

# The Fremantle Trust

# Dell Field Court

## 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

### About the service

Dell Field Court is a care home for older people with learning difficulties, dementia and physical frailty. The home has 40 beds and is on 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 36 people living in the home.

### People's experience of using this service

People were very happy living at the home because they felt safe and all their needs were met by kind and caring staff. Relatives were pleased with the service provided to their family members and staff enjoyed working at the home.

Everyone we spoke with praised the registered manager and agreed that they were approachable, knowledgeable, fair and did their job well. A staff team who worked well together supported the registered manager. The provider employed enough staff to make sure people's needs were met in a timely way. The provider had designed a recruitment process to make sure they only employed suitable staff.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training in a wide range of topics so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. All staff welcomed relatives and visitors warmly and treated them as part of 'the family'.

Staff knew people well. They followed the guidelines in each person's care plan so that they delivered care and support in the way each person wanted. Staff managed the risks to people's health and welfare well.

The home was clean, fresh and hygienic. Staff used effective infection control measures to protect people from the spread of infection. Equipment was available when needed to help staff support people in a safe way.

The service had appropriate documentation in place in relation to consent and compliance with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Two activities coordinators organised a range of things for people to do. The home provided nutritious meals and external healthcare professionals supported people to maintain their health.

The registered manager actively sought the views of people and their relatives about the running of the

home and they dealt promptly with any concerns that people raised.

The provider had a thorough system in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 24 January 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Good ●

### Is the service effective?

The service was effective.

Good ●

### Is the service caring?

The service was caring

Good ●

### Is the service responsive?

The service was responsive.

Good ●

### Is the service well-led?

The service was well-led.

Good ●

# Dell Field Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

One inspector, a specialist dementia care advisor and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We carried out the inspection visit on 22 March 2019. It was unannounced.

#### What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about. On 8 March 2019 the provider had sent us a completed provider information return (PIR). The PIR 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.

During our inspection we observed how the staff interacted with people who lived at the service. We spoke with seven people who lived there and one person's relative. We spoke with nine members of staff: five care workers, an assistant manager, the cook; the activities coordinator; and the registered manager. We also spoke with a health care professional the who was visiting the home.

We looked at eight people's care records and four staff files as well as other records relating to the management of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt people were safe at the home. One person said, "I am safe, the people here treat me good and staff are good". Comments from people included, "Yes, I feel safe. I'm not scared of the staff or other people here. I get treated very well." And, "They take care of me. I feel safe. They come out at night to check I'm alright."
- A member of staff told us, "The residents are like my family, it is our duty to keep them safe" and another told us, "I have done my safeguarding training and I will report anything wrong. I know what to do and I will go to my manager straight away and escalate."
- The provider had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- The provider had displayed information on the notice boards about reporting any concerns.

Assessing risk, safety monitoring and management

- The registered manager assessed all potential risks to people and put guidance in place so that the risks were minimised. People who may be at risk of falling, developing pressure ulcers, or may not eat enough were identified.
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use.
  - The building was well maintained, the service had their own maintenance person and we found that all maintenance certificates were up to date and in place.
- Each person had a Personal Emergency Evacuation Plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency. A fire risk assessment was in place and staff tested fire safety equipment regularly as required.

Staffing and recruitment

- The registered manager followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as a Disclosure and Barring Service check and references.
- There were enough staff to meet people's needs and keep people safe. People, relatives and staff all said that generally there were enough staff. The registered manager explained that recruiting suitable staff was difficult but that recruitment was always going on. They told us how they had reduced the use of agency staff and this was now limited to covering the one vacancy they had.
- One relative said, "[Person] is in safe hands. There's always staff around in the evenings, too."

Using medicines safely

- People were happy with the way staff gave them their medicines.

- Staff had undertaken training so that they could give people their medicines safely and as they had been prescribed.
- Staff managed medicines well. The provider had supplied appropriately secure storage, at the correct temperature, for medicines.
- We checked a random sample Medicine Administration Records (MAR) and found no gaps which meant medicines had been administered as prescribed
- A member of staff told us "We take medication very seriously, it is a big responsibility and I am very careful. We have support."
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets were completed accurately.

#### Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
  
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection. They followed good practice guidelines, including washing their hands thoroughly.

#### Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives confirmed that the registered manager had assessed their needs before they offered them a place at the home.
- The registered manager considered protected characteristics under the Equality Act. For example, she asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed.
- The registered manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Staff said that the registered manager reminded them when they needed to do their refresher training. The registered manager arranged further training that staff requested.
- People received very effective care, based on best practice guidance. Staff had an in-depth knowledge of people's care and treatment needs and were skilled and confident in their practice. A member of staff told us "We have training updates and champions. The training is very good."
- All staff felt very well supported. They had supervisions and appraisals and told us "[registered manager]'s door is always open."
- New staff underwent a thorough induction, which included shadowing more experienced staff for two to three weeks. A member of staff told us that new staff had training before the registered manager allowed them to be "hands-on."

Supporting people to eat and drink enough with choice in a balanced diet

- The service employed two chefs, one was specifically employed to cater for the Asian residents.
- People told us they enjoyed the food. A person told us "I like the food. It reminds me of basic, excellent school dinners. Good memories."
- Staff offered drinks to people throughout the day, to make sure they drank enough. One person said, "If I asked for coffee they'd get it [at any time]."
- The cooks knew people's individual likes and dislikes as well as whether a person had any food allergies. They provided special diets for people, including reduced-sugar puddings and foods fortified with extra calories if people were at risk of losing weight.
- 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.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as the local hospitals to make sure that people's needs were met, for example if a person was admitted to hospital.

Supporting people to live healthier lives, access healthcare services and support

- Many healthcare professionals visited the home to provide people with healthcare services. Staff contacted optician, dentist or chiropodist to support people to maintain their health.
- A visiting health care professional told us that the home always made referrals to them in a timely way and followed guidance as required.
- People told us "The doctor comes if I'm not well." And "The chiropodist comes regularly. The GP I phone myself when I have a skin problem."
- Skin care was managed well. A staff member told us "We do not have any pressure ulcers and we take skin care very seriously ."

Adapting service, design, decoration to meet people's needs

- The home had been refurbished and adapted to meet the changing needs of people who had come to live at the home.
- The provider worked hard to make sure that they decorated and furnished the home to meet people's needs. They involved people living at the home in decisions about changes to the environment.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found authorisations were in place where required and the registered manager had a tracker to ensure that renewals were applied for in a timely way. Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they provided any personal care and they offered people choices in all aspects of their lives. One member of staff said, "We always ask and tell people what we are doing "and another told us, "I know x has Weetabix every morning, but I still always ask."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed kind compassionate and attentive care throughout our inspection. The atmosphere was warm and welcoming and a number of visitors commented that they were always made to feel welcome
- We observed that one occasion when a staff member came into the room to speak to a person, they knelt to the person's level and established good eye contact before speaking. We also observed that when staff noticed a person becoming nervous, they immediately went to comfort and calm them.
- The team of staff were kind, caring and compassionate, cared for people and supported them. One person told us, "The staff are very caring, observant, like having 3 arms or a second sight but at the same time they let people be independent. They always know if anyone is under the weather. They do it in a quiet way subtle, no pressure. I have never seen neglect, indifference, forgetfulness."
- A healthcare professional told us, "Staff are always kind and helpful." Relatives commented, "Respect, kindness and care from the staff "and "Sometimes they go over and beyond in the endeavour to look after my father."
- Staff used aids, such as photographs of meals, to make sure they communicated with people who found it difficult to express themselves.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us that everyone who lived at the home had families who were able to help them, if they needed help, with decisions about their care.
- Information about advocacy services was available to people if they wanted an independent person to help them with their affairs.
- Staff told us that most of the time they had time to sit and chat with people to make sure that each person had everything they needed.
- Staff who spoke a variety of Asian languages had been deployed to work with the people in the Asian unit .

