

Review of compliance

<p>The Fremantle Trust Dell Field Court</p>	
<p>Region:</p>	<p>London</p>
<p>Location address:</p>	<p>1 Etchingam Park Road Finchley London N3 2DY</p>
<p>Type of service:</p>	<p>Care home service without nursing Rehabilitation services</p>
<p>Date of Publication:</p>	<p>September 2012</p>
<p>Overview of the service:</p>	<p>Dell Field Court is a care home providing accommodation for 40 residents who require personal care. It comprises of three floors and is divided into five units, with one unit dedicated to rehabilitation support and respite. It has a lift and kitchen on each floor. All bedrooms are single rooms, with en-suite facilities and there is an assisted bathroom on each floor.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Dell Field Court was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 14 June 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People told us what it was like to live in this home and described how they were treated by staff and their involvement in making choices about their care. They also told us about the quality and choice of food and drink available. This was because this inspection was part of a themed inspection programme to assess whether older people living in care homes are treated with dignity and respect and whether their nutritional needs are met.

The inspection team was led by a Care Quality Commission (CQC) Inspector joined by an Expert by Experience; people who have experience of using services and who can provide that perspective.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

People who use the service told us that staff were always polite and they did not feel rushed. Staff knocked on doors before entering people's rooms and they were treated with dignity and respect.

People told us that their views and preferences were taken into account when planning activities. Comments ranged from 'we can do whatever we want either bingo, or a quiz or play cards or have a sing along.' to 'we all get together to celebrate and enjoy spending time in the garden and often have a barbeque.'

People told us that they were given choices about the food and drink provided at the home, and that their cultural needs were being met.

What we found about the standards we reviewed and how well Dell Field Court was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.
People's privacy, dignity and independence were respected.

Outcome 05: Food and drink should meet people's individual dietary needs

The provider was meeting this standard.
People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.
People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard.
There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was meeting this standard.
People were protected from the risks of unsafe or inappropriate care and treatment.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People who use the service told us that staff were friendly and respected their privacy.

One person told us that they had a 'key to their room so they could lock the door.'
Another comment made 'I could have a key if I wanted one but I trust everyone so my door is always open.'

People told us that they were able to do what ever they wanted "we can do whatever we want, either bingo, or a quiz or play cards or have a sing a long" This meant that people were treated with dignity and their independence respected.

Other evidence

Is people's privacy & dignity respected?

We observed staff knocking on doors and asking people whether they required assistance with care.

Staff we spoke with understood the importance of following people's care plans in order to ensure that individuals maintained their independence as much as possible. They gave us examples of how they maintained people's dignity, privacy, independence and how they offered choices to people on a daily basis. People's likes and dislikes were

recorded in care plans and all the staff we spoke with were aware of the individual preferences of the people they supported.

Are people involved in making choices & decisions about their care?

We saw evidence that people were involved in their care plan including likes and dislikes and input from other health care professionals such as dietician and speech therapist, to ensure staff were able to meet people's needs.

Discussions with the manager and staff indicated that there were a number of arrangements in place for the people to be involved and make decisions about their care. Care plans contained evidence of people's involvement in that their needs and wishes were detailed. We saw evidence of involvement of an independent advocate for a person who was unable to manage finances.

We were shown an activities folder with planned and previous activities where the home celebrated various cultural events. People were encouraged to celebrate events together such as Diwali, St Georges Day, and the Queens Jubilee.

The manager told us that following feedback from relatives and friends survey they were in the process of recruiting an activities co-ordinator. This role was currently carried out by a chef who organised activities in their own time.

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Outcome 05: Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:

* Are supported to have adequate nutrition and hydration.

What we found

Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

Our findings

What people who use the service experienced and told us

People told us that they were happy with the food and said they were given choices. We observed staff encourage people to drink and gave people a choice of snacks. For example, people were asked by staff their preference of biscuits and they were able to have as many as they wanted.

One lady who enjoyed drinking tea told us 'I like tea and so the staff make me a pot of tea and I help myself.' Another person told us 'if I fancied something to eat after tea they would get it for me.' People's individual choices were taken into account and their independence encouraged.

Other evidence

Are people given a choice of suitable food and drink to meet nutritional needs?

We observed that bowls of fresh fruit were available in the lounge on each floor and that people were being offered and provided a choice of suitable and nutritious food and drink. The home provided a five week revolving menu and people were asked what they liked to eat the day before. We saw from the menu that several people had asked for alternative food, for example omelette, cheese and ham or salad. One person told us about their choice "I could have egg and chips if I didn't want what was for lunch."

Each floor had a separate kitchen where tea, coffee or light meals were prepared. We saw that one kitchen had separate areas for preparing meat and vegetables, catering for people's preferences. There was a separate menu for each floor and we were told

by staff that the chef goes around on a daily basis and discussed food choice with people. The chef had attended training in food hygiene and had knowledge about the nutritional needs of the people living at the home, including an awareness of special dietary requirements for people who were diabetic or had swallowing difficulties.

We observed that lunch time was sociable, relaxed and unhurried and that people using the service were being provided with food which was of sufficient quantity. We saw that staff were sitting with people and supported them to eat and drink. Staff were not rushed and stayed with the person until they had finished their meal. However, during lunch time observations we noted in one unit that people with special dietary requirements for pureed food were not very well presented. We pointed this out to the manager who told us that this was not normal practice and this would be addressed with staff.

