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Newfield View

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

The inspection took place on 13 March 2018 and was unannounced. The last comprehensive inspection took place in November 2015 when the registered provider was meeting the regulations. You can read the report from our last inspections, by selecting the 'all reports' link for 'Newfield View' on our website at www.cqc.org.uk.

Newfield View 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. Newfield View is a large domestic style detached house located in a residential area in Sheffield. The home provides accommodation for up to eight adults who are living with a learning disability. The home has eight single bedrooms. Two bedrooms have en-suite facilities provided and one bedroom has an en-suite shower/wet room.

At the last inspection the service was rated Good.

At the time of our inspection the service did not have a registered manager in post. 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. However, the registered provider had employed a manager to oversee the day to day running of the service.

When we arrived at the service we were informed that the service would be changing in the near future and would become a supported living accommodation. The people using the service at the time of our inspection had been consulted about the changes and had their care needs reviewed by social workers. The manager we spoke with on the day of our inspection was the registered manager of the service which would be taking over responsibility of Newfield View as a supported living environment.

Systems were in place to safeguard people from abuse. Staff told us they would report abuse straight away. Staff we spoke with confirmed there was enough staff to support people appropriately with their care needs. Care records included risk assessments which assisted staff in supporting people whilst minimising any risks associated with their care. People received their medicines in a safe way. However, we found that temperatures were not taken of the fridge used for storing medicines. This meant that the provided could not demonstrate that the fridge was at the correct temperature for keeping medicine items cool.

We completed a tour of the home and found the décor and furnishings to be tired, worn and in need of attention. We spoke with the team leader regarding this and we were told that the home would be modernised and new items purchased when the service changes its function to a supported living environment.

Staff training took place and staff felt supported to carry out their role. People were supported to eat and drink enough to maintain a balanced diet.

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.

We found the registered provider to be compliant with the Mental Capacity Act 2005. We saw people were offered choice and they were respected. People had access to healthcare professionals as required and their support was sought without delay.

There was a good rapport between staff and people who used the service. Staff showed kindness and a caring manner in their interactions with people. Staff respected people and maintained their privacy and dignity.

Care plans were in place which detailed the support people required. The registered provider had a complaints procedure.

Further information is in the detailed findings 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 had deteriorated to require improvement.

Requires Improvement ●

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 ●

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 checked 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.

The inspection took place on 13 March 2018 and was unannounced. The inspection was carried out by an adult social care inspector. At the time of our inspection there were six people using the service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in communal areas and looked at the environment. We spoke with people and their relatives and observed their care and support being provided by staff. We met two people who used the service.

We spoke with two care workers, and the area operations manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with two people who used the service and they told us they felt safe living at the service. One person said, "I have lived here years and feel very safe."

We observed staff interacting with people who used the service and found they supported people in a safe way and in line with their current needs. We spoke with staff about safeguarding people from abuse and they were knowledgeable. They told us they had received training in the subject and explained what action they would take if they suspected abuse. The staff we spoke with were confident that their managers would take appropriate actions to protect people.

Risks associated with people's care and support were identified. We saw risk assessments were in place to guide staff in how to minimise the risks from occurring. Risk assessments included the type of risk, any known triggers and what measures were in place to reduce and manage the risk effectively. For example, one person had a risk assessment in place regarding mobility. This informed the reader that the person was at risk of rushing when walking causing them to become unsteady. Staff were instructed to remind the person to slow down and to use the shower facilities downstairs to prevent the use of stairs.

Staff we spoke with told us there were enough staff working with them to support people who used the service. We observed staff interacting with people and saw there were enough staff available to ensure people's needs were met. On the day of the inspection staff were available to support people with their daily activities.

People's medicines were managed in a safe way and people received their medicines as prescribed. Staff responsible for medicine administration had received appropriate training prior to taking on this role. We saw that medicines were stored in a locked cupboard and temperature was taken of the cupboard to ensure medicines were stored correctly. However, medicines requiring a cooler storage were stored in a fridge, but no temperature was taken to ensure the medicines were stored at the correct temperature. We spoke with the team leader about this who informed us this would be rectified.

