Palms Row Health Care Limited

Newfield Nursing Home

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

Overall summary

This inspection took place on 7 September 2015 and was unannounced, which meant no one at the service knew we would be attending.

The service was last inspected in June 2013 and was found to be meeting the requirements of the regulations we inspected at that time.

Newfield Nursing Home is a purpose built two storey home providing nursing care for up to sixty people. The home is situated in the Heeley/Newfield Green area of Sheffield and is close to shops and public transport. Within Newfield there is the provision of 26 Intermediate Care beds. People in these beds receive rehabilitation and enablement support from Sheffield Teaching Hospitals physiotherapists and occupational therapists. At the time of our inspection there were 57 people using the service.

There was a manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager, although rostered as a day off, chose to come into the home to assist with the inspection visit.

People told us they were well cared for by staff and they felt safe.

The home was clean. We saw the day to day maintenance in communal areas and people's bedrooms was well maintained. We did find some areas of the home needed redecoration and refurbishment.

The majority of relatives spoken with had no concerns regarding their family members care.

We found systems were in place to make sure people received their medication safely.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were provided with relevant training and support to make sure they had the right skills and knowledge for their role.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of health care professionals to help maintain their health.

A varied and nutritious diet was provided to people that took into account dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home, and their relatives said that they could speak with staff if they had any worries or concerns and they would be listened to.

People had access to some social activities although these were more limited for people who were cared for in bed and not able to attend.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

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.

People told us they felt safe.

Systems and processes were in place to any risks that might place people at risk of harm.

Procedures for managing medicines and staff recruitment were safe.

Good

Is the service effective?
The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Staff understood their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received a nutritious diet and systems were in place to identify and address any concerns with people's weight.

Good

Is the service caring?
The service was caring.

Staff were respectful of people's privacy and dignity.

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 people required and how they wanted this to be provided.

Good

Is the service responsive?
The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

People had access to some activities which met their individual needs.

Good

Is the service well-led?
The service was well led.

Staff told us they felt they had a good team. Staff said the registered manager was approachable and communication within the home was good.

Good

Summary of findings

There was good management and leadership at the home. Regular audits and checks were carried out, robust records were kept and good data management systems were in place.

Newfield Nursing Home

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 7 September 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and two experts-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 experts had experience of older people and dementia care.

We contacted Sheffield local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from local authority commissioners and this information was reviewed and used to assist with our inspection.

During our inspection we spoke with 16 people living at the home and eight of their relatives or friends to obtain their views of the support provided. We spoke with 11 members of staff, which included the clinical nurse manager, one qualified nurse, the administrator, care workers, and ancillary staff such as catering and domestic staff. We also spoke with four health professionals who were part of the Intermediate Care team of Sheffield Teaching Hospitals.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included four people's care records, three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

We asked people if they felt safe in the home. All of the people living at Newfield that we spoke with said they felt safe. People we spoke with were able to tell us they understood what feeling and being safe meant to them. One person said they were never worried about any of the staff and how they were with her, "I wouldn't have that, I would go straight to the doctor or senior carer, if something happens, they are there straight away. I feel calm and collected." Other comments made included, "Safe, very safe yes," "I'm being truthful, they do look after us," "It's very good, I feel safe," and "It's very nice, I feel safe, there's no poor treatment."

Relatives spoken with said they had no worries or concerns about their loved ones safety. One relative said, "We do feel confident that we can leave her here and know she'll be safe and that's a big thing."

People knew who to speak to if they were concerned about anyone at the home. They told us, "I could talk to any of the ladies," and "I'd talk to the manager."

The majority of people told us they thought there were enough staff to support with their care needs. People said, "Usually there are enough staff, in holidays they have to fill in a bit," and "they usually come quickly, and at night, they're busy but they do come quickly."

When talking to a person in their room we saw they had a call button within reach. They told us that if they used it, "I don't wait long." Their relative told us, "They (staff) are not usually very long, occasionally at mealtimes we wait a bit. They (staff) always come straight away and if it's not an emergency will say "we'll be back in … minutes", We've never had to go and chase them (staff)."Another person showed us they had a call button within reach and told us, "At night when you're in bed they (staff) clip it to your pillow, there is a quick response to that."