Are people's religious or cultural backgrounds respected?

Staff we spoke with had a good understanding of the nutritional needs of the people they supported. This included people's religious and cultural requirements in relation to food and drink, for example Kosher and Asian meals were provided. Staff told us that they prepared meals for people with various nutritional needs and that people were asked what they wanted. Staff had knowledge of people's special dietary needs.

Are people supported to eat and drink sufficient amounts to meet their needs?

During meal time we observed staff supported people to eat and drink in a sensitive and respectful manner. People were given time to eat and meals were served hot. People's food met their cultural and religious needs. For example, we saw people who were asian being served a vegetarian lunch in line with their cultural needs and preferences.

People using the service had their weight monitored and recorded every month. The service was maintaining records of what people ate and drank at the home. We saw evidence in people's care plans that the manager had contacted and arranged further nutritional assessments by doctors and an external speech and language therapist whenever there was a need. Advice and information from these assessments were recorded in people's care plans ensured that staff supported people to have adequate nutrition and hydration.

The manager told us that the service uses a malnutrition universal screening tool (MUST) to monitor people at risk of malnutrition, including poor hydration and weight loss or gain. We saw evidence of this in people's files. Effective systems were in place to ensure people's nutritional and hydration needs were being met.

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service felt safe and able to make a complaint if they had any concerns.

Other evidence

Are steps taken to prevent abuse?

Staff were able to explain the process they would follow if they suspected abuse. They were aware of the different types of abuse and gave examples of signs they would look out for that could indicate a person was being abused.

We saw evidence that the manager and staff at the home had undertaken safeguarding training. Staff working at the home had the knowledge and awareness of how to protect people from abuse.

Do people know how to raise concerns?

There were up to date policies and procedures to ensure people were safe and protected from abuse, including a whistle blowing policy. The manager was clear about the procedure for notifying the local authority of allegations of abuse..

Staff we spoke with were clear about their responsibilities to report any suspicion of abuse to the manager. They were aware of the home's whistle blowing policy and the procedure for reporting abuse. The home had a complaints procedure and people told

us that they knew how to raise a concern or make a complaint.

Are Deprivation of Liberty safeguards used appropriately?

The manager told us that staff at the home had attended training in the Mental Capacity Act 2005 (MCA) and the related Deprivation of Liberty Safeguards (DoLs). Both the manager and staff were aware that the service must always act in the 'best interests' of the person when they lacked capacity. The manager told us that the majority of the people using the service were able to make decisions about their care or treatment. Where people were unable to make particular decisions, their relatives or representatives were included in the decision making process.

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

People who use the service were positive about the staff who supported them. One person commented, "we are well looked after here". We observed that there were enough staff available to assist people throughout the day. We spoke with a volunteer who told us "how warm and friendly everyone was."

Other evidence

Are there sufficient numbers of staff?

The manager told us that there was a separate staff rota for each floor. We were shown examples of staff rotas for June, July and August 2012, including a night staff rota. We noted that staffing levels were adjusted depending on the level of occupancy. We were told that "there are always three night staff on duty at Dell Field Court, one senior and two carers (care workers)." When asked how the service ensures that people's needs were being met during the night, the manager said that "the level of needs fluctuates and more complex needs are dealt with during the day when there is more staff available."

On the day of the inspection we saw that care and support was being provided by sufficient numbers of staff in order to ensure that people's privacy, dignity and independence were maintained and that there were enough staff to provide appropriate support during lunchtime.

Staff told us they felt there were enough staff on duty to meet the needs of the people they supported.

We spoke with a professional who was visiting on the day of the inspection, who told us that staff always did their best for people. We were also told that staff were "very responsive to any request made. " For example a turning chart was put in place for one person to avoid bedsores and a fluid intake chart kept for another person. This meant staff was monitoring people's needs in a safe and appropriate manner.

Do staff have the appropriate skills knowledge and experience?

Staff at the home had attended training courses in relation to nutrition and food safety awareness. All staff at the home were required to attend a five day induction programme, which covered areas such as the principle of care, Mental Capacity Act 2005, moving and handling and recognising abuse and neglect.

Staff confirmed that they had attended training and gave us examples of how this training had benefited their care practice. For example, staff told us about the importance of people having enough to drink to prevent dehydration. Staff were also able to tell us about the signs to look for and how they monitored that people had enough fluid. They had good knowledge of the individual's nutritional needs of the people they supported.

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- * Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- * Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

People who use the service told us that they were aware of their care plan.

Other evidence

Are accurate records of appropriate information kept?

We viewed care plans which contained records of people's initial assessment of need, including nutritional requirements. Where nutritional risks had been identified specific instructions were in place to ensure the safety and appropriate support of the person. For example, people with swallowing problems were provided with pureed diet and thickener for drinks.

People's care plans and risk assessments were up to date and were reviewed regularly. There was accurate and up to date information about the nutritional requirements of each person in the home.

Are records stored securely?

We saw that all records in relation to the care and treatment of people using the service were being stored securely. Staff informed us that they had access to records for the people living at the service. Staff understood the importance of keeping written information safe and only available to the individual concerned or their representative if appropriate. The service protected people's confidentiality.

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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