July 2018, we found that the provider had made improvements.

Mary Feilding Guild is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Mary Feilding Guild is registered to provide accommodation and personal care support to 43 people in an adapted building across five separate units, each of which have separate living areas and outdoor spaces including terraces, and a communal garden. Mary Feilding Guild is set up to provide a service to people who can maintain an independent lifestyle. People's rooms have ensuite and kitchenette facilities. At the time of our inspection, 35 people were living at the service.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the service. Relatives told us staff supported people safely. Staff were trained in safeguarding, health and safety and first aid. They knew their responsibilities in keeping people safe from avoidable harm and abuse. People's risk assessments and risk management plans provided sufficient support to staff on how to minimise risks to people. People were supported with medicines by well trained staff. The provider had robust processes in place to record and learn from accidents and incidents. Staff wore correct personal protective equipment whilst providing care to avoid the risk of spread of infection. The service was clean and there was no malodour. The provider had made several premises improvements and were undergoing additional building works to ensure people and staff safety. Staffing levels during daytime were sufficient however staff told us night time staffing levels were not enough. We have made a recommendation in relation to staffing numbers.

People's needs were appropriately assessed before they moved to the service permanently. Staff were

aware of people's needs and abilities. They received regular supervision and training to support people with their individual needs. People told us their needs were met and were happy with nutrition and hydration support. Most people told us they liked the food. The premises were adapted to meet people's individual needs. The provider had processes in place to ensure people who deemed to lack capacity were supported in line with the MCA principles. People were offered choices and their consent sought.

People and their relatives told us staff were caring, helpful and friendly. Staff were trained in equality and diversity and told us they treated people with dignity and respect. People's religious and spiritual needs were met by staff when requested and recorded in their care plans. Staff supported people to lead independent lives and respected their privacy.

People's care plans were person-centred and comprehensive. The provider offered people a varied range of stimulating group and individual activities. People and their relatives knew how to raise concerns and complaints. The provider kept accurate records of complaints.

People, their relatives and staff told us the service was well managed and management was approachable. People and their relatives were asked for their feedback and the findings were used to improve the service. There were clear records of audits and checks to ensure the quality of care and people's safety. The provider worked with healthcare professionals and other organisations to improve the service and people's well-being.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives told us they felt safe with staff. Staff were knowledgeable about risks to people and how to provide safe care. Staff knew how to protect people against harm and abuse. People's risk assessments were comprehensive and regularly reviewed.

The provider followed appropriate recruitment procedures. Although there were sufficient staff during daytime, staff told us the staffing levels were not enough at night.

Trained staff supported people with their medicine needs. Staff followed appropriate infection control practices. The provider had made a lot of changes to the premises and planned building works were being carried out to ensure people and staff's safety.

Is the service effective?

Good

The service was effective.

People's needs were assessed and they told us staff met their needs. Staff received regular training and supervision to provide effective care. Most people liked the food.

Staff supported people to access ongoing healthcare services. The premises had adaptations that met people's individual needs. Staff sought people's consent before delivering care and gave them choices.

Is the service caring?

Good

The service was caring.

People told us staff were caring and treated them with dignity and respect. Staff asked people's views and involved them in making decisions regarding their care. The service had a relaxed atmosphere.

Staff encouraged people to maintain independent lives. People's care plans gave information on their religious and cultural needs.

Staff were trained in equality and diversity.

Is the service responsive?

Good

The service was responsive.

People told us they received personalised care. Their care plans were regularly reviewed and were comprehensive and person-centred.

People were offered a range of varied activities and told us they enjoyed them. The provider followed their complaints procedure to promptly address people's concerns.

People's end of life care wishes were discussed and recorded in their care plans.

Is the service well-led?

Good

The service was well-led.

The provider had made improvements since the last inspection and there were effective audit systems to ensure people's safety.

People and their relatives told us the management was approachable. Staff told us they felt listened to and supported.

The provider sought people's feedback and worked with other organisations to improve the services.

Mary Feilding Guild

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 is 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 10 and 11 July 2018 and was unannounced. The inspection was undertaken by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, this 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. We contacted the local authority where the service is based for their feedback.

