

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

## Dell Field Court

1 Etchingam Park Road, Finchley, London, N3  
2DY

Tel: 02083718900

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Safety and suitability of premises</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	The Fremantle Trust
Registered Manager	Ms. Anita Armitage
Overview of the service	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 three levels. It has a lift and kitchen on each floor. All bedrooms are single rooms, with ensuite facilities and there is an assisted bathroom on each floor.
Type of services	Care home service without nursing Rehabilitation services
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke to staff, residents and relatives during our inspection. People told us about the care they received, described how they were treated by staff, how they felt about the way they were communicated with and consulted. We observed interactions between staff and people who use the service, as well as talking to managers and staff who work in the home. In addition to this we examined documentation concerning how staff were trained and what care they were providing to people who use the service. We observed staff treating people with dignity and respect and making sure the care they gave was individualised appropriately.

We looked at how staff were trained and whether information given in training at staff meetings was being used to improve the care. We found that staff had been trained in and understood how to safeguard vulnerable people from abuse.

The premises were found to have been safely maintained and arrangements were in place to monitor the environment.

Staff were supported to develop their skills and a strong system of appraisal was used to monitor staff performance.

People told us that staff were always courteous and friendly and that they felt they could talk to senior staff if they had concerns. Comments included 'they do exactly what I need' and 'I feel safe and well cared for here'. People also told us that they felt their cultural needs were being met and that they were able to fully enjoy celebrating their important religious festivals.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

We spoke to eight people who use the service. Not all were aware that they had a care plan but they were overwhelmingly satisfied with the care they were receiving and assistance being given. One stated that staff 'were excellent and very caring.' We examined 12 care records, they showed individualised care was being planned for each person. The notes we examined were clearly written and concise, which enabled staff to understand what they needed to do to support and care for people.

The provider had begun a project to document the life of people who used the service using pictures and words placing them in individual folders so that they became more accessible to people. One person told us they welcomed this idea and had enjoyed the process.

The provider told us care workers were assigned two or three key people who were using the service and they discussed these people on a monthly basis with their line manager. When we discussed this process with staff they were very clear about the process and their key individuals.

On the day of inspection we were told that many of the staff were attending in house training and their duties were being covered by care workers from an external agency.

We noticed that those care workers from the agency were wearing smart casual clothes whilst the permanent staff were wearing uniform tunics. This had the potential to cause confusion to people using the service. When we raised this issue with the homes manager they accepted this was not ideal and said that there was a new uniform being given to all staff and they would ensure there was consistency.

We examined 12 risk assessments that had been written individually for people who use the service. These were detailed and included assessments for mobility, nutrition and activities they enjoyed. We noticed that in the case of nutrition that staff identified people who required extra support from their care plans and made sure they were assisted during

lunch.

We had been informed by the provider that there had been a number of people sustaining injury as a result of falls within the last year. In response to these incidents the provider had made a new falls assessment tool and supporting documentation to aid staff in making thorough evaluations of risk factors and use appropriate measures to reduce the chances of falls. We examined the falls risks assessments currently being used and saw that they were fully completed and contained relevant information. We also saw evidence that both the falls assessments and the care plans had been reviewed regularly and amended as required. This demonstrated to us that the provider took seriously matters that could affect the safety of people and addressed these accordingly.

We saw evidence that the providers End of Life Lead Nurse had reviewed the care plans of some of the people who used the service and that these recommendations had been incorporated into the care provided subsequently.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The top floor of the home accommodated people who originated from the Indian subcontinent. A food menu was provided in Gujarati and people who used the service were able enter the kitchen to offer prayers before food was prepared. In addition to this there were regular religious activities.

The provider told us that they had organised a Diwali celebration across the road from the home in a community hall. All people who use the service had been invited and photographs from the previous year's event were displayed on the walls. We also saw plans for a Christmas celebration. These arrangements meant that staff respected the diverse cultural needs of people.

The provider offered a range of activities for people who used the service. The provider shared a leisure and lifestyle co-ordinator with another home. These staff led three half day sessions weekly with people who use the service. In addition to this there were posters on noticeboards advertising various activities including quizzes and a reading group.

People who used the service told us that they enjoyed the activities one said, 'I'm not left all day long' whilst another told us that she enjoyed all the activities very much though ' sometimes people go to bed in the afternoon so there aren't many takers.' We saw one person who used the service being helped to complete a jigsaw puzzle with an obvious rapport with the member of staff.

We were told by the provider that all senior members of staff had attended first aid training and this was documented in the providers training database. This policy ensures that at all times there is first aid provider on site. This ensures that people who use the service are seen at all times by a trained member of staff should they require first aid.

When we spoke to staff about what to do if they were concerned about the health of a person who used the service they told us they would escalate to a senior member of staff. When we spoke to the provider they confirmed this was the correct procedure.

On each floor the provider had evacuation plans in place in the case of emergency evacuation. The plans we saw included pictorial instructions for people who are hearing impaired.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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People who used the service told us that they felt safe and secure. They told us the staff were very pleasant, that the manager of the home was very approachable and was very visible, one told us that 'If I had any concern I know I could go to her.'

