

# Your Choice (Barnet) Limited

# 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Dell field Court is a care home for older people with 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 due to assessed need. On the day we inspected there were 27 people living in the home.

### People's experience of using this service and what we found

People and their relatives told us they felt people living at the service were safe. Staff and management knew how to identify potential signs of abuse and how to escalate concerns to keep people safe. Accidents and incidents were reviewed by management to ensure they were dealt with safely and prevent reoccurrences.

Recruitment processes and procedures were safe.

Risks identified with people's health, medical and care needs had been assessed and documented with clear guidance on how to minimise the identified risk to keep people safe.

People received their medicines safely and as prescribed.

There were enough staff to meet people's needs.

The home was clean and odour free. There were increased infection control measures in response to the COVID-19 pandemic. The provider reacted appropriately to keep people safe.

Staff received the training and support to carry out their role effectively. Care staff told us that they felt that the management team was very supportive especially during the recent months of the pandemic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were satisfied with the food provided at the home and the support they received in relation to nutrition and hydration.

There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this inspection service under the previous provider was Good published on 22 March 2019.

#### Why we inspected

We carried out a focused inspection of this service on 22 December 2021. This was a planned inspection based on the current banding. This report only covers our findings in relation to the Key Questions Safe, Effective and Well Led as we were mindful of the impact and added pressures of COVID-19 pandemic on the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we next inspect. If we receive any concerning information, we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services

#### Inspection team

The inspection was carried by one inspector, a nurse specialist and an expert by experience, who undertook phone calls to relatives of people who used the service. 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 single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at 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

This inspection was unannounced.

#### What we did

Before our inspection we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. 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 spoke with the registered manager, the chef, a visiting health care professional and seven support staff. We looked at seven care records and three staff files; we looked at various documents relating to the management of the service which included medical records, infection control and quality assurance records. We also spoke to two people who used the service and one relative. After the inspection visit we spoke to six relatives by telephone. We continued to seek clarification from the provider to validate evidence found. We looked at training and customer feedback data and additional quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff knew the signs of abuse that might indicate someone had possibly been harmed and felt confident to raise any potential concerns both internally and to external professionals
- People who used the service, and their relatives told us staff protected them from the risk of harm and abuse.
- Where concerns had been raised, we saw evidence that investigations had taken place and actions taken where shortfalls were identified by the management team.
- Staff were able to recognise types of abuse and when these needed to be reported.
- People felt safe and people's loved ones confirmed this. A relative told us, "She is very safe and comfortable."
- The registered manager followed their systems and processes when dealing with any potential safeguarding concerns. Any concerns were recorded and reported to safeguarding teams as required to keep people safe.
- A staff member told us "I know about the signs and reporting abuse. I also know about whistleblowing." (Whistleblowing is a term used when a worker passes on information concerning wrongdoing)

Assessing risk, safety monitoring and management

- People had a variety of risk assessments in place to mitigate identified risks. For example, risks relating to people's nutrition and hydration, end of life and diabetes and risk of falls were considered. These assessments contained clear guidance for staff to follow to support safe management of risks.
- We observed staff assisting people in line with their risk assessments and care plans. Staff supported people at risk of choking to eat safely and supported people to move around the service safely.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Environmental risks had been assessed and there were checks in place to ensure the ongoing safety of the environment. For example, checks around fire safety equipment and processes, water temperature checks to reduce the risk of scalding and moving and handling equipment was checked.

Staffing and recruitment

- There were enough staff suitably deployed to meet people's needs. Feedback from people and their relatives was there were enough staff.
- The registered manager told us staff retention was very good and as a result the service had not needed to use a high number of agency staff. The manager and provider reviewed people's dependency assessments which ensured there were enough staff on shift to meet the needs of people.
- Staff were recruited safely. Recruitment records contained all the necessary checks including ID checks,

full employment history and Disclosure and Barring Service (DBS) background checks which prevents unsuitable staff from working with people.

- Comments included " My mother can be really difficult and quite arrogant, and the staff are so good and just take it with a "pinch of salt and are lovely to her," and "The staff look after me so well."

#### Using medicines safely

- Medicines were being managed safely. Medicines were ordered, stored, administered and disposed of safely.
- We observed staff completing the medicines round in line with people's needs.
- Staff followed the guidance in place for people who had been prescribed medicines to be taken 'when required'.
- Staff who administered medicines were trained to do so and had their competency assessed.
- A staff member told us "We take medication very seriously; it is a big responsibility and I am very careful. We have support if we need and good training."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The registered manager and provider reviewed all incidents and accidents to ensure these were dealt with appropriately by staff and to identify any learning to reduce the risk of future incidents.
- Staff followed the processes for reporting and recording accidents. They took appropriate action where further medical advice or support was needed after an accident or incident.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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's needs had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs identified the areas in which the person required support.
- The service used nationally recognised assessment tools, such as the Malnutrition Universal Screening Tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of skin pressure damage.