During the inspection, we spoke to nine people and a relative. We spent time observing interactions between people and the staff who were supporting them. We spoke with the registered manager, the director, a care manager, four care staff, the maintenance manager and an assistant chef. We looked at four people's care plans and four staff personnel files including recruitment, training and supervision records, and staff rotas. We reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service. We also looked at records related to the management of the service including audits, health and safety checks and quality assurance.

Following our inspection visit, we spoke to three relatives, the housekeeper and a volunteer. We reviewed documents provided to us after the inspection. Some of these included policies and procedures, fire risk assessment and annual activities report.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here. All the building work that has been going on it is good for our safety in the end." Another person commented, "It is as good as it gets. There is a happy medium in life. They have been very good with emergencies." A third person said, "When I broke my hip twice I needed major care. They looked very well after me. They called the ambulance." Relatives told us the service was safe and staff provided safe care. Their comments included, "In the time I have been here it [safety] has become more of a focus", "They [people who used the service] get a good balance, them being independent and well looked after. [The management] making sure they [people who used the service] are safe and not overly monitored" and "I think [person who used the service] is extremely safe."

People told us staff were accessible and available and did not have to wait too long to receive support. One person said, "Oh yes, staff arrive promptly at night. During day could be five to 10 minutes delay." Care calls report confirmed staff responded to people's calls promptly. During the inspection the management informed us that 35 people were living at the service and there were eight vacancies. Staff rotas showed there were three care staff and one care manager during day shifts and a care manager and a care staff member to cover night shifts. The management told us staffing levels in the evenings were increased from two to three to meet people's needs safely, staff we spoke to and staff rotas confirmed this.

Although people told us staff attended their care calls on time, some people said at nights they felt staff were overstretched. A person said, "The place is spread. It makes it difficult for staff at night. There are only two staff at night. I have nothing but praise for them in general terms." All care staff we spoke to told us staffing levels at night were not sufficient due to increased needs of people and the layout of the building. A staff member said day time staffing was enough but at nights it felt like there should be more staff on duty but this was due to the layout of the building. Another staff member commented, "Especially at nights there is not enough staffing, only two of us. We have people now with higher needs." A third staff member told us, "Sometimes [staffing levels] are not adequate. In the night there are only two [staff] and can be worrying." A fourth staff member commented that they were managing now because the occupancy was lower but was concerned about what would happen if the occupancy increased. They further said at nights it could be hectic if the care manager was busy administering medication and three people called for assistance at the same time.

The provider's fire evacuation schedule showed five people required staff assistance to evacuate and five people required assistance with wheelchair to evacuate. We raised these concerns with the management and they told us that the night staff levels were appropriate. However, we were not reassured that the staffing levels at nights were sufficient to meet people's needs safely.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to safe staffing levels.

Staff were trained in safeguarding and whistleblowing procedures. They demonstrated a good understanding of their role and responsibilities in identifying and reporting abuse, concerns, and poor care.

Staff comments included, "The first thing is to report it [abuse] to appropriate people, care manager, registered manager, director" and "[Whistleblowing] is if you feel like something is not being dealt with appropriately you would go to either the local authority, CQC or even the police depending on what it is." There had been no safeguarding concerns since the last inspection.

There were processes in place to identify, assess and mitigate risks to people. Since the last inspection, the registered manager had reviewed the risk indicator assessment (RIA) so that it was easy to follow. RIA was used to assess risks to people for areas such as mobility, cognitive impairment, medication, communication, isolation, health problems and were scored at high, medium or low risk. If the RIA indicated that people were at high risk, there were completed risk management/care plans in place to mitigate those risks.

People's risk management plans were individualised. For example, a person with swallowing difficulties, their risk management plan clearly stated the support they required and actions staff needed to take if the person experienced choking and aspiration. The plan stated the person was "on soft mashable food diet, able to feed themselves but staff to observe them to monitor signs of aspiration, the person to sit upright always when eating or drinking to reduce the risk of aspiration/choking. Staff were instructed to call for help and treat for choking if they observed any signs of choking such as coughing, difficulty breathing, wheezing." Staff were trained in first aid and knew where the first aid kits were stored and how to support the person if there were minor injuries. Staff comments included, "Yes, I have had first aid training. If a person had a cut and were bleeding, I would provide cold compression to stop the bleeding" and "Put my gloves on, clean the wound and put the plaster on. If anything serious call the duty officer immediately." This showed staff knew how to provide safe care.

