

# Mr Clifford Anthony Billard & Mrs Mandy Billard

## Newfield View

### Inspection report

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Date of inspection visit: 12 November 2015  
Date of publication: 22/01/2016

#### 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** 

#### Overall summary

We inspected Newfield View on 12 November 2015. The inspection was unannounced. Newfield View was last inspected in September 2014, no concerns were identified at that inspection.

Newfield View provides accommodation and support for up to eight people with learning disabilities and autistic spectrum disorders. On the day of the inspection six people were receiving care services from the provider. The home had a registered manager. 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.

During our inspection we spoke with three people who used the service and one relative. We also spoke with three care staff and the registered manager.

During our visit to the service we looked at the care records for four people and looked at records that related to how the service was managed.

# Summary of findings

People who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them. The registered manager had procedures for informing people which staff would be carrying duties. This meant people knew who they would see each day.

People were treated with kindness and respect. People we spoke with told us, "I really like it here, people are lovely."

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work in people's homes. The staff employed

by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. This meant that all aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes could be implemented in a timely manner.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

# Summary of findings

## 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.

There were appropriate levels of staff who had received training in safeguarding and knew how to report any concerns regarding possible abuse.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Good



### Is the service effective?

The service was effective.

People received the support they needed to lead their lives as they wanted and to remain as independent as possible.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and it's Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected.

There were good systems in place to ensure that people received support from staff who had the training and skills to provide the care they needed.

Staff were well supported through a system of regular supervision and appraisal. This meant people were cared for by staff who felt valued and supported.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and received support in a patient and considerate way.

People who used the service, and those who were important to them, were involved in planning their care.

People received support from a team of care staff who knew the care they required and how they wanted this to be provided.

People were treated with respect and their privacy, dignity and independence were protected.

Good



### Is the service responsive?

The service was responsive.

People agreed to the support they received and were involved in reviewing their care to ensure it continued to meet their needs.

Good



# Summary of findings

People were asked what support they wanted and could refuse any part of their planned care if they wished. The care staff respected the decisions people made.

People knew how they could raise a concern about the service they received. Where issues were raised with the registered manager of the service these were investigated and action taken to resolve the concern.

Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported.

## Is the service well-led?

The service was well-led.

There was a registered manager employed. The registered manager set high standards and used good systems to check that these were being met.

People who used the service knew the registered manager and were confident to raise any concerns with them.

A system was in place to regularly assess and monitor the quality of service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

There were good systems in place for care staff or others to raise any concerns with the registered manager. The registered manager took appropriate action when concerns were raised.

**Good**



# Newfield View

## 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.

We carried out this inspection on 12 November 2015 and it was unannounced. The inspection was carried out by an adult social care inspector.

We spoke with four care staff, one relative and the registered manager. We asked three people for their views and experiences of the service and the staff who supported them.

The inspector visited the service to look at records around how people were cared for and how the service was managed.

We looked at the care records for six people and also looked at records that related to how the service was managed.

We looked at how people with complex needs were supported by using our Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We used this to help us see what people's experiences were.

Before our inspection we reviewed the information we held about the service.

# Is the service safe?

## Our findings

All the people we asked told us they felt safe in the home. One person told us, “I feel safe here there is always someone around if I need them.” Another person told us, “The staff always come when I call, this helps me feel safe.” Another told us, “I feel completely safe here.” Everyone we spoke with told us that they knew how to make a complaint or report a concern if they didn’t want to speak with staff.

Relatives we spoke with were confident their family members were safe living at Newfield View. They said, “They are absolutely safe. I am so pleased with everything here, there is a wonderful and calm atmosphere.”

Detailed policies were in place in relation to safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures accessible to all staff. Staff files showed and staff confirmed they had received training in safeguarding as part of their mandatory training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. They knew how to report to any suspicion of abuse to the management team and external agencies such as the local authority so that people in their care were always protected. Staff felt confident that any reports of abuse would be acted upon and investigated appropriately. The registered manager was very clear about when to report concerns and inform the local authority, police and CQC.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three staff including the most recently recruited. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants’ identity. Staff files also contained evidence that the registered manager had previously used disciplinary procedures to address issues of poor performance.

There were enough staff to meet people’s needs and provide personalised care and support with activities. Staff

were always present when people spent time in areas which may present a greater risk, for example the kitchen. People who spent time in other communal areas or who spent time in their rooms were checked regularly. Staff responded quickly so that people did not have to wait for support or assistance. Staff told us there was enough staff on duty to meet people’s needs and support them with their activities. In an emergency, relief staff, who are employed by the service to provide cover, could be called in to cover any staff absences such as holidays or illness. There was flexibility in rotas to allow for additional staff to provide support for activities, outings or planned holidays.

