The Fremantle Trust

Dell Field Court

Inspection report

1 Etchingham Park Road
Finchley
London
N3 2DY

Tel: 02083718900
Website: www.fremantletrust.org

Date of inspection visit:
13 September 2016

Date of publication:
27 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Dell field Court is a care home for older people with learning difficulties, dementia and physical frailty. The home has 40 beds split into three floors; each floor has its own dining area and lounge, the second floor unit was dedicated to people from Asian origin. On the day we inspected there were 37 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Most people were positive about the service and the staff who supported them. People told us they liked the staff that supported them and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. The care records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

However there were insufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home. There was a high usage of agency staff and people told us they often had to wait for assistance. Staff told us that during busy periods they did not have enough time to spend with people.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely. Staff had detailed guidance to follow when

administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if
there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLS legislation and appropriate referrals for DoLS authorisation had been made so that people's rights would be protected.

The management team provided good leadership and people using the service, relatives and staff told us they were approachable, visible and supportive. We saw that regular audits were carried out by the provider's head office to monitor the quality of care.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care staff placed a high value on their supervision.

The provider employed a leisure and lifestyle lead who organised a range of activities that provided entertainment and stimulation for people living in the home.

There was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found that there were not enough staff to meet people's needs in a timely manner.

People told us that there were not enough staff to meet their needs.

People were supported to take their medicines in a safe way.

Staff were able to identify abuse and risk triggers and knew how to report abuse.

The home was kept clean and well maintained.

Is the service effective?

Good

The service was effective. People's care needs were assessed and staff understood and provided the care and support they needed.

People's nutritional needs were assessed and records were maintained to show they were protected from risks associated with nutrition and hydration.

We found the service met the requirements of the Deprivation of Liberty Safeguards. Relevant applications had been submitted and proper policies and procedures were in place

Is the service caring?

Good

The service was caring

People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in the care

planning and delivery and they felt able to raise any issues with staff or the registered manager.

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

There was a range of suitable activities available during the day.

Complaints were responded to appropriately and resolved in line with the providers complaints procedure

Is the service well-led?

Good

The service was well led.

Staff felt well supported by the manager and senior staff and they understood their roles and responsibilities.

The provider had systems in place to monitor standards of care provided in the home, including regular quality audits and satisfaction surveys for people living in the home.

The provider worked with other organisations to make sure that local and national best practice standards were met. This included working with the local authority quality team and the quality team at the provider's head office.

Dell Field Court

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 checked 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.

We inspected Dell field Court on 13 September 2016. This was an unannounced inspection. The inspection team consisted of two inspectors, a specialist advisor who was a nurse and two experts 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.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts

We spoke with 15 people who use the service and one relative. We also spoke with the registered manager, one of the assistant managers, seven care support staff, and two cooks, the Quality and Governance Director and the Regional Director.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including seven people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes for various meetings, resident surveys, staff training and supervision records and matrix, and policies and procedures for the service.

After the inspection we spoke to a member of the local authority's quality improvement team who were working closely with the provider.

Requires Improvement

Our findings

People told us there were not enough staff on duty. One person told us "There are not enough staff, staff are overworked." Other comments included "more staff is needed". "Feels like a long time for bell to be answered. Half an hour is a long time." "Nothing is on time. Everything is about waiting your turn even if it's urgent". One person told us "it always takes a while to get our lunch; there is not enough staff to help us." A relative said "There are lots of changes due to agency staff. Agency staff are not always aware of [his] needs. The regular staff are very nice and helpful."

People spoke about the low staffing numbers and an increase in the number of agency workers. One of the people using the service said that "In the main it's good, but sometimes you call and call and nobody comes. I panic when I'm waiting to go to the toilet and it's uncomfortable...but it does vary, sometimes they come instantly and sometimes, I don't know...15 minutes?" and "The staff are really good and really willing and hard-working but the good people leave because it's too much for them".

The home was divided into three floors .Staff rotas showed us that on the ground and second floor there were two staff working at all times and three members of staff on the first floor. We saw that the provider had a system in place to ensure that staff numbers reflected the needs of the people who use this service. However all the care staff we spoke with told us that they felt during busy times such as meal times there were not enough staff on duty and that they were regularly unable to take their breaks. A staff member told us that "There are not enough staff so we don't get time to just speak to people or do an activity with them." During our observations we saw a number of people who were waiting been seated to be served lunch. We also saw a number of people asking for assistance who were not responded too in a timely way.

