

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

Mary Feilding Guild

North Hill, Highgate, London, N6 4DP

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mary Feilding Guild
Registered Managers	Ms. Janet Gilder Ms. Marcella McCaghy
Overview of the service	The Mary Feilding Guild provides care and support to a community of up to 43 older people. It is located in Highgate, north London.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

When we visited the home we spoke with 14 of the residents. They told us that they liked living at the home and thought that the support they had was good. When we asked residents about how they found the home the comments we received included the following:

"It is very nice. I am perfectly glad to be here."

"Oh yes. I am happy here. You have your own freedom, yet you know you are protected."

"The staff are very kind and helpful."

"I was wonderfully looked after when I wasn't well."

"It is very nice. They keep it nice and tidy."

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

People experienced care, treatment and support that met their needs and protected their rights.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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

More information about the provider

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

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. When we visited the home we asked people if they had felt involved in the planning of their care. Most people told us they did. One person told us "I feel I can express my opinion when setting my care plan." Another person told us "Yes. They ask me whether I agree." However, some people felt they could have been consulted more. Some people felt that when they had looked at their plans there had been incorrect information in it.

We looked at the care plans for six people living at the home. We saw evidence that people's views and preferences were included in their care plans. The plans had been signed to indicate that people agreed with their contents. However, we noted that some of the plans had been signed up to six months after they had been set. Where people were not able to express their opinions there was evidence that family members had been involved in setting the plans.

People's privacy, dignity and independence were respected. When we visited the home we observed staff talking with residents. We noted they did so in a respectful and polite manner. When we spoke with residents they told us they found the staff to be polite. They told us that care workers would always knock on the door before coming into their rooms. In a 'Quality of life' questionnaire conducted by the home in March 2013 100% of the people who answered the question "Do you feel that your privacy is respected by staff?" responded 'yes'.

We asked people if they could make choices over what they wanted to do. They told us they could. Some people explained how they had chosen to be supported, such as one person who told us "I have a cup of tea at six o'clock. I like that."

When we spoke with people they told us they were able to decorate their rooms with their own furniture.

We asked people if they felt involved in the running of the home. Most told us they felt they were consulted, but some commented that they felt they could be listened to more. Residents' meetings took place at the home to gather the opinions of people. We looked at the minutes for recent meetings. There was evidence of the views of people being sought on the running of the home, for example on the decoration of a new wing at the home. The provider had sought people's views about the food through a questionnaire.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

When we visited the home we looked around the communal areas. The home was cleaned to a high standard. There were a number of different lounges in which people could socialise and a library. Tea was served here in the afternoon. The Guild also had a large garden in which a number of people were enjoying sitting.

We spoke with 14 of the residents at the home. They told us they liked the Guild and many told us they felt privileged to live there. All the people we spoke with told us that they felt the care and support they received from staff was good. The following are some examples of the comments we received:

"They come when you need help"

"Staff do come. They always come and see you straightaway."

"Brilliant. Very, very nice staff."

"They are marvellous. They do anything for you really."

"The care is very good. They are available if you need help."

When we visited the Guild we observed that staff responded promptly to a call bell.

We asked people whether they felt there were enough activities at the home. They told us there were. For example, one person told us "There are lots of groups. We have a reading group." Another person told us "We have an exercise class. It is very good." The Guild had a group of volunteers who visited the home and were able to support people in undertaking some activities in the community. People told us they appreciated this support. On the day we visited we observed a staff member sitting with a group of residents and reading poetry with them. The member of staff took time to engage with each person in the small group. The people in the group were enjoying this. However, in a 'Quality of life' questionnaire conducted by the home in March 2013 five out of the 18 people questioned responded that they felt the activities offered were average.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the care plans for six people, including all of the people who had been assessed as requiring a higher level of support. In these plans we saw evidence that people's needs had been assessed and that when their needs had

changed the plans had been updated. There was also evidence that, where appropriate, people were having their health monitored, for example through regular monitoring of their weight.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Where a risk had been identified, for example the risk of developing pressure ulcers to the skin, appropriate support had been sought from other professionals and plans had been put in place to address this risk. These plans were being followed.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with people living at the Guild and asked them if they felt they were well supported with taking their medications. Most told us they were satisfied with the process. One person told us "They [the staff] help me with them [the medications]. It all works fine." However, some people suggested they had concerns with the process, such as one person who commented "We have had times when they haven't had the medications."