During the inspection we observed that call bells were answered promptly. In one of the lounges we saw that one person had a call bell and they used this to get some assistance for one of the other people in the lounge with them.

People and relatives did all comment how busy staff were and they felt this gave staff less time to sit and talk with them.

People told us they received their medicine on time and staff supported them to take their medicines. People told us, "They (staff) get it all and they give it you, they give it on time, no fault with them," and "The nurse comes round and does that (administer medication), they are all good."

Relatives said, "They (staff) deal with all that (administer medication), they don't just come and plonk it down, they'll stay until (family member) has taken it" and "She (family member) is on quite a few tablets a day, the nurse deals with all that."

People told us they felt the home was clean. Comments included, "Can't get any cleaner, it's great," and " They (staff) come in and dust every morning, hoover every day and do my toilet, take a brush to it and mop the floor." A relative said, "It is reasonably clean; rooms seem to be cleaned quite often".

To support people's safety, each of the three care files we checked contained personal risk assessments which had been reviewed on a monthly basis and amended to reflect the changing needs of the individual.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us the occurrences were monitored to identify any trends and prevent recurrences where possible.

We saw that the care staff used safe handling techniques and equipment to help a person to move. Staff explained what they were going to do and reassured the person during the process.

At the time of this visit 57 people were resident at Newfield including 26 people receiving intermediate care. We found four qualified nurses, nine care /support workers, an administrator; a ward clerk and ancillary staff that included domestics and a cook were on duty. There were also six health professionals supporting people receiving intermediate care. The registered manager and clinical nurse manager were also in the home to support staff during the CQC inspection.

We saw people received care in a timely manner and staff were visible around the home, supporting people and sharing conversation. We noticed staff were very busy moving from one person to another to provide care and support. We spoke with the registered manager about staffing levels. They said that these were determined by

Good

Is the service safe?

people's dependency levels and occupancy of the home. We looked at the home's staffing rota for the two weeks prior to this visit, and the week following this visit, which showed that the calculated staffing levels were maintained so that people's needs could be met. The registered manager explained that there had been a recent increase in numbers of night staff to meet people's increased level of need.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. This showed staff were following the correct procedure for administering and managing medicines.

Staff told us a community pharmacist visited the service every week to assess and monitor the medication of people who were receiving intermediate care. Staff said the pharmacist was also a valuable resource and offered help and support to staff.

We found qualified nursing staff were designated to administer medicine. We observed staff administering part of the morning time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (Medication Administration Records) sheet. We heard staff asking people if they needed their pain relief and respecting their responses. We saw the nurse followed safe procedures and locked the trolley with all medication inside when they left it to go into people's rooms.

The ground floor treatment room was used to store medicines, controlled drugs and medicine trolleys. The first floor treatment room was so small that the drug trolleys were secured to the walls outside the room. We found the upstairs treatment room to be untidy and very cramped making the space in the room less manageable. The clinical manager said they would insure it was tided immediately; this was tidied before the end of inspection. We discussed the possibility of resiting the treatment room so more space was available. The registered manager said they had already recognised the problem with space and were looking at the feasibility of moving the treatment room, in the mean time they said they would carry out more frequent audits of the room to make sure it was kept clean and tidy.

We found the medicine trolleys were clean and tidy. We saw that the temperature of the treatment rooms and the medicine fridges were recorded on a daily basis to make sure that medicines were stored at an appropriate temperature. We saw a monitored dosage system (MDS) was used for the majority of medicines with others supplied in boxes or bottles.

We checked the quantities of a sample of medicines available against the amounts recorded as received and the amounts recorded as administered. All were correct. Controlled drugs were stored safely and records relating to these were accurate.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the manager or senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

One member of staff said, "I was witness to an incident and had to be interviewed, I think the management acted immediately and appropriately." Information from the local authority and notifications received showed that procedures to keep people safe were followed.

We saw that a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The registered manager had a process in place to respond to and record safeguarding vulnerable adults concerns.

Good

Is the service safe?

They had notified the Care Quality Commission of safeguarding referrals they had made. This demonstrated that policies and procedures in place were followed to keep people safe.