The registered manager told us there had been issues in relation to staffing recently as a number of her senior staff had been off on long term sick leave and some staff had left the organisation. The registered manager told us they were in the process of recruiting staff to decrease the use of agency staff "it's difficult to recruit we need a good calibre of staff."

The above evidence is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from abuse and the risk of abuse. We discussed the safeguarding procedures with care staff. Safeguarding procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff we spoke with understood their

role in safeguarding people from harm. They were all able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff said they would not hesitate to report any concerns. They said they had read the safeguarding and whistleblowing policies and would use them, if they felt there was a need. We were also able to speak with the registered manager about a recent safeguarding concern at the home. We noted the home had not been at fault and had liaised with appropriate agencies and taken a pro-active stance at all times of the process to keep the person safe.

Risk assessments linked to people's welfare and safety had been completed and the management of known risks planned for. People who may be at risk of falling, developing pressure ulcers, or may not eat enough were identified. Appropriate equipment was in use to reduce any risks to people's health and well-being.

We looked at how medicines were managed in the home. All people we spoke with told us they were happy with the support they received to take their medicines. One person told us: "I do get my medication and eye drops on time".

We observed a member of staff administering medicines during the inspection and noted the member of staff was thorough in checking the prescription labels against the medicines administration records before giving the medicines to each person. We saw that fridge temperatures were recorded. Staff confirmed the provider had a good relationship with the pharmacy that delivered and collected all medicines used in the home. Training records confirmed all staff who managed medicines had received recent appropriate training. We observed staff administering medicines to people and noted that the staff cleansed their hands before and after administering eye drops. The medicines trolley was clean, tidy, locked and secured. Medicines were stored securely. There was an appropriate system of procedure and recording for medicine disposal. People had an individual folder for medicines administration. These had a photograph on the front and a chart where allergies were highlighted. The file also contained a copy of authorised signatories, and confirmation that correct medicines had been administered.

We saw there were suitable policies and procedures for infection control in the home and staff had received appropriate training in this area. Staff told us they were provided with the equipment they needed such as disposable gloves. There were contractual arrangements for the disposal of clinical and sanitary waste. Security, fire safety and health and safety monitoring was in place.

We assessed how the provider recruited new staff and looked at the recruitment records for four members of staff. The recruitment process included applicants completing a written application form and attending a face to face interview to make sure the potential staff were suitable to work with vulnerable people. We found all appropriate checks had been completed before a member of staff commenced work in the home and these were recorded. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. We noted the provider operated an effective recruitment and selection procedure which complies with the current regulations to ensure appropriate checks are carried out for all new employees.

The premises were clean and well-maintained and we saw that maintenance issues were attended to in a timely manner, which helped keep people safe. Appropriate signage was displayed for fire exits and evacuation plans for the building were in place. We saw that an external company undertook regular checks of all safety equipment and facilities in the service and that a refurbishment program was underway.

Good

Our findings

People told us staff had the knowledge and skills needed. One person said, "The staff are very good; they know what they're doing." One person said "some have no formal qualifications, but are kind and concerned people, which are the only qualifications needed for this sort of work"

Staff told us and training records confirmed that there was a comprehensive induction and rolling programme of training to ensure that staff had the necessary skills and knowledge to undertake their role and fulfil their responsibilities. Training included regular refreshers on areas such as safeguarding people who were vulnerable by their circumstances, food hygiene, dementia awareness and moving and handling. Staff we spoke to said they were well supported by the management and received sufficient training to do their job effectively. One staff member said, "I have had enough training and receive refresher training too."

We looked at people's written records of care which showed us the provider worked effectively with associated health and social care professionals. We saw that where a person had declined in mobility, the GP was called and a professionals' meeting had been arranged. We saw regular and appropriate referrals were made to health and social care professionals, such as chiropodists, social workers and district nurses.

There were mixed views about the food in the home. People told us they had enough to eat and drink. Their comments included, "I like food here, it is not too spicy and there is always plenty." and "The food is quite alright, served hot and brought up in food trolley." And "from my opinion the food can be improved, I don't always get what I want, but can't complain. When it comes to proper meal, example, they don't make a good toast."