At the time of our inspection nobody was prescribed controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage.

Each person who used the service had a medication administration record (MAR) sheet in place. This was used to record medicines which had been delivered to the service and administered to people. These gave a clear record and were completed fully. We looked at medicines to ensure they tallied with the MAR sheets and found they were correct. We saw that one medicine had been removed from the original box and placed in a contained with the pharmacy label. We raised this with the team leader as the medicine should have remained in the box they had been prescribed in. This would limit medication errors. The team leader recognised that this was wrong but had been done as the original box did not fit the cabinet. The team leader contacted the pharmacy and resolved the issue during our inspection.

The service had a system in place for disposal of medicines. Medicines which required returning to the pharmacy were recorded in a returns book and returned.

We saw that protocols had been developed for people who were prescribed medicines on an 'as and when required' basis (PRN). These showed what dose was prescribed, how often it could be given and when to administer it. The PRN protocols were kept with the MAR sheets so that staff had access to them when administering medicines.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at staff recruitment files and found they contained all the relevant checks. We also spoke with staff who confirmed they had to wait for the checks to be returned prior to them starting their new role. Staff also informed us that they completed a thorough induction which included training and completing shadow shifts. Shadow shifts were completed so the new started had the opportunity to work alongside an experienced worker and become familiar with the home and the people who used the service.

We completed a tour of the home and found the décor and furnishings to be tired, worn and in need of attention. The seating in the lounge areas was extremely worn and fabric was peeling from them. There were also areas which had holes in them. We saw a mattress was stored behind one of the sofas. The team leader told us this was used by staff when they slept in. This encroached on the living facilities for people. We spoke with the team leader regarding this and we were told that the home would be modernised and new items purchased when the service changes its function to a supported living environment.

Is the service effective?

Our findings

We observed staff interacting with people who used the service and found that staff knew people well. Staff we spoke with were aware of people's individual needs and preferences. One person we spoke with said, "The staff know me well, I like that."

Staff told us they had completed training courses which were relevant to their role and gave them the skills they required to complete their tasks. Staff told us they received training in areas such as moving and handling, safeguarding, safe administration of medicines, end of life care, dementia, and food hygiene. Staff told us that training was completed regularly so their skills were maintained. Training took place in different forms. Some was eLearning, some face to face and some training was completed using workbooks.

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found consent to care was sought in line with the law and relevant guidance. Staff had a good understanding of the principles of the MCA. Care plans we looked at included information about people's capacity and how they consented to care. When people lacked capacity to consent to care, best interest decisions had been made which considered the rights of people.

People were supported to maintain a healthy and balanced diet which included their choices and food preferences. Staff were mindful about what people preferred to eat and menus were devised with people on a weekly basis. People's requirements were identified within their care plans. For example, one person did not like chewy food and required their food cutting into small pieces. Staff were able to describe food that was suitable for this person in line with their tastes. Some people liked to be involved in meal preparation and this was encouraged. During our inspection we saw people were offered snacks and drinks on a regular basis.

People were supported to maintain good health and have access to healthcare professionals as required. We looked at care records and found they contained information and advice from healthcare professionals where required. For example, regular appointments were made for people to see professionals such as the doctor, dentist, optician and chiropodist.

Is the service caring?

Our findings

We spoke with people who used the service and they told us they liked living at the home. They were complimentary about the staff team and told us the staff were very caring. One person said, "The staff are nice to me and they are caring." Another person said, "Yes, the staff are lovely."

During our inspection we observed staff interacting with people who used the service. We found staff were kind, caring and thoughtful in their manner. People who used the service appeared happy and content in the presence of staff.