The service had a policy and procedure on safeguarding people's finances. We spoke with the administrator who managed the records for people's money. The administrator explained they only held minimal amounts of personal money for a few people. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. The administrator informed us that the registered manager checked all receipts against records and countersigned these regularly as part of auditing the financial systems. This showed that procedures were followed to help protect people from financial abuse.

We reviewed staff recruitment records for three staff members. The records contained a range of information including the following: application, references including one from the applicant's most recent employer, employment contract and Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

We also saw evidence, where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This told us that people were cared for by suitably qualified staff.

We saw records of disciplinary procedures having been followed when this had been necessary.

We found the home was clean with no malodours or obvious hazards noticeable such as the unsafe storage of chemicals or fire safety risks. We saw records showing that regular servicing of lifting equipment, electrical and gas appliances and fire safety equipment were carried out. The fire risk assessment for Newfield had been updated in March 2015.

We found that policy and procedures were in place for infection control. Training records seen showed that all staff were provided with training in infection control. We saw that monthly infection control audits were undertaken which showed that any issues were identified and acted upon.

Good

Is the service effective?

Our findings

People living at the home said their health was looked after and they were provided with the support they needed. People told us, "I got pains in my stomach, they rang the emergency doctor. She came and examined me," "The doctor comes regularly; he comes up to check if I'm ok, sits on the bed," "I do see the doctor and the dentist comes ," and "All the staff here are approachable and the doctor, the one they have for here, I have spoken to him and gone through things with him."

A relative said, "They (staff) were very quick to get the doctor when she (family member) had a problem."

Local commissioners of services contacted us prior to this inspection, in response to our request for information. They said they had no concerns relating to the care provided by staff at Newfield and commented, "People seem happy and well cared for. There are positive interactions between staff and residents."

People said the food was good. Comments included, "The food is better here (than at a previous home), there's more choice," "the food's good, there's too much," "Three meals a day, and I'm putting weight back on," "Food a bit repetitive but good and two or three nights it's very good," and "The food, it's alright, we have a choice, you name it we get it. They come and ask us, they asked us that last night when you go to tea. You can choose everything, every meal."

We asked people if they got enough to drink. People said, "Yes, even between meals. They'll (staff) ask first "do you want a juice or tea or coffee?" and they get you one," and "There's always water and plenty of cups of tea."

We saw people in their rooms had jugs of juice and a glass within reach on their tables.

We observed lunch in the main dining room. The room was very large and people were seated at 12 tables. These were set for four or placed together to form larger seating groups. At the start of our observation at 12.25 pm there were 28 people sitting at the tables.

We saw that in the doorway to the dining room there was a large blackboard with the day's menu written in chalk.

We saw staff asking people what they wanted to drink soon after they were seated and offered cold or hot drinks. We saw that staff were taking time to socialise with people and were very attentive, checking that they were comfortable.

We asked people if they knew what they were having for dinner. One person said, "I'm having salad, I picked it yesterday."

Initially there were four care staff serving meals. We saw that they offered people a choice of "small or large" portions.

The food looked appetising and was well presented. People told us "It's hot enough" and "There's plenty."

We saw that care staff offered people gravy, salad dressings, salt, pepper etc. and allowed people to put these on their meals themselves if they wished. Care staff did this in a kindly, patient manner and promoted people's independence.

We saw care staff ask people if they wanted protective aprons to wear. Staff offered people the choice whether to wear one, in a kind non-patronising manner and explained how the apron would protect people's clothes.

We saw that throughout the meal staff were very attentive, constantly checking with people that they were alright and asking if they wanted help cutting up food or assisting with eating. All this was done in a kind and patient manner. There was a great deal of social interaction between care staff and people and the room had a relaxed atmosphere and was alive with the buzz of conversations. It appeared as though the meal time experience was a pleasant one for people.

We spoke with the cook. They described how they planned people's meals and people's individual likes and dislikes. There was a process in place to obtain people's preferences at mealtimes where able. The cook was aware of the people who needed a specialised diet and/or soft diet. This told us that people's preferences and dietary needs were being met.

Overall the home was clean with no unpleasant odours noticeable. We saw the day to day maintenance in communal areas and people's bedrooms was well maintained.