Staff support: induction, training, skills and experience

- An induction programme was in place and all care staff completed the Care Certificate during their induction period. The Care Certificate is an agreed set of standards that define the knowledge and skills for roles in care services.
- Staff were provided with opportunities to discuss their individual work and development needs.
- Staff felt support by the senior team and had regular staff meetings and supervision sessions to discuss performance and any training required.
- The registered manager kept records and had a system in place to complete supervision and appraisals with staff.
- Staff told us the registered manager was very supportive. Staff had been encouraged to further their professional development where they wished to do so.

Supporting people to eat and drink enough to maintain a balanced diet

- Peoples' nutritional needs were met
- People told us they enjoyed the food at the service and were offered choices, Comments included, "The food is nice. The food today was really nice." and "The food is lovely here. There are lots of choices for everyone."
- Care plans included information about people's dietary needs and their likes and dislikes, or any specific aids people needed to support them to eat and drink independently.
- There were appropriate risk assessments and care plans in place for nutrition and hydration. Appropriate referrals were made to healthcare professionals to manage any identified risks. Staff knew the guidance and supported people accordingly such as providing modified textured diets.
- We observed over the lunchtime period that people were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. Meals were served in a dignified and interactive manner.

- Staff monitored people for weight loss and if required made referrals to the GP for assessment and review.
- The home had two kitchens one of which was dedicated to the preparation of Asian vegetarian meals.
- One staff member told us, "We help people make choices in what they would like to eat, we have plenty of choice here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People were supported to have access to healthcare services and support when required.
- Staff supported people to see external healthcare professionals regularly such as physiotherapists, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

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

- The building was suitably adapted to meet people's needs.
- People were complimentary about the environment they lived in.
- The home had recently completed maintenance work in order to ensure the home remained safe in the event of a fire outbreak and all the fire doors had been changed. People told us that disruption had been kept to a minimum and that they had been kept informed.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- People told us they had comfortable rooms and we saw they had been personalised with their belongings.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS. Staff knew how to support people in making decisions and how to facilitate giving them choice over day-to-day decisions and activities.
- Appropriate applications had been made to the local authority for DoLS assessments and best interest assessments had been completed.
- Relatives told us their loved ones were supported with choices and making their own decisions.

# 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. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- This is the first inspection of Dell Field Court under the current provider, Your Choice (Barnet), who took over the running of the service in July 2019.
- Everyone we spoke with praised the atmosphere in the service. It was described by relatives as being, "Very homely." A relative told us, "It's perfect here, you couldn't get any better."
- All the people we spoke to were very complimentary about the registered manager. Comments included, "The manager is very pleasant and very amenable" and, "The manager is so good at his job; I think he runs a good care home."
- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the registered manager was clear about their role, responsibilities and led the service well.
- Comments from staff included, "He is very supportive and knows us well" and "The manager makes sure everyone is treated equally and does things by the book."
- Staff meetings were held regularly and used to share good practice to continually raise standards.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood the duty of candour. This means that following an unexpected or unintended incident involving a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The managers of the service showed a good understanding of quality monitoring and regulatory requirements
- Numerous audits were completed by the registered manager and senior management on behalf of the provider. All findings from these audits were accessible to all layers of the management team to monitor and further improve the service given to people.
- The registered manager was clear about their role in improving quality and working within regulatory requirements.
- Notifications about important incidents at the service were submitted promptly.
- Staff were positive and engaging with people and shared the registered managers vision for the service.

- The provider and registered manager had continuously been working to improve the service with developments made to the building, staff training and well-being, activities programmes and connections with other stakeholders.
- Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.

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

- The service had systems in place to gain regular feedback from people using the service and staff.
- The provider and registered manager had set up formal methods of obtaining feedback from people living at the service and sought feedback verbally.
- The people and relatives we spoke to confirmed that regular meetings were held and felt confident to raise things with management and that these would be acted on.
- Peoples cultural and religious preferences were fully considered during the care planning process.
- There was a floor dedicated to people of Asian origin and staff had been deployed who could speak Gujarati, and several other Asian languages.

Working in partnership with others

- The provider and registered manager accessed forums and networks to support learning such as the National Care Association and Skills for Care.
- The registered manager and staff worked in partnership with other healthcare professionals such as GP's, district nurses and social workers, to ensure people's needs were met and they had positive outcomes whilst living at the service.