We looked at the arrangements in place for the administration and management of medicines and found that these were appropriate. Medicines were stored securely in a locked cabinet. Medicines stored tallied with the number recorded on the Medication Administration Records (MAR). Arrangements were in place for the storage of controlled drugs if required and we saw from training records, all staff had received medicines training.

We looked at six care records which confirmed that the provider had risk management systems in place. These were individualised, taking into account each person’s needs and wishes. Policies and procedures to keep people safe were in place to ensure staff provided care in a consistent way that did not compromise people’s rights. Records showed that risks were reviewed regularly and updated for specific activities, for example going on holiday. Each person at Newfield View had a personal emergency evacuation plan (PEEP). This document had assessed every individuals independence and support needs in the event of evacuating the building.

The provider regularly undertook an environmental risk assessment which highlighted any risks a person may be exposed to at Newfield View and how to reduce them as much as possible. We saw the provider had a specific cupboard to store household products which could be harmful, for example toilet disinfectants. This cupboard was locked and had a sign on it to remind staff to keep it locked when not in use. Other environmental checks were carried out regularly, for example water temperatures, checks of slings and hoists, window restrictors and emergency lighting.

# Is the service effective?

## Our findings

People told us that staff looked after them well. People who were able to commented, “I really like all the staff.” One relative told us, “Staff are wonderful, (relative) is always treated as an individual and with respect. They are effective in breaking down barriers and enhancing the lives of individuals.”

The Care Quality Commission (CQC), is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and it’s Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the act’s provisions and how it affected the people they provided a service to. They were aware of people’s mental capacity to make day to day decisions about their lifestyle.

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the needs of each individual before providing care and support on their own. Training and supervision records showed staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively as they had received training in areas essential to the service such as fire safety, infection control, safeguarding, moving and handling and medication. Documents also showed that staff had completed training including first aid, nutrition

and health, mental health and challenging behaviour. The manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

People were supported to have a balanced diet. There were menus in place. The menu gave people a variety of food they could choose from and were developed through consultation with people who used the service. Staff knew people well and asked each week if people had any particular or special requests. Staff confirmed people had access to good quality food and there was plenty of choice. One staff member told us, “People choose what they want to eat but we are mindful of and discuss nutrition and the importance of a balanced diet.” Fresh fruit was also available and people could access snacks and drinks throughout the day. People were weighed regularly to make sure they maintained a healthy weight.

There were procedures in place to monitor people’s health. Health action plans had been discussed with people and completed. Referrals were made to health professionals including doctors and dentists when required. All appointments with professionals such as doctors and dentists had been recorded. Future appointments had also been scheduled.

Staff files showed that staff received regular supervision. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people. Staff told us supervisions were useful for their personal development as well as ensuring they were up to date with current working practices. This showed us staff had the training and support they required to help ensure they were able to meet people’s needs. One member of staff told us, “Supervision is really useful.”

# Is the service caring?

## Our findings

We observed staff relationships with people living at Newfield View were strong, supportive and caring. One member of staff told us, “Maximising and maintaining people’s independence is what we all want, it’s nice to be a part of it.” People told us that their individual care needs and preferences were met by staff who were very caring in their approach. One person said, “I like the staff, I like them a lot. I really like it here, people are lovely.”

People told us the staff are all very good. Due to some people’s varied and complex needs they had a limited ability to understand and verbally communicate with us. We observed the way that staff interacted with people living at the home and found that they responded sensitively to their needs. Staff recognised and understood people’s non-verbal gestures and body language. This enabled staff to be able to understand people’s wishes and offer choices. We found that people’s social and emotional needs were considered and catered for as well as their physical care needs.

A healthcare professional who had responded to a quality questionnaire sent by the provider commented, “Very impressed with the scheme and the level of service. Staff are committed, caring and supportive.”

There was a relaxed atmosphere in the service and we heard good humoured exchanges between staff and people. We saw gentle and supportive interactions between staff and people. Staff chatted and joked with people and ensured that the people felt comfortable. A relative commented, “(Relative) is always clean and well turned out. I am happy with the care my relative receives.”

We spoke with staff about how they preserve people’s dignity. One member of staff told us, “The basics of knocking on doors etc. are as important as respecting people’s wishes, choices and opinions.”

A relative told us they always felt welcomed when they visited and had been involved in planning how they wanted their family member’s care to be delivered. They felt involved and had been consulted about their family member’s likes and dislikes, and personal history.

The six support plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person’s life history, needs, likes, dislikes and preferences. Each care plan contained a one page profile of the person. This included information such as, ‘What is important to me’, ‘How to support me.’ And ‘What people like about me.’ It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms according to their individual choice. People were invited to attend residents’ meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. Relatives told us that they could talk freely to the registered manager. One relative said, “I can ask staff anything, at anytime. Communication is very good, I am always informed and kept up to date.”

People were able to access information in a number of formats, including documents in ‘easy read’ formats in pictures and large text sizes. For example, the service user guide and the complaints procedure. This helped people to maintain their independence as information was accessible to everyone who used the service.