People told us they were happy with the medicines support. A person said, "Oh yes, they [staff] come and give me medicines [on time]." Only care managers administered medicines after they had received appropriate training and their competency assessed. People's medicines administration record charts showed people's medicines were appropriately recorded. The provider had robust systems in place to identify and address medicines errors in a timely manner. Medicines were stored safely and securely in lockable cupboard and medicines trolley was locked in the medicines room. Medicines room temperature records showed the medicines were stored as per the requirements. However, the fridge temperatures were a bit higher than recommended. The management told us they had ordered a new fridge. Records confirmed this.

Health and safety, fire, electrical and water checks were appropriately completed and in date. During the inspection we saw there were window restrictors in place in people's bedrooms and communal areas, the outside balcony areas had raised balustrades to prevent people from falling over and radiator covers had been fitted to minimise accidents. People were generally pleased with the changes however there were some people who felt radiator covers were unnecessary. The maintenance manager told us they had spoken to people who had raised concerns and were in discussions to adapt the radiator covers.

The maintenance manager told us they had carried out some urgent building works and had plans in place following the independent health and safety assessment to ensure people and staff's safety. For example, solar films had been installed to two sets of windows in one part of the service, insulation installed in the boiler room to reduce heat emission, people's balconies floors were being raised to level the surface to reduce the trip hazards and windows were being replaced to increase their efficiency.

People and their relatives were happy with the cleanliness. Staff were trained in infection control and wore personal protective equipment (PPE) when providing care. Staff confirmed they had access to enough PPE. There were adequate hand wash facilities and antibacterial gel dispensers around the service. The service

appeared clean and there was no malodour. The provider had a housekeeping team who was responsible for cleanliness. The housekeeper we spoke to told us they ensured two staff were allocated on weekdays and one staff member over weekends, and they led a team of seven domestic staff to maintain high standards of cleanliness. The housekeeper carried out random spot checks to ensure the service was appropriately cleaned.

Since the last inspection, the registered manager had reviewed accidents and incidents processes to ensure they captured all the details of the incidents, learnt lessons to minimise future occurrences and shared the learning with the staff team. For example, a person had a fall out in the community whilst running for public transport. The registered manager had reviewed and updated their risk assessment and put measures in place to prevent them from falling again. The risk assessment action points included "Staff to remind [person who used the service] not to run for a bus, to be more patient, always get the bus pass ready before boarding the bus. Care manager to review history of falls, to discuss fear of falling, consult GP for medicines review, referral to physiotherapist." Records confirmed follow up actions had been carried out.

Due to a change in some people's health and mobility needs, they were at a higher risk of falls. As a precautionary measure, the registered manager organised a falls awareness session. At this session they informed people on prevention and consequences of falls and how falls could be avoided. The provider updated the falls policy, introduced a fall pathway, trained staff in falls prevention and provided them with guide on prevention of falls. The fall pathway provided clear instructions for staff to follow for witnessed and unwitnessed calls to ensure promptness, safety and consistency. They analysed the pattern of falls to gain a better understanding of the time of the day people tended to experience more falls. They used this information to implement safety measures to prevent future occurrences. A person had fedback to the management that they found the falls awareness session insightful.

Good

Is the service effective?

Our findings

People told us staff knew their needs and abilities and met their support requirements. One person said, "The care staff are very good. I think they manage extremely well." Another person commented, "The staff are excellent." A third person said, "They [staff] are sweet and they do their utmost best." Relatives told us staff provided effective care. Their comments included, "She [person who used the service] is very well looked after, very supportive staff. It is a special home, very attentive to [people who used the service] individual needs" and "They [staff] are meeting her [person who used the service] every need and more so."

The provider's assessment process included a week's trial stay where people's needs were assessed and observations were carried out to determine if the service was able to meet people's individual needs. People were required to bring a self-assessment form and GP's report prior to completing the trial stay. During the trial stay the provider completed a pre-assessment form to gather information on people's physical health and mental well-being, medical history, personal and social care needs and risks associated with their healthcare needs. People's pre-assessment forms showed their individual needs, abilities and routines were captured that enabled staff to get a better understanding of their individual needs. For example, a person's pre-assessment form stated they were independent with their personal care, mobility, nutrition and hydration needs but may need assistance with some aspects of care such as doing up buttons due to a health condition. The pre-assessment form further stated their preferred wake up and bed time, and their interests included cinema, theatre and attending book club.

