

Steps Residential Care Limited

Newfield View Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Newfield View Supported Living is a domiciliary care agency providing personal care to people in their own homes. It provides a service to people who have a learning disability and/or autism. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the service was providing personal care to 17 people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

This provider was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

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.

Management of medicines needed improvement and we have made a recommendation about this.

The provider had processes to safeguard people from the risk of abuse. Staff were knowledgeable about safeguarding and knew how to act on concerns. People and their relatives told us they felt that their relative was safe.

Risks associated with people's care had been identified and assessments were in place to minimise risks occurring.

Quality audits were in place and completed regularly by the senior team.

Right Care:

Staff were knowledgeable about people's needs, preferences and interests. Staff retention was high, and many staff had worked with people using the service for a number of years.

People received care and support from staff who knew them well and understood their needs and considered their preferences. Staff interacted positively with people and had a caring and respectful

approach.

People could take part in activities and keep in touch with people who were important to them.

Staff enabled people to access specialist health and social care support in the community.

Right Culture:

People were supported with care that was person-centred.

Quality assurance and monitoring systems helped drive improvements at the service.

There was a recruitment system to ensure appropriate staff were employed and there were enough staff to support people.

Staff told us should they have any concerns about poor practice they would feel confident to raise them and their concerns would be acted upon. One staff said, "I don't have any concerns for the people who live in the house where I work, if I did, I know how to express them."

Feedback was regularly sought from people, and relatives told us overall they felt involved in their relatives' lives.

For more details, please see the full report for Newfield View Supported Living which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 February 2022 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published 5 November 2019.

Why we inspected

This inspection was prompted by a review of the information we held about the service.

Recommendations

We have made a recommendation about the safe management of medicines.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Newfield View Supported Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small, and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 July 2023 and ended on 24 July 2023. We visited the location's office on 11 July 2023 and completed visits to people's homes on the 11 & 17 July 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We observed staff providing care and support to 7 people using the service in 4 different properties and spoke with 5 people's relatives about their experience of the care provided. We spoke with the registered manager, regional operations director, regional operations manager, 3 team leaders and 5 support workers.

We reviewed a range of records. This included 5 people's care and medication records. We looked at 2 staff files in relation to recruitment, training, and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We attempted contact with 7 health and social care professionals who have experience of the service and we received 4 responses.

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medication systems were in place, and people received their medication as prescribed. However, we identified some documentation needed improving.
- Where people were prescribed medicines to be given 'as and when' required known as PRN, protocols were not always in place and pharmacy labels were not always clearly labelled.
- Although a body chart was in place identifying where a medicine patch should be located a record of rotation was not being kept.
- Some people self-administered their medicines with supervision from staff. More detailed guidance in this area would support staff when overseeing administration.

We noted no harm had occurred regarding these issues and the registered manager and staff responded immediately to rectify the concerns we identified.

We recommend the provider review people's medication records and their management audits to ensure they provide clear oversight and are in line with best practice guidance.

- Medicines were received, stored and disposed of safely.
- Staff received appropriate training in the management of medicines and competency assessments were completed by managers.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate procedures and systems to ensure people were protected against the risk of abuse.
- Staff had received appropriate training to ensure people's safety, and demonstrated good knowledge of the steps they should take if they suspected someone was being abused. One staff said: "I'd ring a team leader, or if I had concerns about the team leader, I would ring next level up. I have never had any concerns."
- People told us they felt safe and would talk to staff if they were worried about something. One person commented, "Yes [I feel safe]. I like it here."

Assessing risk, safety monitoring and management

- People's individual risks were assessed, and measures were put in place to reduce and manage the risks. Risk assessments were reviewed and updated at regular intervals.
- Staff were knowledgeable about people's risk assessments and supported people in line with them.

- Regular checks were made on premises to ensure people's safety. This included checks by external contractors on gas, electrical and fire safety.

Staffing and recruitment

- Safe recruitment processes were followed to ensure staff employed were suitable to work with vulnerable people. These included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were determined by the commissioning authority. We saw these levels were maintained for people's safety.
- Staff rotas were regularly reviewed to ensure there were enough staff to meet people's needs.

