

# Newlife Care Services Limited

# New Ridley Road

## Inspection report

27-29 New Ridley Road  
Stocksfield  
Northumberland  
NE43 7EY

Tel: 01661844112

Date of inspection visit:  
15 October 2019

Date of publication:  
28 October 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

New Ridley Road is two adjoining purpose built bungalows, therefore bigger than most domestic style properties, providing support to people living with a learning disability and/or autism and physical disabilities. It was registered to support up to nine people. Nine people were using the service at the time of inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the use of personalisation in people's own rooms and several areas for communal use. Staff supporting people did not wear a uniform or any identifying clothing that suggested they were care staff when coming and going with people, and people were supported to have access to local community facilities and services.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

We found staff had recorded two accidents in daily records but had not completed accident forms. This meant the registered manager could not be sure that their checks on trends for accident and incidents were correct. The registered manager reviewed this and addressed this with the staff team to ensure the correct procedure was followed.

Medicines were stored safely and staff were trained to administer them correctly. We found records relating to 'as and when required' medicines and topical creams needed to be improved and the registered manager actioned this immediately.

Staff knew people well and supported people in line with the person's preferences and wishes.

Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable support. Most staff had worked at the service for over five years and relatives we spoke with said they were caring and very welcoming.

Staff were recruited safely and received appropriate training and support to enable them to carry out their role effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare services if needed. People were supported to have enough to

eat and drink and staff were trained to support people who had different dietary needs.

Interactions we saw between people and the staff team were positive. We saw people given immediate reassurance when they became anxious or distressed.

Care plans were person centred and people were involved in their reviews where they were able. The service actively supported people to engage with advocacy services and one person had ongoing advocacy support they benefitted from.

People were supported to engage in activities they enjoyed and we saw the service promoted people accessing local community facilities and supporting them to go on trips. People and their relatives told us they knew how to make a complaint.

Systems to monitor the quality of the care provided were effective. The staff team told us they were very well supported by the registered manager. We discussed the high level of recording regarding checks on the cleanliness of the home. We felt the number of checks completed was excessive and not in line with the type of community home provided. Staff also said they felt these checks were a burden. The registered manager agreed to review these checks and lessen the burden on staff whilst evidencing that a daily cleanliness check was still completed. The management team had a clear vision about the quality of care they wanted to provide. The service worked well with other community partners.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# New Ridley Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

New Ridley Road 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager also manages another of the provider's services that is located nearby.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. The PIR was completed some time ago but still provided relevant details. This information helps support our inspections. We received feedback from the 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 used this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service. Not everyone who used the service was able or wished to speak with us during the inspection. We spoke with seven members of staff including the registered manager, deputy manager and support staff.

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

After the inspection

We spoke with three relatives via the telephone and sought additional information from the service regarding training and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Three people did not have clear guidance on 'as and when required' medicines and the recording of topical medicines was not clear. The registered manager stated they would address this with the local GP straight away.
- Medicines were safely received, stored and destroyed.
- Checks on the competency of staff to administer medicines was undertaken regularly.

### Assessing risk, safety monitoring and management

- We found staff were not always recording accidents correctly. One person had two falls from bed recently that were not recorded on an accident form. They were recorded in daily notes and in the handover record but not in the formal accident book. This meant the registered manager did not have an accurate picture when they were reviewing events for trends and analysis. The registered manager stated they would review this with the staff team straight away.
- Risk assessments were specific to the needs of each person and informed by an understanding of people's needs. Actions staff needed to take to reduce risks were clearly set out.
- The service assessed people prior to them moving to the service to ensure that the service could safely meet the person's individual needs.
- The environment and equipment were safe and well maintained.
- Emergency plans were in place to ensure people were supported in the event of a fire.

### Safeguarding systems and processes, including recruitment

- People said they felt safe. Our observations for people who could not communicate with us were that they were comfortable with the staff members supporting them.
- All relatives said they were kept informed in relation to any concerns regarding safety.
- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training and records we viewed confirmed this.

### Staffing and recruitment

- There were enough staff to meet people's needs. People were able to access the community and were supported to carry out activities of their choice.
- Staff were quick to respond to people's needs.
- Appropriate recruitment records including checks from the disclosure and barring service (DBS) and references were in place.

### Preventing and controlling infection

- The service was clean throughout and staff received appropriate training.
- We discussed the high volume of checks recorded by staff in relation to checking cleanliness at the home. Staff were recording every two hours that bathrooms and toilets had been checked and were clean. Staff we spoke with felt the number of recordings they had to make was excessive and interfered with the time they could spend with people. We asked the registered manager to review the level of checks in place to reflect this was a home and kitchens, bathrooms and other areas were checked daily.

### Learning lessons when things go wrong

- The service was committed to driving improvement and learning from accidents and incidents. We saw specialist help had been sought for someone recently displaying falls along with seeking advice from relatives.
- The registered manager was receptive to feedback about areas of best practice to keep people safe.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The building was a single storey dwelling that had good access to all areas and had access into a garden area.
- Recent improvements had included new décor and flooring in all communal areas. Staff told us this had improved the manoeuvrability of people's wheelchairs hugely.
- When required, staff reported faults with actions taken to ensure the service was safe and comfortable.
- Bedrooms were personalised and decorated to each person's individual choice.