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.

Staff also confirmed they had received training in relation to safeguarding vulnerable people and that this was regularly updated. Attendance at this training was confirmed by the training data we saw. We spoke to a member of staff who had recently been employed they told us that their induction process had included a review of the abuse policy and training had been provided. They described their induction process as very thorough stating 'they (the provider) showed me everything.'

We spoke with staff about how they would escalate concerns about people who used the service. They all identified that they would escalate the issue to a manager immediately. When we asked the registered manager they confirmed this was the correct procedure. Staff were able to identify areas such as financial and physical abuse as safeguarding concerns.

We saw evidence that staff at the home had attended training in the Mental Capacity Act 2005 (MCA) and the related Deprivation of Liberty Safeguards (DoLS). This legislation aims to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. Both the manager and staff were aware that the service must always act in the 'best interests' of the person when they lacked capacity. We saw evidence of this being considered by staff in the care planning process.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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People told us that there was a homely atmosphere in Dell Field Court. One said 'there is nothing to dislike' another said 'I like my room, I've got some things from home to make it feel like mine'. People appreciated their single bedrooms that had en suite facilities. They were satisfied generally with their accommodation.

Access to the home was via an intercom and double doors, all visitors were met at the front door by a member of staff and asked to sign in. We looked at all floors of the home and found them to be in a good state of décor. The doors on all floors were locked with keypad activation, all of which were functioning on the day of our inspection. At the back of the home was a well presented garden which residents were encouraged to sit in the summer months. The garden had a high wall surrounding it and was seen to be well maintained.

People told us that the care home was "nice and warm" and said that their rooms were comfortable and sufficient in size. We examined five different windows and found the safety restraints on them to be functioning. The manager told us that staff would contact her with any concerns regarding maintenance and staff confirmed they knew this was the policy. We saw evidence of on-going maintenance and monitoring by the provider.

People living on the third floor showed us the communal areas and bedrooms. Wall hangings, pictures, decorations and temples gave people an environment in which they felt comfortable and respected. There were also some house plants in communal areas.

On all three levels the communal areas were clean and well lit. Furniture was well maintained and the dining room was set with placemats and clean tablecloths. Throughout the home there were minimal amounts of dust and the carpet and walls were in a good condition. We examined cleaning rotas which were up to date and thorough.

The kitchen was divided into meat preparation side and a vegetable preparation side, both areas were clean and the door was locked when the kitchen was not in use.

Evacuation signs that warn people who have reduced hearing that they should evacuate were also seen on all floors.

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

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## Our judgement

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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.

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## Reasons for our judgement

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We looked at the staff records that were maintained by the provider. We looked specifically at the induction process for newly employed staff. This process was clearly documented in all the records we examined. Staff induction covered such areas as fire procedures, team work, privacy and safeguarding.

We spoke to staff about their induction process and their view was positive. One staff member told us that the induction training was 'very good, I was never left by myself.'

On the day of the inspection members of permanent staff were being trained on site by the End of Life Lead Nurse. We were shown the evaluations written by staff who had attended training. These were very positive. One member of staff wrote the training was 'excellent' another wrote that it 'would help (her) in the future'. When we spoke to a staff member who had attended training and they told us they had found it 'very informative.'

Whilst the training was taking place we saw that on each floor there was at least one permanent member of staff involved in care and they were assisted by staff from an external agency. We spoke to two members of staff from the agency. They told us that they felt well supported and had been given clearly defined instructions. One told us 'I've not been left to fend for myself which is good.'

We looked at the training data for all staff currently employed. All but one member of staff was up to date with their mandatory training and there were arrangements in place for this person to attend training in the next week. In addition to this the provider was able to show us a new policy designed to ensure that no staff would be allowed to work without being up to date on training.

Staff told us that they felt listened to and that their line managers were visible at the home. Staff told us that in addition to mandatory training there was also the opportunity for further study. We were shown evidence that 68% of staff had a National Vocational Qualification (NVQ) in caring at either level 2 or 3. Staff we spoke to confirmed they had an NVQ qualification.

We saw a changeover of staff from those working in the morning and those arriving to

work in the afternoon. The process was fluid and staff were given specific areas to work in.

Members of staff said that support consisted of individual meetings with their line manager, which were held on a monthly basis. They said that during these meetings their training needs were reviewed. They told us that an annual appraisal's took place, and staff files we examined contained documentation of appraisals.

The provider also told us that team meetings were held monthly. We examined minutes taken at these staff meetings and confirmed this with staff. The agenda covered areas such as upcoming events and training requirements.

More urgent information was said to be communicated via a staff handover that occurred three times daily. This handover had a set agenda that included safeguarding and staffing issues. People who used the service told were positive about the staff with one telling us 'In general the staff are very good.' A relative told us that staff are 'fantastic and so caring.'

We asked staff about their managers and they were positive, one told us 'if you need anything you can always go to office.' We found that there were suitable arrangements in place to support staff with the skills which enabled them to undertake their duties safely and effectively.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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