Preventing and controlling infection

- Staff told us they had easy access to personal protective equipment and had received training in infection, prevention, and control of infection.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learned when things went wrong.
- Systems were in place to support staff reporting and recording any accidents and incidents to identify trends and common causes.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received support in the form of supervision, appraisal and recognition of good practice. However, at the time of our inspection supervision levels were noted to be lower than expected. The provider showed us that they had already identified this through their audits and had set a target to bring supervision frequency in line with their policy.
- The provider ensured staff received effective induction and training, including enrolling all new staff on the Care Certificate. The Care Certificate is an agreed set of standards defining the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff commented, "Yes, I had a full induction, then I did some shift shadowing."
- Staff had undertaken specialist training to meet the individual needs of people using the service. For example, epilepsy awareness, diabetes, autism and learning disability which included the Oliver McGowan Code of Practice.

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

- The provider ensured people's needs were assessed before support commenced.
- Managers maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- People's health and support needs were clearly recorded within their support files.

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

- The provider ensured people's support files included information about their needs regarding fluids and nutrition.
- People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their food, shopping, planning, and preparing their meals.
- Staff encouraged people to eat a varied and healthy diet.

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

- The provider worked closely with a range of professionals and partner agencies, to ensure people received effective support. One professional commented, "I have been very impressed with the organisation in terms of the way in which they have been accommodating, helpful, approachable, person-centred and professional during this process of getting the arrangements in place."
- People were supported to access health screenings and primary care appointments.

- Oral health support needs were met by staff and records kept in support plans.

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

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff received training and understood the principles of the MCA and how they applied this to their day-to-day work. Where people lacked the capacity to give consent, the principles of best interest decision making were followed.
- People we spoke to told us they were supported to make their own decisions and choices. One person commented, "Yes. When I say let's go out, I can do."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate support from staff. People appeared to be very comfortable in the company of staff, and staff we observed demonstrated respect when interacting with people.
- The provider made equality and diversity policies available to help ensure people were treated fairly, regardless of their age, sex, race, disability or religious belief.
- All relatives we spoke with said, staff were kind, considerate and respected people. One relative commented, "Staff are nice and respectful".

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

- The provider ensured people were fully involved in decisions about their support and treatment.
- People could express their views and where they were unable to communicate, the provider advocated on their behalf or sought advocacy from relatives or external professionals.
- When staff were interacting with people, they routinely ensured people's views and choices were supported.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, and people were encouraged to set and achieve goals. Relatives commented that they would like to see their relatives supported to be more independent. We discussed this with the provider who advised they are about to implement a new system for goal recording which will also evidence progression of independence.
- Support plans described what people can do for themselves and staff prompted this to ensure independence was maintained.
- Systems were in place to maintain confidentiality and people's records were stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them and took into consideration their needs and preferences.
- Staff were very familiar with people's likes and dislikes and many staff had worked with people for a long time.
- The provider ensured people's support plans described their support needs, were person centred and reviewed regularly. However, some staff commented that updates provided when people's needs change didn't always transfer into support plans right away. We discussed this with the registered manager and regional operations director who informed us that the new electronic recording system would address this issue.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had carried out assessments of people's communication needs.
- There was information in people's care plans about the specific ways they communicated.
- Staff had received Makaton training. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider placed an emphasis on supporting people to maintain friendships and relationships where possible.
- People's care plans showed they were supported to access a wide range of activities, both in the community as well as day services. One person had a photo book with photos of recent activities and staff told us of plans to celebrate a milestone birthday with a trip to Disneyland Paris.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy in place.
- A record of complaints was kept which included any investigation undertaken and action taken.
- Relatives we spoke with told us they would be confident to raise concerns or complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- People's care records showed care was designed to be provided in a person-centred way and to support people in achieving their goals and aspirations.
- The provider worked closely with people to ensure staff understood their support needs and could deliver quality outcomes.
- The registered manager and staff were open, honest, and transparent, in accordance with the duty of candour.

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

- Managers and staff were clear about their roles and responsibilities. One staff commented, "We are 100% committed to the job, we all want the best for the people that we work for."
- Audit systems and management meetings were in place including tracking of accidents and incidents to learn and improve and any issues picked up during the inspection were actioned immediately.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

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

- Staff had opportunities to share their ideas about how to improve the service via staff meetings and supervision sessions. Overall staff were positive about support provided. One staff commented, "I definitely feel very well supported in my role. It's a really nice place to work." However, low morale was mentioned by a small number of staff. We discussed this with the provider who agreed to review, together with increasing the frequency of supervision offered to all staff.
- The provider had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.

Working in partnership with others

- The registered manager had ensured positive relationships had been made with other healthcare agencies involved with people's care.
- Staff worked closely with other healthcare professionals. People's support records showed involvement

and guidance from a variety of other agencies.