Respecting and promoting people's privacy, dignity and independence

- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and covering people during personal care. Staff offered personal care to people very discreetly.
- One person told us, "Yes they respect my privacy. They consult me about my care. There are set times for the care. I'm well settled here. They talk with me about my life if I've told them things about me."
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- Staff encouraged people to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person retain their skills.

- The staff team always made visitors and relatives very welcome.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each of the people living at Dell Field Court, had a written care plan which was personalised to make sure it met their individual needs. People were involved in planning their care and reviewing the plan regularly to make sure it still met their needs.
- Care plans gave staff guidance so that staff knew each person's individual likes and dislikes.
- We found that some care plans had information missing and were not always up to date, the registered manager told us that they were in the process of moving to a new care plan format. After the inspection we were sent an action plan that had been devised to ensure that all care plans were revised to include more detailed and up to date information.
- It was clear that staff knew people living in the home well and had built effective caring relationships with them. This was demonstrated in the way they interacted with people throughout our inspection, which was appropriate and person centred. Staff addressed people by their preferred name and adjusted their approach to each person. This ensured that people interacted with staff in a way, which they felt comfortable with .
- There were two activities coordinators in place. One told us, "I talk to people on a regular basis to get feedback." Feedback forms were completed after each activity.
- 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.
- People living with dementia were supported effectively to be involved in the daily activities and life of the service. We observed staff encouraging people to interact together and get involved in discussions. People who wanted to spend time in their room were visited regularly by staff through the day to ensure that they were ok and spent time chatting to them. One person told us that they liked the peace and quiet of their room and enjoyed spending time alone, but appreciated the staff spending time with them on a one to one basis.
- People told us they enjoyed the activities on offer. One person told us, "There is always something going on, the activities ladies are very friendly."

Improving care quality in response to complaints or concerns

- There was a guide to the service and information on making a complaint within a folder in each person's room and in the entrance hall. The registered manager had a log for complaints so that she could analyse any patterns.

- People and their relatives told us that they had never had to formally complain. One person told us, "If I had a complaint I would go to the Manager. If I need to talk with her I can though I have not needed it so far."
- People and their relatives were comfortable raising any issues. They were confident that the registered manager would address and resolve these quickly.

#### End of life care and support

- People were supported to plan for and have a dignified pain free death. This was because staff had appropriate training and were skilled at having difficult conversations and promoting choice in how people came to the end of their lives.
- People's wishes were appropriately recorded and families were involved as appropriate. These plans included details of where people wanted to be buried and where they wanted to spend their last days.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, their relatives and staff all made very positive comments about the service and all said they would happily recommend the home. One person told us "I would recommend it. Warm and friendly. 99% of the staff are helpful. Very understanding."
- Staff were fully aware of their responsibility to provide a high-quality, person-centred service. A member of staff told us, "Dell Field Court is a nice place to work, we work as a team and the registered manager is very supportive." and "The work it's so rewarding, it's so good to see people with a smile on their face."
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided very strong leadership and everyone we spoke with said they liked and respected her.
- Staff were happy, and proud to be working at Dell Field court. One member of staff told us, "[Name of registered manager] has been one of the best managers I've had. She's very encouraging and supportive."
- The registered manager understood their legal duties and submitted notifications to CQC as required.
- The provider had a quality assurance system in place. The provider made regular visits to the home to check that the service was providing high quality care. The management team and the provider carried out audits of various aspects of the service such as medicines, health and safety and care records. Any shortfalls were actioned.
- Regular unannounced visits were carried out by managers, including out of hours.
- We also saw our latest CQC inspection report, summary and rating was on display available for people to read in the home. In addition, the inspection rating and a link to the report was available on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Regular Residents' meetings' took place. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve. Staff attended regular staff meetings and one-to-one supervisions and there was an open door to the office. A member of staff said, "We

can always voice our opinions – I feel listened to."

- The provider sent surveys to people, relatives and staff each year. A recent relatives' survey showed that all relatives were all very satisfied with all aspects of the service that staff were providing to their family member. Additionally, the registered manager had also recently devised a pictorial survey for residents to provide feedback.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. She discussed any issues with staff and put action plans in place to monitor and drive improvement.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority quality team to ensure that people received joined-up care.