We saw people’s personal details and records were held securely at the Newfield View offices. Records were filed in locked cabinets and locked storage facilities, so that only authorised staff were able to access personal and sensitive information.



# Is the service responsive?

## Our findings

Staff told us that people received care or treatment when they needed it. A relative told us, “I am very pleased with it all, I would not want my relative to move from here.” “I know I could go and speak to the manager if I had any concerns.” A consultant psychiatrist and a G.P. had commented in a quality questionnaire, “During my home visits and outpatients clinic staff are well informed and up to date to provide progress information.” And, “Newfield staff are exceptional in their attitude to their patients. Having staff that can work with the medical team in partnership ensures we are delivering the best service possible. We as a medical team would not be able to do this without their co-operation.”

People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. For example, it was documented whether people preferred to shower rather than have a bath, and they received this support according to their preference.

Before people were admitted to the home their care and support needs were fully assessed. This ensured the service would be able to meet the person’s individual needs and any specific equipment (hoists or specialist beds) was available. These documents identified the type of care the person needed and the level of any risks. The assessment covered all aspects of the person’s daily life and the information was used to write the person’s care plan.

The care plans were written in conjunction with the person, their relatives and other information gathered from health and social care professionals. Care plans covered the person’s personal care needs, mobility, nutrition, continence, skin integrity and where appropriate, end of life care needs. The plans were well written and provided

sufficient details to instruct the care staff on how the person’s care and support needs were to be met. They were written in easy to understand plain English, and this meant that they were clear and understandable. It showed that people’s needs were clearly documented for the staff that supported them.

Care plans were reviewed on at least a monthly basis. People were encouraged to have a say about their care and support and to speak up if they were unhappy about anything or wanted things done differently. The care plans were amended as and when needed. Where necessary health and social care professionals were involved in people’s care.

We saw that daily records were kept for each person at Newfield View. These records documented a person’s daily activities, nutritional information, incidents, behaviours and events. These documents were signed by staff and formed part of a staff handover. This meant that all staff were aware of the immediate needs of all the people who lived at Newfield View. Regular meetings were held between the people who used the service and the staff. These were called ‘house meetings’. This was a forum where people could raise any issues they had with their care and support. We saw from the minutes of one of these meetings, that trips and activities were discussed and planned as well as ideas for a forthcoming programme of re-decoration.

The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. The complaints policy was written in an ‘easy read’ format so that everyone had access to the information. People who used the service and their relatives told us they knew how to make a complaint if they needed to but had not yet found it necessary to do so.

# Is the service well-led?

## Our findings

The service was well led by the manager who had been registered with the Care Quality

Commission since January 2011. People we spoke with told us they knew who was the manager and said they were approachable. One person said, “I really like her, she is nice”. A healthcare professional commented in a quality questionnaire, “A very person centred service with sound management and leadership.” The registered manager lead a team of senior care staff, care staff and administrative staff to provide hands on care and support to people. They led by example to provide a service which was tailored to each person’s individual needs and wishes.

Staff felt the registered manager was relaxed yet professional. They felt the manager listened to them and that they could speak freely with them about any aspect of the service. One member of staff said, “We have a fantastic team at all levels. We are supportive of each other, it’s a great place to work.” A relative told us, “The manager is very good, approachable and responsive.”

The provider had a clear vision and set of values for the service which focussed on giving people the best opportunity to lead a normal life and enable people to have choice and control over their own lives. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been embraced by staff. Staff were committed to caring for people and responded to their individual needs. For example, person centred plans, individual activity plans and bedrooms that had been decorated to the individuals taste.

The provider had systems in place to assess and monitor the quality of service that people received. These checks took place on a daily, weekly and monthly basis. The registered manager monitored the service and planned

improvements through these formal quality assurance processes they had in place. They completed audits in areas such as care records, infection control, medication, health and safety and both the internal and external environments. This meant that the service was appropriately monitored to ensure good care was consistently provided and planned improvements and changes could be implemented in a timely manner.

The provider also used an external consultant to audit all aspects of the service twice yearly. They told us that this ‘fresh eyes’ approach had helped them to identify areas of improvement. Where issues had been identified through this audit or other quality assurance procedures, action plans were put in place to make improvements. For example, the need to redecorate certain parts of the home.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views, questionnaires twice yearly to people who used the service, healthcare professionals, relatives and staff. One relative had commented, “A very high standard of care I would recommend to anyone, I am extremely pleased with the care given and the quality of staff employed.” The latest questionnaires were dated September 2015. 100% of staff felt valued and the collated responses for all aspects of the service had been 40% excellent and 60% good. There were no negative responses.

We saw there was a suite of policies and procedures covering all aspects of the service including care, personnel, the environment and governance. Policies and procedures were up-dated on an annual basis.

Management staff were proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered provider understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.