New staff received induction training in areas such as principles of care, safeguarding, moving and handling, health and safety, first aid, infection control and safe food handling. Staff were also provided with additional training relevant to people's specific conditions such as dementia and prevention of falls. All staff received annual refresher training in areas such as moving and handling, safeguarding, and health and safety. Records confirmed this. Training matrix gave details of the training staff had attended, the gaps and future training dates. Following the inspection, the registered manager emailed us refresher training dates. Staff told us training was good. Their comments included, "I requested Dementia in my supervision. The latest was somebody from outside who gave the training. It was just excellent", "We are given enough training. We do get refresher [training], two weeks back did training in health and safety" and "Yes, I attend each and every training, it [training] is good. The recent training was in dementia and manual handling."

Staff told us they received regular supervision and found them useful. A staff member said, "Of course they [supervision] are [useful]." Staff were provided with two group supervisions and four one to one supervisions per year. Records confirmed this. Staff appraisal records confirmed their performance was reviewed yearly, and targets and objectives agreed for the following year. A staff member said, "Yes, we have [appraisal] once a year."

Some people told us the food was very good but others said it could be better. One person said, "The food is very good." Another person commented, "I love the food." However, some people told us they did not always like the food. One person said, "They cannot get a second chef who usually covers the weekend. The food has not been up to it. The permanent chef is excellent." A second person said, "Sometimes I like it,

sometimes not." The provider told us they were in the process of appointing a permanent chef for the weekend position which would ensure consistency on weekends. People's food and drink likes and dislikes were recorded in their care plans and passed onto the main chef. For example, a person's care records stated they liked chicken, fish, fried eggs, disliked boiled or scrambled eggs, and liked to drink cold beer.

During the inspection, we saw most people enjoyed the lunches, the food was freshly cooked in the kitchen, served hot, well presented and the service was efficient. We observed people communicating and enjoying each other's company. Tables were nicely set and had drinks and condiments on them for people to use. There was a vegetarian alternative and option of fresh fruits and dessert for afters. Menus contained one meat / fish option and one vegetarian option. The menu also contained alternative options which people could choose if they did not like the menu options. People discussed menus in residents' meetings and were provided with draft menus to give feedback on.

Fridge and freezer temperature records showed food was stored within the recommended range. The fridges, freezer and dry stock cupboard were well stocked with a variety of nutritious foods. Items that were opened were labelled and dated with the opening date. Kitchen staff were provided with information on people's dietary needs. For example, dietary needs sheet recorded "[Person who used the service] food must be soft or mashed, no lumps, seeds and skin in her desserts." The assistant chef we spoke to was knowledgeable about people's dietary needs and could describe in detail how they catered for people's dietary requirements. Staff knew about people's different dietary needs and preferences which included gluten free, shellfish allergy, strawberry intolerance, fortified diet and soft food. We saw staff kept accurate records of people's food and fluid consumption when this was recommended.

People were supported to maintain healthier lives. A relative commented, "They [staff] liaise with GP. They have called in extra help such as psychiatrist." During the inspection, we saw staff liaised with people and healthcare professionals to arrange appointments and therapist sessions. People's care records had copies of healthcare professionals' correspondence and referrals. For example, records showed a community occupational therapist and falls clinic referral for a person following a fall and a speech and language therapist (SALT) referral for a person with swallowing difficulties. At the inspection, we saw a SALT visited this person following the referral and gave details to staff on the recommended nutritional plan.

People told us they found the service accessible and we observed them accessing their rooms and communal areas with comfort and ease. The service had adaptations in place to meet people's individual needs such as a stair lift and the newly built ramp area in the garden.

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. 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's care records gave information on their capacity to make decisions, had information on appointed power of attorney and copies of the certificate of power of attorney authorisation. People's consent was sought for various aspects of care delivery. There were signed consent forms for areas such as care and

treatment and sharing information. For example, a person at risk of falls used a sensor mat for their safety and there was a signed consent form in place to use a sensor mat.

