Newlife Care Services Limited

New Ridley Road

Inspection report

27-29 New Ridley Road
Stocksfield
Northumberland
NE43 7EY

Tel: 01661844112

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28 February 2017

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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

New Ridley Road is residential care home based in Stocksfield Northumberland that provides accommodation and personal care and support for up to nine people with a range of physical and learning disabilities including autism spectrum disorders.

At our last inspection in December 2014, the service was rated as 'Good'. At this inspection we found the service remained 'Good' and met all the fundamental standards we inspected against.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Safeguarding procedures were in place and staff were knowledgeable about what action they should take they suspected any person was at risk of abuse or improper treatment. The local authority safeguarding team informed us there were no ongoing safeguarding issues at this current time at the service.

Checks and tests had been carried out on the premises and equipment to ensure they were safe and fit for purpose. The environment throughout the home was clean and we had no concerns about the management of infection control.

Medicines were managed safely. There was one issue with the storage of a particular type of one person's medicines however this was rectified before the end of our inspection.

Staffing numbers were maintained at an appropriate level to meet people's needs. Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. Records confirmed that staff had completed training in topics relevant to the needs of people who used the service. Competency assessments were carried out to ensure staff remained skilled in their roles. Staff were supported though an appraisal and supervision system.

People's nutritional needs were met and they were supported to access healthcare services whenever required.

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. People's social needs were met through active involvement and engagement in the community and with friends and family.

We observed positive interactions between staff and people who lived at the service. Staff promoted people's privacy and dignity. There were some minor issues related to the protection and promotion of

people's dignity. We fed back our findings in this area to the registered manager who addressed these issues with staff during our visit.

The care delivered was person-centred and plans and risk assessments were in place which detailed the individual care and support each person required. These were reviewed and updated when required.

There was an appropriate complaints procedure in place. No complaints had been received since our last inspection.

Audits and checks were carried out to monitor all aspects of the service. Action plans were developed to highlight any areas where improvements were required and these were monitored to ensure that changes were made. The regional manager visited the service on a monthly basis to carry out overall quality monitoring checks. The registered manager was also required to submit a manager's report on a weekly basis about a range of information and statistics related to the operation of the service in that previous week.

Staff were very positive about working at the service. They told us morale was good and gave us very positive feedback about the manager and her approach to running the service.

Further detailed information about our inspection findings can be found in the 'Detailed findings' section below.

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 remains 'Good'.	**Good**
Is the service effective? The service remains 'Good'.	**Good**
Is the service caring? The service remains 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service remains 'Good'.	**Good**

New Ridley Road

Detailed findings

Background to this inspection

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

This inspection took place on 27 and 28 February 2017 and was unannounced. This meant that the registered provider, manager, staff and people who used the service did not know we would be visiting in advance. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. In addition, we reviewed information that we held about the service, including statutory notifications, serious incidents and safeguarding information that the provider had notified us of within the last 12 months. We contacted the commissioners of the service and Northumberland local authority safeguarding team, to obtain their views about the care and support delivered by the service. We used the information that they provided us with to inform the planning of our inspection.

During the visit we spoke with three people living at the home who were able to engage with us verbally, five members of staff, the deputy manager and the registered manager. We walked around the home, observed the care and support people received and reviewed a range of records related to people's care and the management of the service. These included looking at four people's care records, five staff files (including recruitment, training and induction records), all nine people's medication administration records and records related to quality assurance, auditing and maintenance certifications.

We also carried out an observation of care, which helped us understand the experience of people who were unable to communicate their views and feelings to us verbally.

Following our inspection we gathered feedback about the service from three people's relatives and three healthcare professionals who worked closely with the service.

We reviewed all the information that we gathered prior to, during and after our inspection, and used this information to form the basis of our judgements and this report.

Good

Is the service safe?