However, some people told us dinner time was too early. Their comments included, " Initially, I found dinner time very early but with time I have got used to it." and "dinner is served at 5.30pm which is quite early and then don't get anything till the next morning. My family buys snacks for me that I have if I feel hungry in the evening or early morning before breakfast." One relative told us, "Dinner time is quite early, it would be better if it's late." We observed lunch on all three floors on the top floor which was for Asian residents we noted that there was no lunch menu on the table and people did not know what to expect. However, food that was served met Asian cultural needs and included dessert. People were asked how much and what they wanted before they were served food. People seemed to enjoy the food. We found that one floor people that were on a soft food diet and were served a bowl of pureed food that was all blended together in one mix and brought up in the trolley. However, on other floors people on soft diet were served with soft food that was pureed separately. When we asked the main chef, they told us, "It was not right and dignified to blend

all types of food together and serve to people." We asked the registered manager and they said it was unacceptable and they would ensure it does not happen again. We saw food temperature records and noticed that one of the cooks had not recorded food temperature for lunch meal. They told us they forgot to record the temperature. We saw food temperature records for other floors and they were regularly maintained. We saw fridge and freezer temperature records, they were kept regularly. The service had received the highest rating for food and hygiene following an inspection. We saw food menus, the Asian unit had a five weeks' menu on rotation basis, whereas other two units maintained four weeks' menu. We saw records of this in chef's supervision records. We were also told Asian food menus were being reviewed; they were in the process of translating it and making them more accessible by using images.

During our observations of the lunchtime experience, we saw that staff served people food, offering them a choice of meals. However we saw that some people did not receive their meals in a timely manner due to the lack of staff working during this period. We saw that people had an initial nutritional assessment completed on admission to the home and people's dietary needs and preferences were recorded, along with any known allergies. Where a specialist diet was required the provider has sought guidance from speech and language therapists and from dieticians. Some people needed a specialist diet to support them to manage diabetes and the staff we spoke with understood people's dietary requirements and how to support them to stay healthy. We noted when reading people's care support files that where there were concerns about a person's nutrition or hydration, extra monitoring of people's weight and their food and fluid intake, took place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with had a good understanding of the MCA and DoLS. Staff were working within the law to support people who lacked capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. One support worker said; "we're all here for residents we must always act in their best interests." DoLS referrals had been made to the relevant authorities where appropriate.

People were always asked for their consent by staff. We heard staff using phrases like "what would you like to do" and "would you like a drink now." Staff then gave people the time they needed to make a decision. Staff knew people well and understood people's ways of communication.

We looked at how the service gained consent to care and treatment. We saw throughout our inspection that staff gained consent from people before they undertook any care tasks. We saw in care plans we read that people and their relatives were involved in the planning of care for each person at the home. We noted people and their relatives attended review meetings where appropriate where they had the opportunity to discuss the care their relatives received.

During the inspection we asked staff their views on the support they received from the provider. Staff told us

they received appropriate professional development. They all stated they were happy with the support they received. Supervision sessions with individual staff were conducted regularly and annual appraisals had been completed. Together these covered areas such as work performance, training needs, organisation and management support. The one-to-one meetings gave staff an opportunity to discuss any other issues and agree action plans, as needed. Systems were in place to test the capability and knowledge base of individual staff members. This helped to determine where additional support was needed. Certificates of training were held on staff personnel files. The training matrix showed learning modules had been completed in areas such as medicines, the MCA, dementia ,first aid ,moving and handling, health and safety, communicating effectively, infection control and safeguarding adults. We looked at training sections in staff files. We identified that most permanent staff had obtained a minimum of a National Vocational Qualification Level 2 (NVQ2).

Good

Our findings

People told us that staff were caring. They were also respectful of people's privacy and dignity. One person told us, "they're kind and respectful; well, they're here to do a job." Another person said, "they are very kind, respectable and compassionate to me. Which might not be everyone."
One person said, "Staff are caring and helpful. They treat me with respect and respect my privacy. They never open my wardrobes and drawers and do not touch my personal belongings."

Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person decided they wanted to go to their room; they linked arms with the member of staff and went with them to find their room. This person's mood changed and they appeared happy and relaxed following reassurance given.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs. A care worker told us "dignity is very important; we must always ask if they are happy with what we are doing."

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded to any requests for assistance. There was a calm relaxed atmosphere amongst residents who were clearly enjoying each other's company.