Good

Is the service effective?

However we found the home to be in need of redecoration and some refurbishment. One visiting relative said, "It needs a bit of TLC."

The upstairs floor had a very institutional feel. All doors to people's rooms and bathrooms were identical. All were wood stain/brown paint and had galvanised metal "kick plates" up to a height of approximately two feet. This took away any "homely" feel.

Some people at Newfield were living with dementia and experienced some problems with orientation. Room numbers were small and stuck on the door in a top corner where they were difficult to see, especially if the door was open. Most rooms had the occupants name on a plate in a holder but there was nothing else such as photographs or memory boxes to assist people in recognising their rooms.

Signage was poor. The bathrooms had small text and novelty signs. There were no large, bright coloured text/ image signs which would have helped people with orientation.

There were a number of "blown" double glazing units in windows which meant the glass was cloudy or had condensation in between the two double glazing window panes. A thorough survey was not done but walking around we saw that six bedrooms all had at least one of their three panes blown. The small lounge upstairs had four of the six pains blown. The Rotunda lounge had nine of its 15 window panes blown. In effect these defective panes reduced visibility and gave the rooms an uncared for look. We spoke to one person who was obviously upset that she had "dirty windows" and asked why the window cleaner "couldn't do his job properly."

We spoke with the registered manager and received feedback from the provider about proposed refurbishment and/or repair of the home. The provider confirmed that the windows would be repaired and/or replaced in 'Spring 2016.' They evidenced quotes of work to be undertaken and said the 'glaziers' could complete the work this winter, but the registered manager and provider thought to replace the windows during the winter months may cause too much disruption and discomfort for people in the home. The registered manager and provider told us that quotes were currently being received to replace the corridor carpets and these would also be replaced in the next two to three months.

We discussed with the registered manager about future decoration and refurbishment plans for the home and the type of refurbishment required and how an improved environment would help support older people and people living with dementia. This could include improved signage that is both pictorial and written and the use of brighter colours of paint. The registered manager said they would seek advice around improving the space for people before starting redecoration and refurbishment.

All the staff spoken with told us that they felt supported by the registered manager and other senior staff working at the service. Staff said, "I feel very supported, I can go to see the manager with any problems" and "The managers are very supportive and approachable."

The registered manager had a supervision and annual appraisal schedule in place for staff. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. The schedule showed that staff received regular supervisions and an appraisal over a 12 month period.

Staff told us the training was 'good' and they were provided with a range of training that included moving and handling, infection control, safeguarding and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Staff spoken with said the training provided them with the skills they needed to do their job. Staff said, "Training is very accessible," "Loads of training" and "Really good training here."

One health professional told us they thought some of the care staff were not suited to working with some of the people needing rehabilitation. They qualified this by telling us some of their "patients" had reported some brusqueness from some care staff and that there were some who did not understand what rehabilitation was about. The health professionals said any concerns were followed up with the registered manager who was helpful and had instituted a rotation system to ensure staff more suited to the rehabilitation role worked on that unit. Health professionals said training was also being put in place to improve understanding of all the roles in the care home.

Good

Is the service effective?

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people's best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed, DoLS application had been referred to the Local Authority in line with guidance and they were still awaiting decisions on 19 DoLS applications.

If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests. This is called a best interest decision. We saw evidence that best interest meetings were recorded in people's care files. A best interest meeting had been planned for a person in the near future and we saw families, care staff and health professionals had been invited to attend.

We looked at three people's care plans. They all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them. We saw care plans had been signed by the person or their representative to evidence their agreement. We saw that care files contained consent forms covering a number of areas such as medication and sharing of information. However, in one care file we saw the person's relative had signed consent relating to the use of bed rails without there being any capacity assessment to say that the person was not able to consent themselves. The registered manager gave assurances that this was an oversight and would be addressed immediately to make sure there was a capacity assessment in place for the person.

The care records showed that people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly and we saw evidence of involvement of dieticians where identified as needed.

Staff said the home had a good relationship with the local health professional and they could ring them anytime for advice or a visit to a person. Staff said the GP visited the home the same day twice a week and as needed. This showed that people were supported with their health needs in a holistic way.