Our findings

People who could told us they felt safe living in the home. One person said, "I like it here". Each person that we spoke with told us they had never been mistreated by staff. We asked relatives for their feedback about the staff team's approach towards people and whether they had ever seen anything that concerned them when visiting the service. Their comments included, "I have no worries about safety at the home" and "I have no concerns; quite the opposite in fact".

The visiting district nurse also told us they had not seen anything of concern when visiting the home.

Safeguarding policies and procedures were in place and there were no safeguarding concerns currently being investigated at the service. The local authority safeguarding adults team confirmed this. Staff were knowledgeable about what constituted abuse or improper treatment and they told us about the appropriate steps they would take to report any potential abuse or improper treatment if they suspected that it had occurred.

Risks that people were exposed to in their daily lives were appropriately assessed through the care planning process and plans were put in place to mitigate these risks. For example, people had risk assessments in place related to their physical health, mobility and holiday excursions, and these contained detail about the risk rating (high, medium or low level), how to manage the risk and any additional actions to be taken. Accidents and incidents were appropriately recorded and audited. Where necessary measures were put in place to prevent repeat events.

Medicines were appropriately managed. The ordering, administration and disposal of medicines was in line with best practice guidelines. The storage of medicines reflected manufacturers guidelines about how to store medicines correctly so that they remain safe for use. However, in relation to one person's medicines, one item was not securely stored. We raised this with the registered manager who made arrangements to address this before the end of our visit. Medication Administration Records (MARs) were well maintained. A current photograph of each person was attached to the MARs to ensure there were no mistakes made when identifying people during the administration process. Protocols were in place for the administration of 'as required' medicines. The protocol for administering homely medicines to each person in line with their individual requirements was being reviewed by the registered manager at the time of our visit.

Staffing levels were appropriate on the days that we visited and ensured that people were supported safely. If external activities or excursions were planned, staffing levels were adapted to accommodate these. Most of the staff team had worked at the service for a number of years and the registered manager told us any shortfalls in staffing, for example due to sickness or annual leave, were covered internally by other members of the staff team. Recruitment procedures were robust. Vetting checks on potential new staff were routinely carried out to ensure they had the correct skills and were of appropriate character to work with vulnerable people.

An emergency contingency plan was in place which contained a list of emergency contact details for staff to

use should this be necessary. Instructions were in place for staff to follow in the event of, for example, a fire, an electrical power failure, or a gas leak. We saw there was a personal emergency evacuation plan (PEEP) in place for each person who lived at the home, which gave staff instructions about how to support each individual to exit the building, should this be necessary.

Risks and safety checks around the building, such as fire safety checks and checks on utility supplies, had been carried out to ensure the building remained safe. Equipment used in care delivery was also serviced regularly in line with manufacturers' guidelines. We identified an anomaly with the building electrical installation check. The provider discussed this with the company contracted to carry this out and by the end of our inspection the matter was resolved.

We did not identify any concerns with the management of infection control within the service.

Good

Is the service effective?

Our findings

People who could verbally communicate with us told us that staff met their needs. Our own observations confirmed this and we saw that those people who could not relay such information to us, also had their needs met. People were supported to eat, take their medicines, attend to their personal care and access the community during our visits. One person told us, "They (staff) always help me".

Relatives were confident that their family member was appropriately cared for and their needs were met. One relative commented, "I never worry about him. He is spoilt rotten". Another relative said, "They are always very good. (Person's name) is always well looked after". A district nurse who was delivering care to a person on the second day that we visited told us, "I have no concerns at all here. The staff are very attentive to people". Another healthcare professional linked to the service said, "I find them a very good service and they have transformed the life of one of my complex clients".

Staff were extremely knowledgeable about people's needs. When we asked them how they supported people they described this in detail and they were fully aware of people's individual conditions, likes and dislikes and any recent changes in their health or behaviours. For individuals who were unable to communicate verbally, they were able to tell us how they had learned to read their facial expressions, noises they made, or changes in behaviours, to establish their mood and whether or not they were happy with a particular action or personal care task.