People told us they were generally able to make daily decisions about their own care and, were encouraged to maintain their independence. We saw that some people were responsible for keeping their own bedrooms clean

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation, We noted that staff who worked on the Asian floor spoke a variety of Asian languages and were able to understand the needs of the people and that regular culturally appropriate activities took place. People's plans also included information about how people preferred to

be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines, and it was clear they were familiar with the individual needs of people who use the service.

Good

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "It's important to read the care plans so we know about people's lives."

These care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers or losing weight. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff. For example, we saw that where there had been an incident following a decline in one person's health needs; the registered manager had arranged additional one to one support which was subsequently funded by the local authority.

Most people told us they enjoyed the activities on offer. One person told us, "[My relative] gets her hair done at the hairdressers and sometimes entertainers come." People told us in the past the service had arranged various culturally specific activities but since staff shortages not a lot happened. One person commented, "I am not sure of cultural celebrations, I have not experienced any." One relative told us, "They used to celebrate lots of festivals but it has now been cut down. My relative sits all day long as he is not mobile. He is not supported to do any exercises or even walk in corridors. They [staff] don't take him out as staff don't always have time." The registered manager told us that they had recruited to a new post of activities coordinator and recruited a number of volunteers in order to increase the number of activities on offer.

The provider subscribed to the National Association for the Provision of Activity and has recently appointed an activities coordinator who organised activities on a daily basis. A leisure and lifestyle manager also visited once a week. In addition to scheduled activities, such as visits from entertainers, group activities were

offered to those who wanted to participate. These included, exercise classes, group quizzes, hair dressing, poetry reading and arts and crafts. We saw that weekly activity schedules were displayed in various areas around the home. The registered manager told us that her aim was to recruit more volunteers so that they could increase the number of activities and work more closely with the local community, especially with local schools. We saw that people were supported to attend places of worship of their denomination in the community.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person commented, "If I had complaints I would go to the manager., She listens to me." One relative told us they made a complaint to the deputy manager regarding their relative missing out on their hospital appointment due to staff's errors. They told us the deputy manager was very helpful and rectified the error straight away. The deputy manager also put a new system in place where the relative gets informed of any hospital appointment letters. Another person told us." I have never had to make a complaint, the staff and carers are so good."

Good

Our findings

Staff told us that the management team were very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and that the management team were approachable, supportive and very much involved in the daily running of the service. Staff described the managers as "very experienced." One care worker told us, "they were very supportive when I came back after my operation, if I have a problem I can always go to them and they will sort it out." And another commented, "She listens and wants to improve things." The registered manager confirmed that being 'on the floor' provided her with the opportunity to assess and monitor the culture of the service. People using the service also made positive comments about the registered manager, comments included, "she's excellent at what she does" "Most of the managers are great" and "The manager is caring, calm and considerate. [The manager] is free to see me at any time." Another person told us. "Staff or a manager comes in my bedroom once a month to ask about my opinion."

We saw that a regular service monitoring report was completed for the provider's head office. This report included information on the number of falls, pressure ulcers, medication errors and hospital admissions. Regular audits were also carried out by the provider's head office to monitor the quality of care. The provider had recently recruited to a new post of 'quality and governance director'. We saw that they she had introduced a number of new audits which followed the Key Lines of Enquiry that were used by the Care Quality Commission.

Staff spoke about the service being a good place to work. Comments included, "I really like working here, and it's a good team." And "we are like a family we look after each other" Staff said that there were plenty of training opportunities, and they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the service for people. The senior staff continually sought feedback about the service through surveys, and formal meetings, such as individual service reviews with relatives and other professionals and residents meetings. Results of the annual relatives survey carried out in Spring 2016 were very positive in relation to quality of care, staff approach and involvement. Comments included, "The whole management team are so good. No job is a big job for them it will be done without fail".

There was a strong emphasis on promoting and sustaining improvements at the service. The registered manager told us "I am keen to develop a dementia friendly environment" and that they were currently supporting two of their senior staff to undertake a formal qualification in dementia care. The registered

manager told us that they attended meetings with managers from other services owned by the provider which provided a forum for discussion to help drive improvement and review new legislation and the impact this had on services. They told us they were well supported by the providers' operations manager and worked closely with the local authority's quality in care team, who reported to us that the provider was working well in making suggested improvements in a number of areas. The home also had a good relationship with a local advocacy service who visited one a week and provided independent support to people using the service.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff available to meet the needs of the people using the service