Staff we spoke with knew people extremely well and had developed a person centred relationship with them. Care records we looked at included information regarding how to communicate with people and how people expressed their needs. People's individual choices were expected, for example, staff respected how people liked to be addressed and what name they preferred to be known as.

Care records contained a document known as 'about me.' This gave details about how the person liked to lead their life and what they enjoyed doing. We also saw care records included a one page plan, which gave an insight into people and their preferences at a glance. This showed that staff were keen to ensure people's preferences were maintained and care was delivered in line with them.

We spoke with staff about how they ensured people's privacy and dignity was maintained. Staff were able to give examples about how they delivered care in a respectful way. For example, staff told us how they closed curtains, doors and windows when carrying out personal care tasks. They told us they spoke quietly with people so that the task remained private and confidential.

People who used the service had a keyworker. A keyworker was a staff member who was responsible for building up a relationship with people and ensuring they had everything they needed. They were also responsible for ensuring care plans were up to date, relatives were communicated with and appointments were scheduled as required.

Is the service responsive?

Our findings

We spoke with people who used the service and they told us they were happy with the care they received. They also told us they felt involved in their care and discussed their care with staff, usually their keyworker.

People received personalised care which was responsive to their needs. We looked at care records and found they included an assessment of people's needs and plans were in place to guide staff in how to meet people's needs. Personal support plans were available in an easy to read version so that people understood what was written about them. For example, one support plan regarding communication explained that the person liked to socialise but required people to communicate clearly and to speak slowly so they could understand the conversation.

People were supported to engage in social stimulation and had an occupational and leisure plan in place. This included regular, weekly social activities that people enjoyed and took part in such as day centres. Staff played an active role in ensuring people engaged in social events and activities.

On the day of our inspection we saw that some people went to a day service. Other people remained at home but staff were available to support them. People we spoke with told us they enjoyed taking part in activities. One person said, "I like to watch television and films. I have a TV in my bedroom as well." Another person said, "I like to go out for lunch, we have a natter, I like that."

The service had a complaints procedure and ensured people were given the opportunity to raise concerns. People we spoke with told us they would speak with staff if they had any worries. Staff told us that people had the opportunity to discuss any concerns at residents meetings or they can speak with their keyworker or any staff member.

We spoke with the area operations manager and we were told that the service had not received any complaints.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. 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. However, the registered provider had employed an area operations manager to oversee the day to day running of the service.

When we arrived at the service we were informed that the service would be changing in the near future and would become a supported living accommodation. The people using the service at the time of our inspection had been consulted about the changes and had their care needs reviewed by social workers. The manager we spoke with on the day of our inspection was the registered manager of the service which would be taking over responsibility of Newfield View as a supported living environment.

Staff we spoke with felt supported by the manager to carry out their role. They were in process of adjusting to new ways of working as the home prepared to become a supported living service. One change which had already occurred was that the office had moved out of the home to a different location.

There was a low staff turnover and therefore some staff had worked at the service for a long time. They were committed to their job and were happy to contribute to the inspection process. A schedule for staff supervisions and appraisals was in place and staff told us these were carried out on a regular basis.

We saw audits took place to ensure the service was operating in line with the registered providers policies and procedures. Some audits were carried out by the team leader and other were completed by the area operations manager. The team leader had a checklist of audits they had to complete on a weekly and monthly basis. These included areas such as fire, finance, medication, care records, risk assessments and first aid boxes. During our inspection we noticed the sofas were very worn. This had been highlighted on the infection control audit in March 2018.

A quality audit was completed on a regular basis by the area operations manager. This included areas such as person centred care, dignity and respect, consent and governance. This was last completed in February 2018, no concerns were identified.

We found that people who used the service and their relatives were involved in how the service was run. We saw people were able to attend meetings to discuss the service.

We saw that quality surveys took place regularly to ensure people were happy with the service. People were asked to comment on different topics such as staff, support on appointments and independence. Last year's quality survey was completed in July 2017 and revealed positive results.