People continued to be supported to maintain their overall general health and wellbeing and also their more specific individual healthcare needs, via regular appointments with general practitioners, dentists, opticians and other specialist healthcare professionals such as consultants. They were supported to meet their nutritional needs and where people had specialist dietary requirements or nutritional needs, we observed staff supported them appropriately and ensured they got the food and fluids that they needed, safely, in order to remain healthy. In addition, food and fluid intake charts were used to monitor that people ate and drank in sufficient amounts. People were weighed regularly to ensure that any significant fluctuations in their weight were identified and where necessary, referrals were made to external healthcare professionals for advice and input.

People's care records contained care plans and other information about how to communicate with them in line with their needs. Picture prompts were used to show people what was available to eat so they could make their own selections wherever they were able to. Staff told us that communication within the service was good and that they enjoyed an open culture where they discussed things as a team and could approach the registered manager about anything at any time. A staff communication book was in place to document and pass important messages between changing staff teams, and staff told us these messages were also communicated verbally at each shift handover meeting.

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

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked the provider and registered manager were continuing to work within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. The manager had completed DoLS applications in line with legal requirements. Mental capacity assessments had been completed for specific decisions that needed to be made in people's best interests and records about these decisions were maintained. We observed that staff sought people's consent in advance before carrying out any care or support.

Staff told us and records confirmed that they continued to be supported to deliver appropriate care via regular training, observation assessments, supervision and appraisal. At the time of our inspection a number of staff needed to finish their training in specific areas relevant to the needs of people living at the home, such as autism awareness and epilepsy. We discussed this with the registered manager who told us that this would be addressed as soon as practicable.

Good

Is the service caring?

Our findings

People told us that they enjoyed good relationships with staff. One person said, "The staff are nice, alright". Another person told us, "I like the staff". Relatives relayed that they believed their family members had a good relationship with staff. One relative said, "We are kept informed". A healthcare professional told us, "I find the staff team are always friendly and work well together in supporting the client's needs. I feel that the people that live at this home are happy and well cared for".

People and staff experienced comfortable and pleasant engagements. Those people who were able, enjoyed jokes with staff. For people who were not able to engage verbally with staff, it was clear that staff knew them well and sought to comfort and care for them in a loving but professional manner. There was a calm and peaceful atmosphere within the home and people were relaxed within their environment and in the presence of staff.

We observed that staff used the sense of touch to engage with those people with more extensive needs. For example, one member of staff was giving one person a massage on their feet and said to us, "(Person's name) loves having their feet massaged". We saw the person was comfortable and relaxed during this caring engagement. We observed another person being asked if they were alright and if they needed anything and the staff member who was checking on them gently rubbed their hand first, to get their attention and make eye contact with them.

People remained at the centre of the care planning process and staff told us they involved people in their care as much as possible in relation to their abilities, capacity levels and their needs. People's relatives told us they were kept up to date about changes with people's care and they felt fully informed. Care plans reflected people's life histories and staff were knowledgeable about people's likes, dislikes and the activities they liked to pursue.

Pictorial signage was used around the home to inform people. For example, there was information about what people should do in the event of a fire and how to exit the building in an emergency. Pictorial care plans were also in people's files for them to review together with staff, which staff confirmed they did. One communal area had been fitted with sensory lighting and equipment so that it could be adapted from a seated area to a calming environment relevant to people's needs at various times of the day or when needed in response to people's changing behaviours and moods.

We identified some minor concerns at this visit related to the protection and promotion of people's dignity. These included leaving incontinence aids in full view in people's bedrooms. We raised this with the registered manager who promptly addressed this matter with staff and informed them that these must be discreetly stored within people's cupboards and cabinets until a time that they were needed. One member of staff was indiscreet when discussing one person's personal care and again we fed this back to the registered manager who addressed this with the staff member concerned at the end of their shift. Staff ensured that people were well presented and that their clothing was clean. A visiting district nurse told us, "The residents are always well presented and looked after". At mealtimes people were provided with

clothing protectors to minimise the chance of their clothing becoming dirty from food and drink spillages. Staff sat down with people at the same level as them when talking and they treated people with respect.