When we visited we checked the medication administration record (MAR) sheets for a number of residents. These were mostly filled in correctly. However, the provider may find it useful to note that in some of the records the reason medication had not been administered was not clear, because of a lack of consistency in the usage of codes recording the reason on the forms. We also noted that on one form that it was recorded that a medication had not been available. When we checked medications the numbers remaining matched what was recorded on the records.

We checked the storage of medications. Where necessary they were being stored in the fridge or in double-locked cupboards. Controlled drugs were being stored appropriately.

The Guild had recently had an external audits undertaken looking at their management of medications. This had raised a number of concerns regarding the ordering and distribution of medications. In response to this the manager told us they were currently responsible for the reordering of medications. The provider also had a plan in place to address the concerns raised, which had included changing the pharmacist they were using to supply the medications. The provider may find it useful to note that it will need to ensure that recent improvements are maintained.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

When we visited we spoke with people living at the Guild and asked them if they felt the staff had the necessary skills to support them appropriately. We received the following comments:

"The care staff are very kind. You can see they know how to help when they hold and lift people."

"They [the staff] know what they are doing."

We also asked them if they felt there was enough staff. Most told us they felt there were enough staff, but they were busy:

"They [the staff] are very good. They are there when you need them."

"The staff seem to be very pressurised."

We spoke with four members of staff. They told us they felt supported in their roles and that if they needed support their managers were available. They told us they felt they were a good team. However, the provider may find it useful to note that some suggested that they would like to have more regular staff team meetings, to give them an opportunity to discuss the running of the home. When we visited in June 2012 we had noted this to the provider, but regular meetings were still not being undertaken.

When we spoke with staff, we asked them if they had regular supervision. They told us that it had not always been consistent. When we looked at the records for supervision, we saw that some people did not have supervision recorded for over a year. The provider may find it useful to note that staff had not received regular supervision recently.

Staff received appropriate professional development. When we spoke with staff they told us they felt they had good access to training. We looked at the training records for four members of staff. There was evidence they had access to a wide range of training, including specific training relevant to the client group at the Guild. For example, courses undertaken included depression in later years, positive emotional wellbeing, report writing and into the Gold Standard Framework (training in palliative care).

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We spoke with people who were living at the Guild and asked them if they felt they could express their opinions in the running of the home. Most told us they felt they could. For example, one person told us "They are very good at asking your opinions." However, some people told us they felt their views could be listened to more.

In March 2013 the home had conducted a Quality of Life questionnaire. The results from this had been analysed and areas for development had been identified. When we spoke with the manager they told us they were intending to conduct this twice a year, sampling half the residents each time. The home also had a suggestions box people could use to express their opinions.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked at the accident book for the home. There was evidence that when someone suffered an accident this was recorded in the book and that any potential learning was identified.

The provider had a system to regularly assess and monitor the quality of service that people receive. When we looked at the care plans for people living at the Guild there was evidence that they were reviewed on an on-going basis. When we spoke with the manager they explained that they were currently redesigning the plans to focus on outcomes for residents.

There was evidence that the home had systems in place to identify and address concerns. For example, a recently undertaken medication audit had identified concerns that were now being addressed.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. When we visited the home we asked residents if they knew how to make a complaint. Most told us they knew. One person told us "If I had a complaint I would just go down and tell them." Another person commented, "I never feel like going down and putting in a complaint." In a 'Quality of life' questionnaire conducted by the home in March 2013 13 of the 16 people who replied to the question "Do you know who to complain to if you are not happy with any aspect of your care and support" responded 'yes'.

The home had an information leaflet, detailing how to make a complaint, which was given to people when they arrived at the home. This included details of organisations to contact should the person not be satisfied with the response to the complaint. The provider may find it useful to note that the contact details for the Care Quality Commission were not up-to-date.

People's complaints were fully investigated. When a complaint was made, the home had a procedure in place to ensure that it was investigated. During the inspection, we saw evidence of a current complaint being responded to appropriately.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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