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

- Before anyone moved into the service their needs were assessed and introductory visits arranged to ensure compatibility with all other people living at the service.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities regarding MCA and best interest decisions. Staff continuously sought seeking people's permission whilst supporting them.
- There were clear records relating to DoLS applications and where best interest decisions were needed.
- Staff had a good understanding of people's communication needs and supported people to make day to day decisions and choices.

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

- Staff promoted a healthy, balanced diet for people and all meals were made at the service.
- Care plans outlined people's preferences and the support they required with their food and drinks. We discussed that reviews of food and fluid charts could be reviewed where there was not a risk of malnutrition to people as the volume of paperwork to complete was excessive. The registered manager agreed they would monitor only those with concerns regarding their intake in future.
- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals in a timely manner and monitoring systems put in place.

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

- People had regular health and wellbeing check-ups. When required, investigations were sought in a timely manner for any concerns. Health action plans were in place which identified people's health and care needs.

- All people regularly attended a dentist and opticians. The service had carried out oral health assessments but were yet to develop these into specific plans. The registered manager told us there was training planned in this area.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to effectively and safely support them. One relative said, "The staff all know what they are doing, they are very keen to keep me informed."
- Staff said they felt very supported by management and peers. Staff had received regular training. One staff member said, "The training is good, but I prefer the face to face rather than online."

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were effectively supported by staff and staff members had a good understanding of people's care needs, their personalities and preferences.
- We observed people looked happy living at the home and appeared well care for.
- Staff were aware of issues regarding equality and diversity and actively supported people living at the home in maintaining their rights. The service supported one person to maintain their religious and cultural beliefs.

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

- People were supported to make decisions and express their views on a day to day basis.
- There was evidence that families were involved in care decisions and care reviews. One relative told us, "The staff are very open and I feel very up to date."
- There was limited evidence people had been given meaningful opportunity to be involved in care reviews.

Respecting and promoting people's privacy, dignity and independence

- We observed one occasion of staff not considering someone's dignity when talking in front of others about someone's toileting needs. However, a relative we spoke with said, "The staff are respectful in how they talk about people, they refer to people in a professional way." The registered manager said they would remind staff about ensuring their language was respectful.
- People had their own rooms and facilities and they could spend time alone if they wished.
- Some people at the service were older and their independence was promoted by ensuring their mobility and physical health was a priority.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support was based on people's assessed needs and preferences and was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person.

- Plans were in place covering a range of people's health and social needs. They contained detailed guidance for staff on how these needs should be met to ensure people received the care and support they wanted and needed.

- We found that identified goals and outcomes weren't always consistently highlighted. For some younger adults, a focus on achieving and maintaining independent living skills could be better documented. The registered manager stated they would address this issue.

- Care and support plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

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

- People were supported to access activities they enjoyed. People accessed the community regularly to join activities such as social clubs, trips to the cinema and shopping.

- One relative told us that the service supported them to meet and have a meal with their loved one every six weeks in the community. They said, "We love it and it helps me keep in contact. I couldn't give [Name] a better life than they have at New Ridley Road."

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

- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways. When staff spoke with people we saw them adapting their voice and language to support someone with a hearing impairment.

- One person had also attended Makaton (a type of sign language) training along with the staff team to help people communicate.

Improving care quality in response to complaints or concerns

- The provider had in place a complaints policy. There had been no formal complaints raised within the previous 12 months.

#### End of life care and support

- At the time of our inspection nobody at the service was receiving end of life care, but policies and procedures were in place to provide this where needed.
- As appropriate, information about people's last wishes or funeral plans was maintained in people's care plans.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager shared information with relevant parties appropriately.
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.
- Regular checks were carried out by staff and the management team to ensure people were safe and happy with the service they received.
- A quality assurance system was in place to review the service and drive improvement. We discussed the omissions we found in accident and medicine records and the registered manager was putting measures in place to address these by the end of our visit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a welcoming atmosphere.
- Staff spoke enthusiastically about trying to deliver care that was person centred. The registered manager wanted to ensure people's experience of care was positive and that they could live the best life they were able.
- Our observations during our visit were that the service was well run and people were treated with respect and in a professional manner.

Continuous learning and improving care

- The provider, registered manager and staff demonstrated they learnt from the findings of external monitoring and inspections and implemented immediate changes to improve the service.
- The registered manager was open and receptive about feedback at the service.

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

- The service involved people and their families in day to day discussions about their care and support. Family members told us that they felt reassured and comfortable with the management at team at the service.
- Staff told us they felt listened to and that the management team were approachable. Staff told us, "The managers here are great, you can go to them with anything, they are very supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their obligations under the duty of candour. There had not been any recent incidents at the home that required the provider to act on this duty.

Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.