Equality and people's diversity was respected and promoted. People were supported to pursue their own interests, based on their likes and dislikes. Staff had access to information about one specific religion and it's associated cultural festivals, as a person living at the home was a member of this faith. We saw no evidence to suggest anyone who used the service was discriminated against and no one told us anything to contradict this.

The registered manager told us that one person living at the home had an advocate in place at the time of our visit, who assisted them with their decision making and ensured their voice was heard in relation to their living arrangements. They explained that most people's families advocated on their behalf when necessary and if they were not actively involved in their relation's care, the service advocated for them when necessary. The registered manager confirmed that if formal advocacy services were needed in the future, these would be accessed via requests submitted to people's care managers.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and our own observations confirmed this. One person told us that staff would arrange for them to see a doctor if they were ill. Most of the relatives we spoke with reflected that they believed staff responded to their family member's needs and wishes wherever they could, and if they could not, they sought external help and support from other professionals. One relative commented, "They always get a doctor to see him and they let us know what is happening. He is getting all that he needs". A visiting district nurse told us, "They (staff) contact us if there are any concerns at all. They refer to us for all nursing needs". A healthcare professional linked to the home told us, "The manager and deputy manager refer appropriately and seek professional re-assessments for clients when required and the best interests of their clients are a high priority".

The care delivered by the service was person-centred. A keyworker system was in operation where individual staff members were allocated to oversee the care of individual people living at the home. Keyworkers had responsibility to ensure that individual's care needs were met, that these were regularly reviewed and their care records updated accordingly. Staff told us that all relevant parties were kept informed, in respect of any changes in people's care needs.

Hospital passports had been completed and were in place should people need to transition services between this service and other services. Hospital passports are documents which provide hospital or other healthcare staff with an overview of people's current or past health issues and any details about how people like to be supported.

Staff told us they gave people who could not communicate verbally as much choice as possible in relation to day to day decisions. We observed that they interpreted if people were happy or not and what they liked and disliked, via facial expressions and certain behaviours. People who could verbalise their own choices informed staff about their agreement with certain elements of care and how they wished to spend their time. They moved about the home as they wished.

People were supported to maintain close links with their families and the service operated an 'open door' policy where family members could visit the home at any time. People were active within the community and enjoyed day trips out and pursuing activities of their choosing. The provider had their own mini bus and the service had access to this bus once or twice a week, so that larger groups of people could go out together.

Care records contained a comprehensive set of care plans that reflected people's assessed needs. These related to a variety of needs such as personal care, medication, nutrition and family contact. There was evidence of pre-admission assessments and of systematic reviews and evaluation to ensure that people's care remained appropriate, safe and up to date. Care monitoring tools such as food and fluid monitoring charts and charts for monitoring people's continence were in place. In addition, the service used handover summary sheets, daily evaluation records and a diary system to pass information between the staff team and respond to any issues that may have been identified. People's bedrooms were equipped with

specialised personalised chairs and beds and other necessary adaptations.

The provider had a complaints policy and procedure in place for staff to follow should anyone wish to raise any concerns or complaints. A pictorial copy of the complaints procedure was in people's care records for them to read and understand. There had been no formal complaints raised with the service since our last inspection.

Systems were in place to gather feedback from people, staff and relatives via questionnaires and meetings. Staff told us they could approach the registered manager with any concerns at any time and people's relatives echoed this. Staff told us they also completed a staff survey issued by the provider annually. The deputy manager told us that staff regularly asked people if they were happy with all aspects of their care and their lives and they acted on any issues raised promptly.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who had worked at the home for over ten years. It was clear through our discussions with them that she knew people well and sought to secure the best possible outcomes for them. Our records showed the registered manager had been formally registered with the Commission since October 2010. She was present on both of the days that we inspected the home.