Staff were trained in MCA and DoLS and knew to obtain consent before delivering care and offered choices. A staff member said, "I ask the individual, for example, are you ready for your breakfast or would you like me to help you to get up and dress up." This showed people were supported in line with the MCA principles.

Good

Is the service caring?

Our findings

People and their relatives said staff were caring and helpful. A person said, "They [staff] are very caring and so sweet. I feel very fortunate to be residing in a place like this." Another person told us, "The staff are excellent. Very caring." Relatives' comments included, "The service is not institutionalised. [Staff] helps older people [people who used the service] to maintain their youthfulness" and "[Staff] are very caring. They are showing great compassion and care." A volunteer said, "They [staff] treat [people who used the service] as humans rather than belittling them and pushing them in a corner. I would define staff as amazing, helpful, very caring, supportive, goes right from the top down."

During the inspection, we observed the service had a relaxed and calm atmosphere. We observed positive interactions and meaningful conversations between staff and people. A relative commented, "The moment you get to Mary Feilding Guild you sense good atmosphere. All staff are amiable people to deal with, very pleasant." A volunteer who facilitated various group activities said, "The place is so inspiring, great to see older people [people who used the service] not patronised but encouraged to be themselves." The residents' services manager told us, "We try to create a home from home environment."

People told us they knew they had care plans and were involved in developing them. A person said, "Yes I have a care plan. It is here, with the GP and with the hospital." One relative commented, "The Guild [Mary Feilding Guild] was very clear about the steps needed to be taken before and after [person who used the service] moved to the service. The Guild gave [person who used the service] ample of time to make decisions [regarding care]." A staff member commented, "Involving them [people who used the service] in their care asking them of their wishes if there is anything they would like to do differently." This showed people were asked for their wishes and opinions and the provider involved them in making decisions about their health and care.

The residents' services manager who arranged activities told us, "When people move in here, we do ask them if they have religious needs that they would like to be supported with." People's care plans recorded information about their religious and cultural needs, and people told us these needs were met. For example, there were regular visits from a representative of a place of worship for people who practiced that religion. People's gender preference care was recorded in their care plans.

Staff were trained in equality and diversity. People told us staff treated them with dignity and respect. A person commented, "Oh the staff are charming. Oh yes, absolutely respect my privacy and dignity." A relative said, "They [staff] talk to people with respect." Staff's comments included, "We have to treat each service user as an individual and every service user has different views and needs and we have to respect that." Staff told us they would support lesbian, gay, bisexual, transgender (LGBT) people with their individual needs. A staff member said, "I would treat this resident with respect and with dignity, make them feel welcome and not show difference in how we treat them. This is their home and we are coming to work so there should not be any differences at all."

People were encouraged to remain independent. People made their own breakfast and supper in their

kitchenettes and did their own laundry in the laundry rooms. A volunteer said, "The independence is encouraged to lead their lives as if living in their own homes."

Good

Is the service responsive?

Our findings

People and relatives told us they received care that was responsive to their needs. One person said that the service was flexible and accommodating of their changing needs such as reduced mobility. A relative told us that their family member preferred having their main meal in the evening and the service was accommodating. They further said, "They [staff] would save the lunch meal for supper." Another relative commented, "They [the management] were extremely flexible with my [person who used the service] onset of dementia." Staff were knowledgeable about the importance of providing person-centred care. Their comments included, "Where [care is] catered to the individual so you are not imposing what you want. You are catering to their wishes, their quirks. It is individual and person centred. Not a one size fits all" and "It is the individual in the centre. All support, help, encouragement, lifestyle is around that person's needs. What they need and what they want. Choices and preferences and how they want to be looked after."

The provider delivered two levels of care, standard and enhanced, and people's care plans reflected the levels of care people required. The registered manager had reviewed people's care plans since the last inspection and we found them to be comprehensive and person-centred. Care plans had a 'This is me' document that gave personalised information on how people like to spend their time, day and night time routines, food and drinks preferences, hobbies and interests, background history and significant people in their lives. They also provided instructions for staff on how people would like to be supported. For example, one person's care plan stated they liked to read, and exercise in the morning, a siesta in the afternoon, socialised in the evening, did not like to use a telephone to communicate, if not in a good form they would rest and people's rudeness upset them. Instructions for staff was that the person was independent with daily living activities and their independence was to be encouraged, the person did not want staff to carry out night checks as they were a light sleeper.