Good

Is the service caring?

Our findings

We observed people had received good support with personal care and grooming. People were smartly dressed and hair care was in place.

People we spoke with said they were happy living at Newfield and thought staff were kind and caring. People told us, "The staff are marvellous, all helpful. Anything you want they get," "I think it's a good place to be, they (staff) are fantastic; they talk to you like family. It's as though you've known each other all your life," "They're (staff) very good indeed, they haven't a fault," "Staff are very good, you can have a laugh, they treat you with respect," "They're (staff) very kind to you, staff are very nice," "I don't want to go home, but I know I must" and "Staff are very good at knowing what we want. They're especially good in rehab, very empathetic."

Relatives we spoke with said, "Staff are very kind, very caring, very obliging, no problems with any of them, they are very helpful," "The carers are lovely, smashing, no complaints whatever … they treat her (family member) with respect. I see them a lot, they do seem to be caring," and "They (staff) treat them (family member) as if they are their own."

People and their relatives told us staff treated people with respect and dignity.

People said, "Yes they (staff) knock, they don't know what you're doing, always ask "Is it alright to come in?" and "Staff always knock or call out before they come in."

Relatives said, "Staff work hard, are very considerate, treat her (family member) with dignity, little things like when she goes to the toilet they close the curtains at the window and there's really no need being up here (first floor)."

One relative said, "We wanted mum's things (photos and ornaments) up. We showed the caretaker and when we came in next time they were all up. (X .name) on reception is brilliant, always has time to speak, chat. The cleaners will always spend time talking to visitors and residents whilst they are working. We've heard them, they always talk to the resident by name, ask them if they are ok, can they get them anything."

Relatives spoken with said that they visited regularly and at different times of the day and were always made to feel welcome; one said "we can go and get drinks. I was in early one day when mum was going to the hospital and they said there's some bread; make some toast if you like."

During our inspection we spent time observing interactions between staff and people living at the home and their relatives.

Whilst talking to people in their rooms we saw that care staff always knocked before entering rooms and asked if it was alright to come in.

We saw that staff were kind and considerate with people and there were warm, good humoured interactions between care staff, people and their relatives during the day.

One of the visitors told us how helpful and caring staff had been to them when it was decided their relative would need to become a permanent resident and how they had taken the burden of explanation from them.

The staff we spoke with told us they enjoyed working at the home. Staff told us "I love working here, been here 15 years," "A lot of staff have worked here a long time, it's a lovely place" and "It's tiring work, but so rewarding." Staff felt they had a good relationship with people who used the service and knew them well.

Staff felt dignity and respect was an important aspect of the support they offered people. All the staff we spoke with had a good understanding of the need to treat people with respect and dignity. Staff told us, "I feel the care here is outstanding "and "I would be more than happy for my family to come here."

We did not see or hear staff discussing any personal information openly or compromising privacy.

The three care plans we looked at contained information in relation to the individual person's life history, needs, likes, dislikes and preferences.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed that important information was available so staff could act on this.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death. The

Good

Is the service caring?

registered manager told us that some staff had attended end of life care training. We saw a leaflet 'when a loved one dies' in the reception area which provided practical advice and words of comfort should relatives choose to use this.

We saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. A leaflet on advocacy services was on display in the reception area. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Good

Is the service responsive?

Our findings

People told us they had received some information before making a choice to live at Newfield.

Some people told us they had visited the care home prior to admission. Others had not had that opportunity but had been admitted straight from hospital to continue their rehabilitation.

One person said, "I visited before I came." Another said "It was decided for me, I had no idea about it at all."

A visitor whose relative had been transferred to permanent nursing accommodation from the rehabilitation accommodation told us how pleased they had been there was a place. They said, "I had visited so many other places, but I like, we both like the atmosphere here so I am grateful there was a place."

Some people recalled having a brochure or information about the care home.

People told us they could influence their care. One person told us, "I go to bed when I feel like it." Another person said, "I told them I go to bed at 10.00pm, I don't want to go before."

Some people we spoke with were not aware of their care plans, though they told us that the level of care they received had changed as their needs changed.