People, staff and relatives gave positive feedback about the registered manager and her approach to running the service. One person told us, "I like (Registered manager's name)". A relative said, "(Registered manager's name) is nice. You can talk away to her about anything like you have known her for years".

Staff told us the manager was open and easy to work with. One member of staff commented, "(Registered manager's name) is easy to talk to. She is a good manager. Any problems and we just go to her with them". Another member of staff said, "I can only speak in the highest regard for (registered manager's name) and (deputy manager's name) and the support that they have given me. (Registered manager's name) is the best manager I have ever had. She is a genuine person and fair. She has said my door is always open and that is right; she stands to her word. She acts on things". The atmosphere within the home was positive and the staff team told us morale was good. Most staff had worked at the service for a number of years and said they "loved" their jobs.

The registered manager told us she enjoyed good working relationships with people's care managers in the local authority and other healthcare professionals. This was supported by the evidence we gathered from these parties when we made enquiries with them as part of our inspection. One healthcare professional commented, "The staff are led by very competent and experienced manager and deputy manager, who have the care of the clients at the heart of their focus. The working relationship is excellent".

The registered manager had an overall assurance system in place to ensure that staff delivered care appropriately. Monitoring tools such as food and fluid intake charts were in place. Night shift staff completed checks on people regularly throughout the night and they were guided about people's overnight needs, by a summary of information that was held communally. In addition to this the registered manager had systems in place to; monitor people's changing continence needs; their weight; any future health related appointments; a staff communication book for passing messages between staff; and a shift handover book where any issues that needed to be addressed were recorded. These tools enabled the registered manager to monitor care delivery and then identify any concerns should they arise.

Records showed that a range of different audits and checks continued to be carried out to measure the quality of the service delivered and identify any concerns or issues. These included medication checks, kitchen audits, care records audits and health and safety audits/checks. Where issues were identified via these audits and checks, action plans were drafted to be used to drive through improvements in standards and measure progress. The registered manager was reviewing the medication audit at the time of our visit to ensure that it was extensive enough and that all elements of the audit undertaken were recorded. A range of

different matrices were also used to monitor, for example, supervisions and training requirements for staff.

Staff meetings and meetings for people who used the service were held regularly where a variety of issues related to the operation of the service and people's individual needs were discussed. The registered manager told us that these meetings were a way of monitoring satisfaction levels and identifying concerns when these were in their infancy.

The registered manager told us that she completed a weekly report and submitted it each Friday to the area manager so that they were kept up to date with key issues related to the service that week and they could liaise with the provider if necessary. This report covered information about; staffing levels; training requirements; any accidents or incidents that may have occurred; safeguarding matters; complaints; visits from external professionals; audits completed; and any maintenance and repairs issues.

The area manager completed monthly visits to the home which involved observing staff practice and a walk around of the home. There were also entries on the documentation related to these visits which indicated that reviews of paperwork within the service took place, including checks on notifications, any safeguarding matters and any complaints. We considered however that the records related to these visits were not detailed enough to demonstrate how many people and staff had been consulted about the service, and exactly how many and what type of records had been looked at.

At our last inspection of this service in December 2014, the registered manager told us there was a lack of support from the provider organisation and she had not received a supervision or appraisal in over two years. At this visit the registered manager told us this situation had improved and they felt the regular visits from the regional manager provided them with the support they needed. Records showed the registered manager had been suitably supervised and appraised in their role.

One healthcare professional told us that whilst they enjoyed a good relationship with staff and the registered manager of the service, they had experienced ongoing difficulties in working with the provider, to ensure that some people who lived at the home had new, more appropriate seating equipment purchased for them. We discussed this matter with the nominated individual. They told us they would liaise with the relevant healthcare professional with a view to resolving any outstanding actions, as soon as possible.