People and relatives told us they were involved in care reviews. A relative said, "Yes, we have a care plan. We go through it once a year." Staff told us they were kept up to date of people's changing needs. Their comments included, "We have handovers, we have a communication book which we are encouraged to read when we start shift, and there is a noticeboard in the care office with important notices" and "Oh yes at the handover time and each time on changing shifts. Also, we follow care plans." The management told us for people who received the standard level of care their care plans were reviewed quarterly and those in receipt of enhanced level of care were reviewed monthly. Records confirmed this.

People were provided with a range of varied group and individual activities. The provider had a group of volunteers that facilitated activities. People told us they enjoyed the activities. One person said, "The activities are very good though my participation is limited because of my disability." Another person commented, "It's a lovely garden. I am part of the team working in the garden. The activities are very good." A third person said, "Once a month we go to Waitrose with a minibus to stock up. Two volunteers take us." A fourth person commented, "The volunteers are very good and enjoy the activities." A relative said, "They provide all kinds of stimulating activities such as arts, exercise, shopping, it has contributed towards her [person who used the service] great length of life." Activities included book club, knitting group, poetry club, games session, Jazz music group, shopping and gardening. During the inspection, we observed people

participated in Tai Chi and art sessions. There were special events organised such as strawberries, cream and prosecco afternoon to watch Wimbledon. The provider also organised impromptu events weather permitting such as garden parties, drinks on the terrace and ice cream afternoons. Activities report for the year April 2017 – March 2018 demonstrated varied stimulating activities offered to people, events that were organised and ideas for the next year.

Staff maintained clear records of how people were feeling physically and emotionally and any changes, how they were supported, what activities people got involved in, and any concerns raised. For example, a person's care file indicated that they did not like using the bathing facilities outside their room. Their records accurately documented the person being supported with shower using their ensuite facilities. Another person's night care notes recorded, "At 00.35, [person who used the service] rang the emergency call to report that she was being disturbed by the buzzing of a mosquito. Staff member saw the mosquito perching on her shoulder and got rid of it. She was very pleased and appeared to settle afterwards."

People and their relatives told us they knew the complaints procedure and felt comfortable in raising concerns. A person said, "Once, it was an exception, someone was unkind to someone else. I reported it as it was unusual. It never happened again. We are really fortunate." Most people and relatives told us they had not made complaints. A person said, "I have not got any complaints." One relative told us, "We have not made any complaints. [Person who used the service] feels she can take things [concerns] up herself. They [the management] are approachable. If not happy, I would go to [the director]." The provider maintained clear records of complaints, investigation notes, outcomes, lessons learnt and how to avoid them from re-occurring in the future.

The provider supported people with end of life care needs. During the assessment and throughout people's stay staff had discussions around people's end of life care wishes including funeral arrangements and where they would like to spend their last days. Where people chose to discuss their end of life care wishes these were recorded in advance care directives and were filed in their care plans. Some people had also chosen to sign Do Not Attempt Cardiopulmonary Resuscitation and we found clear records of these in people's care plans. For example, one person's care plan recorded they had made an advance decision to refuse treatment including cardiopulmonary resuscitation and this was discussed with the palliative care team, their power of attorney and family. This showed the provider had processes in place to support people with their end of life care wishes and needs.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection on 21 August 2017 we found that the provider did not have an effective system to assess, monitor and evaluate the safety of services provided to people who used the service and was in breach of Regulation 17. During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements thereby meeting the regulation.

Since the last inspection the provider had recruited a maintenance manager. Their responsibility was to carry out internal and external environment, premises and external contractors risk assessments to ensure the safety of people. The risk assessments were checked by the director before being signed off. Records confirmed this. The maintenance manager maintained clear records of health and safety maintenance checks including water, fire and premises and there were clear records in place to demonstrate actions taken to address any issues. The management had set up a health and safety committee that met monthly and looked at issues and actions needed to resolve those. Health and Safety meeting notes confirmed this.