One person had said they had some concerns about the 'standard' of care their family member was receiving. We saw evidence that there were meetings with the family and registered manager due to take place to discuss and try and resolve these concerns.

Other people and relatives spoken with told us they did not have any concerns or complaints and if they did they would speak with staff or a family member.

There were no activities taking place on the day of the visit. Staff told us the activity coordinator was on annual leave. People, visiting relatives and staff did tell us that the home had activities for people. We saw a board which gave a timetable for activity. There was also a collage of photos from recent outings. These outings were generally arranged by one of the housekeeping staff.

We asked people how they spent their days. People told us, "I stay in my room apart from dinner time when I go downstairs, unless there's 'owt on. They do have turns on now and again, artistes, singers, I watch telly. They have keep-fit, play dominoes, I'm not interested. They took us out on a trip last month sometime to Chatsworth House. In November we're going again when they switch the Christmas lights on," "There's some singing and exercises. Sometimes we fill in a form to say what it's like here," "I could go down to bingo, but I don't. I go to the exercise class, twice a week," and "I could go (participate in activities) but I prefer to read or have my music in my room."

Relatives said, "She (family member) spends all her time in her room except for going down to the day room for meals. They do ask if she wants to do things, bingo and that but she doesn't want," and "She must be bored but she does join in with the activities. We came last week and they had a singer and she really enjoyed it, we all enjoyed it, sat together. Everyone seemed to enjoy it and participated as far as they could, tapping their feet and singing along. They play bingo too."

The registered manager acknowledged it was sometimes difficult to include everyone in activities as some people chose not to take part and some people were cared for in bed and not able to attend. The registered manager told us they speak with the activities coordinator and other staff to try and formulate a plan on how staff could and would spend one to one time with people to try to balance this. This could include chatting with and reading to people and reminiscing.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink or where they would like to sit.

We saw that before people came to live at the home, an assessment of their needs had been completed. This helped ensure the service would be able to meet the needs of the individual.

Peoples care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health contacts such as a GP, dentist or optician had been recorded in the plans and plans showed that

Good

Is the service responsive?

people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

Within Newfield there is the provision of 26 Intermediate Care beds. People in these beds receive rehabilitation and enablement support from Sheffield Teaching Hospitals physiotherapists and occupational therapists. People's nursing and personal care needs are met by the nurses and care staff of Newfield. The unit has support from a NHS Consultant and a GP to support people's medical needs.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

There was a complaints procedure in place and we saw a copy of the written complaints procedure in the entrance area of the home. A 'suggestions box' and feedback forms were also placed in the entrance area so that people had the opportunity to use this if they wished. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

Good

Is the service well-led?

Our findings

The manager was registered with CQC.

We asked people and relatives if they knew who the manager of the home was. The majority did and were confident they could speak to the manager if they wished.

One person told us, "No, I don't know who it is actually. If there was a problem I would ask "who's the head one." "A visiting relative said of the manager, "She always speaks, we have conversations."

People and relatives felt the registered manager of the home would listen and act on any concerns they had. Relatives said, "We've made no formal complaints but we feel staff are approachable," and "I would feel able to take anything to the manager if I needed."

People living at Newfield provided consistently positive feedback about the staff and management and said they would recommend the home. Two people said, "We would recommend this home to anyone, we're very happy here."

We saw checks and audits had been made by the registered manager and senior staff at the home. These included monthly care plan, medication, nurse call answer times, health and safety and infection control audits.

We found that surveys had been recently sent to people living at the home, their relatives and professional visitors. We saw results of the 2014 survey had been audited and where needed the registered manager had developed an action plan to identify plans to improve the service. We saw evidence the results of the surveys had been shared with people, relatives, health professionals and staff.

People and relatives we spoke with said 'residents' meetings' did take place but they hadn't attended one. We saw minutes of the meetings which took place in October 2014 and March 2015 where issues such as meals, activities and the environment were discussed.

People and relatives we spoke with told us that if they had a complaint they thought the registered manager would take it seriously and address the concern. Relatives told us they would speak to the registered manager directly if they had any concern.

When we asked people what could be improved, most people told us they could not think of anything.

Staff spoken with said regular staff meetings took place so that important information could be shared. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.