The provider had systems and processes in place to monitor and evaluate the management of the service. There were regular audits in place for care delivery and staff records including care plans, risk assessments, medicines administration record charts, daily care records, and staff personnel and training records. The registered manager told us they did a sampling exercise where they reviewed some care plans and identified any gaps and errors, these were then rectified by the care managers. For example, the June 2018 care plan audit compliance report stated the registered manager had audited seven care plans and highlighted areas that needed more information. The residents service manager carried out monthly care plans audits and signed off the updated care plans. Records confirmed this.

The registered manager audited people's MAR charts so that issues could be identified and appropriate action taken. The residents service manager then checked and signed off actions that were completed. Records confirmed this. MAR audits for June 2018 stated there was "excessive medicines in stock and the identification sheet on MAR chart did not reflect the people's current location." Actions taken to rectify the issues were "all excessive medicines were returned to chemists to avoid overstocking – 26 June 2018 and residents' identification sheets were updated on 8 May 2018." This showed the management had efficient audit systems for recordkeeping and maintained accurate records of care delivery.

The provider had also introduced a new alarm call system to monitor people's care calls. Staff told us they found the new system easy to use. The registered manager carried out unannounced night checks when they stayed at the service one night a month. However, they did not keep records of any of these unannounced night checks. The management told us moving forward they would keep records of these night checks.

People and relatives told us the management was approachable. A person said, "The registered manager is very caring." Another person commented, "Oh yes, would speak to [care manager], [registered manager] or [director]. Oh absolutely, they listen to me." A third person said, "Following the accident, we have had the

scaffolding and lots of works going on. They [management] have left no stone unturned. They have got it all worked out. Some people have had to move room. I feel sorry for them. But you cannot point a finger at management. They have risen to the occasion."

Relatives told us the service was well led and they would recommend it to others. Their comments included, "I feel it is wonderful to say the service is well-managed, they take decisions when they need to. Absolutely, would recommend it and have recommended the service", "Mary Feilding [Guild] is probably one of the best places you would find. [Person who used the service] is extremely lucky to be there", "The facilities and service is excellent" and "Well it has always been excellent. [Person who used the service] is incredibly happy there."

Staff told us they felt supported by the management and found them approachable. Staff comments included, "I think so [registered manager is a good leader]", "I get the support I need. Yes, to me [registered manager] is approachable, get on well with her", "My manager is easy to talk to, approachable, I give her daily updates", "I enjoy my job. If I have any issues I speak to my manager and she would help me" and "It is a lovely place to work in. Oh, all the time [I feel supported]. I will not be here if I did not enjoy working here." The registered manager arranged regular staff meetings and most staff told us they found them useful. Staff comments included, "She allows me to give ideas and take my ideas on board. It is quite refreshing that I am respected for my experience" and "I do [attend]. Yes, you can put forward things that you feel need to be addressed. I feel quite comfortable speaking up at a staff meeting."

Most staff told us they worked well together. Staff comments included, "Yes, do not have problems with team work in care team", "We [staff] look out for each other" and "Staff are helping each other. Care team does a fantastic job, get to residents as soon as they can." The managers of various teams including care, housekeeping, health and safety, activities and kitchen liaised with each other to ensure people's needs were met.

People and their relatives were asked for their views, opinions and feedback. People told us the management asked for their feedback via questionnaires and at resident meetings. Resident meeting minutes showed they were held every three months and were well attended. People's contributions were documented. Meetings minutes dated 21 February 2018 and 16 May 2018 showed discussions took place around lunchtime seating allocations, weekend chef post, notice board communication, radiator covers, door guards for fire doors, hospital admissions, Buddy System (people could volunteer to be buddies to new people and relay information), ambulances, aid call (call bells), events and activities. People were kept updated on the changes and relevant information via newsletters. For example, May 2018 newsletter informed people of the current situation with weekend chef's recruitment, garden wing windows, library renovation plans and fire safety. People and their relatives were asked for their feedback formally once a year via feedback questionnaires. The provider told us they were in the process of developing questionnaires and would be sent out in August 2018. They had processes in place to analyse the completed feedback and use the findings to achieve improvements.

The provider worked with healthcare professionals, national and local organisations to improve the quality of care and people's lives. For example, they sought advice from a national organisation that support people with sight loss in improving lighting in the library and dining rooms.